



**JESUIT SOCIAL SERVICES  
SUBMISSION**

**Towards A More Effective and Sustainable Community Services  
System – Discussion Paper**

Victorian Government Service Sector Reform Project

**April 2013**

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## 1. Introduction

Jesuit Social Services welcomes the opportunity to comment on the discussion paper, '*Towards a more effective and sustainable community services system*' (referred to as the Discussion Paper). It raises many important issues that affect the capacity of the community service system to improve the lives of people, families and communities with whom we work.

We recognise the need to overcome such problems as service fragmentation and a lack of collaboration, to promote integration and joined up services, within a person-centred service system. Our response, however, is framed by two further contextual considerations that are less well acknowledged by the Discussion Paper.

The first is the extent to which poverty and disadvantage in society are the consequence of structural factors that lie beyond the scope of the social service system to address. Worryingly, many structural factors appear to be worsening with significant impacts on demand for services.

Our second contextual consideration is that a focus on *function over form* is crucial in determining the appropriate model for funding and services. A one size fits all approach fails to recognise that solutions to 'wicked problems' must be tailored and premised on the understanding of specific problems' (Australian Public Service Commission, 2007). This position underlies our response.

We firmly endorse strengths and relationship based approaches that put the person at the centre and as the basis of practice. We also recognise the importance of approaches that focus on family, community or place. This is particularly true of early intervention and prevention approaches. In order to be genuinely person centred, the outcomes attributed to a range of social services must reflect the intrinsic value we place on a person's dignity and worth.

More broadly, we believe that the community service sector must provide for a range of service types and relationships that cater for people with discrete issues through to people with a complex range of needs. The system must rebalance the relative strengths of specialisation and consolidation to provide the requisite knowledge and structures to meet the diverse needs of service users. This is true from the level of government policy formulation through to on the ground practice.

Jesuit Social Services argues that specialisation plays an important role in both developing expertise at the policy and practice levels, and enabling a simpler, streamlined basis to the service system that should not be lost. This latter point recognises the inherent sophistication of integrated models as well as a range of factors about people's help seeking behaviours, in particular, that most service users only use one service at a time. The Discussion Paper sees this as a product of fragmentation but in our view this underestimates the role of individual choice and agency, including people's capacity and readiness to change, intrinsic to *putting the person at the centre*.

Critically, we argue that rather than simplifying a fragmented system, consolidated service models are highly demanding and sophisticated and not therefore a sustainable foundation for the entire sector. Integrated models that join up services (such as our own Youth Justice Community Support Services consortium) require advanced communication and relationship skills and resourcing to underpin the requisite governance and practices. In our experience, such resourcing is seldom funded. The most sophisticated and highly integrated models should be reserved for the most

disadvantaged people and communities, mirroring the interconnected web of disadvantage that affect people and place.

A range of different funding models are also proposed by the Discussion Paper. Again Jesuit Social Service cautions against a one size fits all approach. Strengths and weaknesses of different models evidenced through on the ground experience and evaluations should inform any implementation. As reported by the Productivity Commission (2010), what in fact is critical to the type of funding model adopted, is the type of relationship it fosters between government, non-government and, Jesuit Social Services would add, increasingly the for-profit sector. From our experience, there is as yet unrealised potential for agencies to develop relationships of reciprocal value with businesses to advance social and economic outcomes. As we recommend later in our submission, services should be funded on the basis of the scale of the problem they seek to address and provide space to CSOs to more adequately fulfil the potential of their missions. An ultimate goal is respectful and reciprocal relationships between community, business and government as providers of innovation for funding, resources and exchange of values.

Our reservation with one size fits all approaches relates equally to outcome frameworks. The key to successful evaluation is in recognising *differences* between people, places and programs. The need to differentiate raises doubts over the efficacy of a *common outcome framework*. The fact that the quest for a common outcome framework continues, despite the best efforts of many well informed contributors, attests to these risks. Further, Jesuit Social Services argues that the focus on outcomes needs to more clearly differentiate outcome *goals* and outcome *measures*.

Finally, Jesuit Social Services argues that an *outcome rubric* should be established within which service delivery takes place. Its foundations are in bottom line quality standards and stream lined whole of agency accreditation and contractual arrangements. Its aspirations are set by clearly specified outcome goals. Its evidence base is established not through routine reporting, but through periodic evaluations that determine effectiveness or identify shortcomings as the basis of service improvements. A stronger relationship, founded on *shared value* between government, the sector, and business, is at heart.

## 1.2 Summary of Recommendations

*The context for community services sector reform*

**Recommendation 1: Greater acknowledgment is required about the role of structural factors and social inequality as key determinants of health and wellbeing, and therefore as drivers of demand for community services. The role of all levels of government, and government revenue through taxation, as the basis of core service provision, is critical. A key role of the community services system is to represent the needs of the most disadvantaged and to advocate to government to prioritise and allocate revenue directed to reducing inequality and increasing the health and welfare of citizens.**

**Recommendation 2: An effective and sustainable community service system must build on the known strengths of the service system as well as evidence of *what works*, with funding and service**

models tailored and premised on the understanding of specific problems. A one size fits all approach will not be effective.

