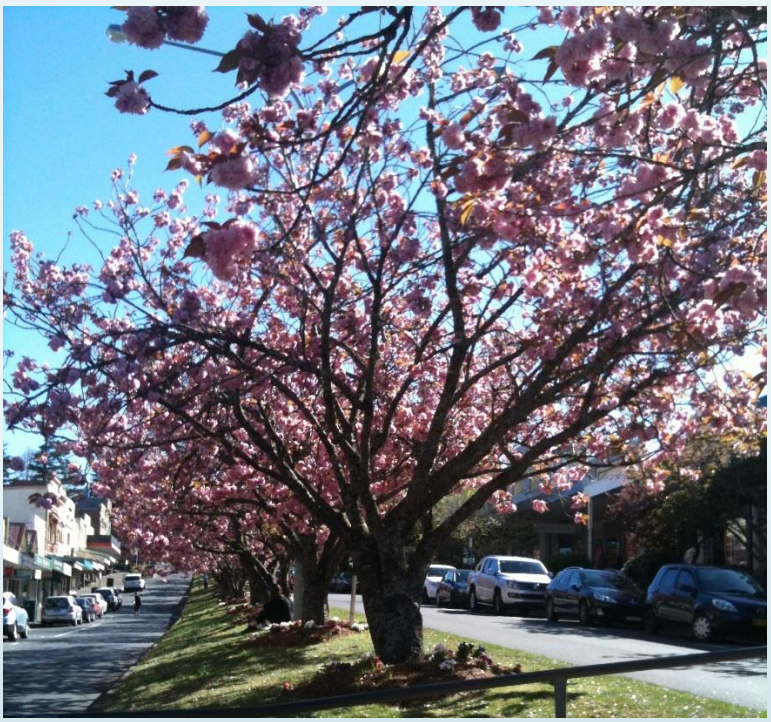

Blue Mountains Community Sector Submission to the TEIP Sector Consultation Paper

October 2015

TEIP Sector Consultation Paper
Blue Mountains Community Interagency (BMCI) Submission

Mountains Community Resource Network (MCRN) is the peak body for the Community Sector in the Blue Mountains LGA.

MCRN convenes several interagencies, including the generalist interagency, Blue Mountains Community Interagency (BMCI); this Submission is made on behalf of BMCI.

The Blue Mountains community sector appreciates the genuine efforts of FACS in this reform process to consult, to be transparent, and to learn from recent lessons (at both the state and federal levels) of how NOT to undertake sweeping program reform. The sector seeks to be actively involved at every step in co-designing the reformed prevention and early intervention space with FACS, and to make available its extensive expertise to inform the process.

In summary, our initial comments on the Sector Consultation Paper include:

What is working in the current system? - Elements to Retain:

As identified in the *Better systems, better chances*[1] report, there are a number of key strengths for effective practice for prevention and early intervention – principles which should be retained and built-on in any improvements contemplated to FACS-funded programs and services:

- Flexible, place-based, community-managed, trusted organisations who know their community (their 'patch') intimately, and are able to engage and consult (in a way governments never can)
  - Locally-based services, which are locally managed, are able to respond to local needs and build local relationships with their communities.
- Our integrated service system has been a 30+ year investment, and underpins our connected communities; we are looking to retain this in any reform process:
  - Collaboration in the Blue Mountains (BM) is well-established via an integrated service system, with a universal prevention focus and a comprehensive range of services across the Mountains
    - we have effective connectivity/collaboration
    - we have well-connected information and network systems, and referral pathways
    - we have a highly trained and experienced workforce, with quality ongoing professional development
    - we deliver effective and quality programs
  - We also are then able to work together on broad projects with collective impact – for example Stronger Families Alliance, or the Wellbeing response to the psychosocial needs of the community following the 2013 Bushfires) – to build on the strategic work of integrating the service system.