*Person-centred service delivery*

**Recommendation 3: All services should increasingly adopt:**

- whole of person approaches to practice working with a range of needs and relationships of the people with whom the service interacts,
- a strengths based, multidisciplinary, relational approach that understands person in family in community.

This can relate to either (or both) the practice approach (such as Jesuit Social Services' Young Men's Assertive Outreach Program) or the funding and service model (such as client-directed funding or LIFE program, Swindon – see case study 3).

*Client-directed funding*

**Recommendation 4: Client-directed funding models are high on consumer satisfaction, but have potential to increase risks for the most disadvantaged and for the sustainability of the service system in matters of regulation, quality, workforce development and skills, and planning and continuity of services. Any new funding model should be implemented with careful consideration of its context and impacts.**

*Linking place and person-centred approaches*

**Recommendation 5: Interventions and service models that place family or community at the centre are equally important in their own right. These models are particularly important to the prevention and early intervention service range. Jesuit Social Services endorses the conclusion of the 2010 study commissioned by the NSW State Government that “it is vital to incorporate both place and people-based interventions concurrently...[a] ‘central defining principle’ for moving forward is...[to treat] people and place policies as fundamentally intertwined and mutually reinforcing” (Ware, Gronda & Vitis 2010). Adequate resourcing and development of the local economic capital are critical to success.**

*Consolidation, collaboration and specialisation*

**Recommendation 6: Based on the needs of different citizens and places, extend capacity for collaborative practice, active referrals and networked governance as required by the target problem being addressed. These processes are time consuming and expensive and should be fully costed and resourced, with use constrained to best fit, not all circumstances.**

*Sophisticated service models for the most disadvantaged people and communities*

**Recommendation 7: Person-centred, place-based and integrated services models have a critical role in attending to the needs of multiply disadvantaged people. These are sophisticated concepts and do not provide the foundation for a sustainable community service system overall. Action should be taken to:**

- Pilot innovative models that clearly target places and people (participants and agencies) and extend best practice evidence about successful approaches to people-centred, placed-based and collaborative services to tackle deeply entrenched disadvantage,
- Ensure models of pooled funding and clearly specified outcomes to enable flexible and creative service delivery that responds to local needs and relationships of participants.

**Recommendation 8: Maintain at the government level clear program leadership with respect to policy, procedure, and workforce capacity that is linked to professional education and training institutions and prioritises evidence based practice and evaluation. Establish improved mechanisms for CSOs to meaningfully contribute to policy at this level.**

*Funding and the role of government, CSO's and the private sector*

**Recommendation 9: Fund services on the basis of the scale of the problem they seek to address and provide flexibility to CSOs to more adequately fulfil the potential of their missions. An ultimate goal is respectful and reciprocal relationships between community, business and government as providers of innovation for funding, resources and exchange of values.**

*Outcomes, effectiveness and efficiency*

**Recommendation 10: Ensure service quality and maximise opportunity for innovation by establishing an outcome rubric for agencies to operate within. This has three components:**

1. A whole of agency accreditation and contractual processes that cover common requirements such as standards to ensure occupational health and safety; documentation, information sharing and privacy; key policies and procedures; and access to training. This is the foundation level that all agencies should *work from*.
2. Define outcome goals that clearly relate to improving the life opportunities of service participants (utilitarian outcomes) and enshrine person-centred and relational practice (intrinsic value outcomes). This is the aspirational level that all agencies *work towards*.
3. *Evaluate in order to establish the evidence of effectiveness and efficiency.* Ground practice on evidence and disseminating information on what works through periodic evaluations.

### 1.3 Who we are and what we do

Jesuit Social Services works to build a just society by advocating for social change and promoting the health and wellbeing of disadvantaged people, families, and communities.

Jesuit Social Services works where the need is greatest and where it has the capacity, experience and skills to make the most difference. Jesuit Social Services values every person and seeks to engage with them in a respectful way, that acknowledges their experiences and skills and gives them the opportunity to harness their full potential.

We do this by intervening directly to address disadvantage and by influencing hearts and minds for social change. We strengthen and build respectful, constructive relationships for:

- Effective services - by partnering with people most in need and those who support them to address disadvantage
- Education - by providing access to life-long learning and development
- Capacity building - by refining and evaluating our practice and sharing and partnering for greater impact
- Advocacy - by building awareness of injustice and advocating for social change based on grounded experience and research
- Leadership development - by partnering across sectors to build expertise and commitment for justice

The promotion of **education, lifelong learning and capacity building** is fundamental to all our activity. We believe this is the most effective means of helping people to reach their potential and exercise their full citizenship. This, in turn, strengthens the broader community.