[1] *Better systems, better chances* | Fox. S, *et. al.* | ARACY | 2015

- The BM offers full-spectrum service delivery, from prevention to tertiary-level intervention – particularly focusing on the universal, preventative end of the continuum – with clear referral pathways:
  - We have a broadly-focused service system, from 'pointy-end' to general population strengthening
    - from the 'soft entry point' of Community Builders, with a universal base of services via Neighbourhood Centres (including Mountains Outreach Community Services and others), where skilled workers are able to refer/link people to targeted services – eg family support/supported accommodation/mental health services/youth services
    - to early intervention in the life of the child or problem
    - and good integration between all levels of the 'pyramid' (Tertiary, Secondary, and Universal).
- "*If it ain't broke, don't fix it*" – utilise, and build on, successful models of integrated, wrap-around services and interventions, or holisitic approaches (eg Stronger Families Alliance in BM):
  - Which have formal collaborative arrangements;
  - And integrated professional development for staff and volunteers;
  - Which address all three levels of building our children's, families' and community's wellbeing & resilience; and
  - Address the factors identified in the FACS *Summary of Prevention and Early Intervention Local Case Studies Project Report*[2] as the ideal prevention and early intervention system for young children:
    - a one-stop shop for early childhood PEI
    - stronger role for supported playgroups and day care on school premises
    - increase in allied health and treatment services
    - increased parental supports.
- Use of Harwood community conversations approach for genuine community engagement and consultation.
- Strengths-based practice, building capacity for children, young people and families.
- A focus on relationships and trust.
- A focus on building our community's social capital and resilience.

What Could Work Better?:

- **Lack of flexibility, rigid 'silos' of program design and eligibility criteria leads to significant gaps, and people in need 'falling through the cracks'**
  - Especially at the transitions points between levels (eg secondary to tertiary level responses)
  - The system MUST be needs-based, not program- or postcode-based
  - From the point of view of the customer, the system needs to offer seamless, integrated, 'wrap-around' service provision (eg SFA).

[2] *Summary of Prevention and Early Intervention Local Case Studies Project Report* | FACS | August 2015

- **The current preoccupation with one of the SEIFA indices as the basis for resource allocation and program planning is myopic, and likely to lead to perverse outcomes**:
  - There is no question that, by any measure, parts of the NBM District (eg Lithgow and the Hawkesbury) are significantly under-resourced;
  - However, an apparent 'average' of income and disadvantage, by settlement, in the BM is not an accurate measure of either disadvantage or resource needs – we are NOT a suburb, or a series of suburbs;
  - This averaging has the effect of creating significant 'hidden' disadvantage spread (with the clear exception of North Katoomba) across our 100km length;
  - Which necessitates local services (eg Neighbourhood Centres, Family Support Services, youth services) being located strategically across the city;
  - Much of the positive outcomes being achieved are in fact to do with the resilient, informed, connected local service agencies, who find ways to overcome the gaps in current programming and resourcing.
- **Meaningful measurement of outcomes rather than outputs**
  - As an integral part of the reform process, the sector is looking to co-design a set of shared goals/outcomes, and a shared measurement system which actually measures (at both the population-, sub-sector-, and service-level) **real outcomes** for our community; ie to genuinely measure the 'Is anyone better off?' question;
  - This process needs to be resourced;
  - This information is critical to clearly demonstrate the sector's ROI; and
  - Individual services require this (most attempt to collect data meaningful for their own service delivery) for purposes of continuous improvement and reporting back to their own community;
  - Current FACS data systems are not meaningful – more local, service-specific designs need to be created to reflect what we actually do (and remove incongruity).

What supports are needed?

- **Funding:**
  - *"Community strengthening and building of social capital takes time" [30+ years in the BM]. "The community sector – and the broader community services system – require longer-term contracts (at least to 5 years)";*
  - *"'Funding by postcode' needs to stop – can we fund by need, not by postcode?";*
  - *"Acknowledge the benefits of non-competitive, non-tendering approaches and long-term contracts";*
  - *"Not a 'one size fits all' tendering process";*
  - *"How does competitive tendering fit our sector? – would favour large organisations and undermine existing service system";*
  - *"If FACS is sincere about achieving better outcomes for children and families – we need to be adequately resourced to do this work";*
  - *"More resources need to be devoted to solid resourcing for administration";*
  - *"The Local service system in Blue Mountains supports each other now – we need this recognised in funding, as it is important - it takes time to build up networks, relationships, collaborations, etc.; and it is ongoing";*
  - *"Respect existing services' local knowledge – don't farm out to 'new players on the block'".*

- **Meaningful measurement of outcomes:**
  - *"We need to agree on what the shared goals are that are to be reflected in our outcomes data";*
  - *"The sector needs support around evidence and localised data, because it is beyond our capacity to develop – perhaps a partnership with Western Sydney University?";*
  - *"Duplication of data collection for different purposes imposes impersonal repetitive paperwork on our vulnerable people";*
  - *"Resources are needed to co-design data collection – where we have a say every step of the way in co-creation of a more meaningful system";*
- **Centralised information hubs/call-centres:**
  - *"1800 Link2Home number – the people on other end of phone have no idea what local services provide, so this is not a support to the service system; in fact, NBM SHS services have developed their own 'Right Door' intake line to work around this problem".*

Key issues:

- **'No new money' is not acceptable** – primary, universal, prevention programs are already under-funded, and the tertiary intervention sector (particularly OOHC) is struggling with an ever-increasing workload and lack of resources. Investing more and more $$ into the tertiary sector is not so far improving outcomes, but is starving the primary sector - which is the best return on investment for governments (and the community), but which has been historically under-funded (the definition of madness is said to be 'doing more of the same, and expecting a different outcome'.)
  - The community sector looks to Minister Hazzard to undertake strong advocacy with his Cabinet colleagues, Treasury/Finance Departments to secure sufficient investment to prevent longer-term escalation in costs to individuals/families/community - and to government budgets in health, justice, mental health, welfare, OOHC, education, etc.

    "Any change process to occur 'within existing resources' (in other words, no new money) is a worrying announcement when there has been historical underspending on earlier intervention and prevention work (especially Primary/universal strategies) – the very work that we know makes a difference to individuals, families and whole communities in preventing future violence and building resilience for other crises and challenges. There are areas which have missed out on funding in the past and are on average worse off in terms of disadvantage, but addressing this by removing funding from productive high quality community building work in a place like the Blue Mountains is going to further increase the pressure on crisis point services and reduce our capacity to support those in our community who are vulnerable with strategies that are proven and cost effective." (BMWHRC)

- **The community sector seeks to be actively involved at every step in co-designing the reformed prevention & early intervention space with FACS**
  - The sector has years of expertise and the on-the-ground experience to contribute about what works, what good practice looks like, where gaps exist in current programing, where the current barriers/obstacles exist.

- **Key issues identified by the recent *Summary of Prevention and Early Intervention Local Case Studies Project Report*[3] included:**

  - Across all of the areas examined, it was identified that effective collaboration and information exchange were key factors in ensuring that PEI works in practice.
  - The need to address the fragmentation of service delivery and the effectiveness of funding and contracting models was also highlighted. Building trust and strong working relationships was a common focus on the wellbeing of children, young people and families.

  Other key findings were as follows:

  - The current service system is fragmented and program-centred rather than person-centred which often contributes to adverse outcomes for vulnerable children and young people
  - Lack of planning of services and the siloed nature of organisations and programs create barriers
  - Inflexibility of program criteria and funding rules
  - Gaps in services for medium-risk families
  - Lack of access and awareness of services
  - Diversity within areas needs to be taken into account and services tailored to specific area needs
  - Designing and delivering services at a local level to be owned by the community allows ownership and a depth of knowledge which means programs can be directed more specifically at the real risks that families and children face as well as assessing what is and is not working at a local level
  - A clear understanding of referral pathways needs to be determined; children are often not referred to services early enough by common contact points such as GPs, school teachers, neighbours and community workers
  - Acquiring and retaining staff leads to stronger relationships, community partnerships and supportive environments allowing for engagement and collaboration within local areas
  - Collaboration and interaction needs be embedded into job roles to increase effectiveness and increase confidence in between organisations
  - Information sharing increases trust and confidence between services
  - People in key positions, such as school principals, must be expected to play a vital role in PEI in the local community, supported with funding for training and staff resources;
  - Early engagement and support is required for vulnerable or at risk people (ideally from pregnancy in regards to parenting support);
  - Funding uncertainty dampens workplace morale and inhibits workforce planning.

- **Funding: 'Market-based mechanisms' such as competitive tendering, are not necessarily the most suitable approach for the delivery of community services**. Indeed they are well-known in the sector to produce perverse outcomes; such as seen recently following the DSS tendering processes and changes to Emergency Relief, which have had a real impact on the ability of local Primary/universal organisations to continue effective 'soft-entry' interventions. Corporate charities, with specialist tender-writing personnel, may be successful in competitive tendering processes, but these organisations:

[3] *Summary of Prevention and Early Intervention Local Case Studies Project Report* | FACS | August 2015

- Often lack a base in the local community, and thus have no real connection, and lack the status of a trusted local organisation;
- Appear to be 'lean' organisations, but often build in on-costs of 25-40% (compared to the community sector which may likely have on-costs of around 5-10%, if at all);
- Frequently under-cut costs in order to win tenders, and thus often:
  - employ staff (such as new graduates), who are paid at a lower rate than an experienced staff member; and who tend to burn-out quickly and move on, contributing to "churn", a lack understanding of their community, and insufficient time for the necessary relationship- and trust-building with their community; or
  - attempt to sub-contract local services, who are embedded in their community, to undertake the work, at a fee-for-service which is unsustainable, even for community sector organisations
  - lacking a base in the community, they may not be in a position to develop genuine partnership/collaborative approaches.

  "We conduct a number of services, activities and events under Community Builders funding, which also get a value-add from being integrated into our women's health funded work, and benefit from the expertise of our multidisciplinary team, good governance and other organisational strengths. What we do together as collaborative partners with other agencies especially enhances our effectiveness and productivity with this funding program. Competitive procurement processes unwittingly disturb the harmonious and complementary ways we all work together across our diverse specialisations, promoting unresponsive programming (one size fits all) and favouring the biggest, best-resourced players, which also potentially reduces quality of services and access to services. The programs we are able to run under community builders are for vulnerable groups of women: young women, financially disadvantaged, socially isolated, older women, women affected by violence, CALD women, Aboriginal women, women with physical and intellectual disability and mental health issues. Our services and programs target and provide access for women who are not able to, or would not, access services otherwise. It needs to be remembered that as parents, friends and carers, women who are supported to meet their own needs, ripple out the benefits of feeling stronger, safer and more connected to others in the community." (BMWHRC)

- **Alternate funding models, such as individualised supports (similar to NDIS or MyAgedCare), should be explored with the sector**.
- **Funding needs to be long-term (5-10 years) and stable, to enable the sector to engage and retain the level of expertise required to effectively serve our community.**

BM-specific issues:

- **It is critical that diversity within Districts/areas is taken into account, and services tailored to specific area needs.**
- **NBM is NOT primarily an urban District**, it is a mix – in varying proportions – of urban (primarily in the Nepean), regional, and rural environments, which bring their own challenges and which in turn impact on service accessibility and delivery; eg:
  - 'Hidden' poverty and disadvantage, if viewed only from point of view of the postcode average;

- Significant transport disadvantage in many areas;
- Historical and cultural issues; eg in BM:
  - villages/small towns 'strung like pearls' along 100km of a ridge-top with one-way-in, one-way-out highway/trainline;
  - reluctance (or inability to afford) to travel large distances to seek support;
  - the primacy of 'village' lifestyle as one of main features of attraction to BM (along with lower housing costs) = necessity of service provision in each 'patch' (eg 7 BM Neighbourhood Centres, one of which is mobile).

➢ **Utilising our current strengths to build the new system makes sense – eg**
- **Stronger Families Alliance as a service system intervention model**; or
- The work of Blue Mountains Women's Health & Resource Centre:
  "The young women's Artspace (and other BMWHRC programs to build confidence and provide early responses to at-risk young women's needs) have produced impressive results over a number of years. This is an example of innovative practice that became integrated into our core business and continues to improve with feedback and other evidence informing the ongoing planning process. Other programs have suffered from only receiving short term funding such as healthy relationship training being reduced in scope from a universal prevention approach to sexual violence across all Blue Mountains schools."