Our service delivery and advocacy focuses on the following key areas:

- **Justice and crime prevention** – people involved with the justice system
- **Mental health and wellbeing** – people with multiple and complex needs and those affected by suicide, trauma and complex bereavement
- **Settlement and community building** – recently arrived immigrants and refugees and disadvantaged communities
- **Education, training and employment** – people with barriers to sustainable employment

Currently our direct services and volunteer programs are located in: Victoria, New South Wales and Northern Territory. Services include:

- ***Brosnan Services***: supporting young people and adults in the justice system, and assisting them to make a successful transition from custody back into the community. Within the suite of services are Perry House, Dillon House and Youth Justice Community Support Services.
- ***Jesuit Community College***: increasing opportunities for people constrained by social and economic disadvantage to participate in education, work and community life and reach their full potential.
- ***Community Programs***: working with people on public housing estates across metropolitan Melbourne, including the African Australian and Vietnamese communities, and supporting remote Aboriginal communities in governance and capacity building initiatives in Central Australia
- ***Connexions***: delivering intensive support and counselling for young people with co-occurring mental health, substance and alcohol misuse problems.

- **Artful Dodgers Studios:** providing pathways to education, training and employment for young people with multiple and complex needs associated with mental health, substance abuse and homelessness.
- **The Outdoor Experience:** offering an alternative treatment service through a range of outdoor intervention programs for young people aged 15 – 25 years, who have or have had issues with alcohol and/or other drugs.
- **Support After Suicide:** supporting people bereaved by suicide, including children and young people.
- **Community Detention Services:** delivering case management support to asylum seekers, including unaccompanied minors, in community detention.
- **Western Sydney Program:** delivering social enterprise and other community building that provide affordable food, training and employment opportunities to people living in the area of Mount Druitt, Western Sydney.
- **Just Leadership:** Working in partnership with community and corporate enterprises to foster leadership for a just society. This includes the African Australian Inclusion Program, a professional bridging program developed in partnership with the National Australia Bank.
- **Capacity building** activities in Alice Springs.

Research, advocacy and policy are advanced through our Policy Unit, coordinating across all program and major interest areas of Jesuit Social Services.

## 2. The Context for Community Services Sector Reform

### *Role of the Community Services Sector*

The Discussion Paper describes the role of community services as *improving the lives of Victorians, particularly those who are disadvantaged or vulnerable*. It goes on to describe reforms that might take place so that the community service sector might more effectively and sustainably achieve this aim including through such concepts as person-centred services, integration, collaboration, place-based services, efficiency and outcomes. Jesuit Social Services acknowledges the breadth of these reforms and will explore the utility of these approaches throughout this submission.

However, it is important to note that the problems of disadvantage and vulnerability in society do not belong to the service system alone, and accordingly, re-engineering the funding and operations of the system are unlikely to be sufficient to resolve them. Instead, service sector reform must recognise the wider external forces that influence the nature and extent of disadvantage and the impact that changes in these external forces can have on the community and service system. We believe that a deeper understanding of these external forces and their changing nature will assist the reform process, and the sections that follow provide some details regarding what these forces are.

### *The overlapping and entrenched nature of poverty and disadvantage*

Poverty and disadvantage in people and communities are often the consequence of structural factors. Research, for example, 'Spirit Level', has illustrated the role played by structural inequalities in entrenching disadvantage with analysis outlining how countries with greater levels of economic inequality have poorer health and social outcomes (Wilkinson & Pickett, 2009). The effect of social and economic inequalities across society are supported by research from the health field, which has found that social and economic differences in health status reflect, and are caused by, social and economic inequalities in society (Marmot, et al., 2010, p. 10).

In addition to evidence suggesting structural causes, it is also clear that the risk factors for disadvantage often overlap and it tends to be concentrated in specific locations. Jesuit Social Services explored the nature of disadvantage in a series of studies the most recent of which was *Dropping off the Edge* (Vinson, 2007). This research highlighted the web-like structure of disadvantage in extreme cases, illustrated by the degree of vulnerability of the 3% most disadvantaged localities in each jurisdiction compared with the remaining 97% (Vinson, 2007). This finding corresponds with the work of the Federal Government's Social Inclusion Board in quantifying the nature of social exclusion in Australia, which found that in 2010 some 640,000 Australians experienced three or more forms of disadvantage including joblessness, poor levels of health, low education, a lack of safety and support in the community (Australian Social Inclusion Board, 2012). Both *Dropping off the Edge* and the Social Inclusion Board's research has demonstrated how for many people and communities, disadvantage can be a persistent factor in their lives that is extraordinarily difficult to overcome. Alarming, changes to the structure of the Australian economy appear to be driving increases in aspects of disadvantage and social exclusion.

### *The changing economy*

While the Discussion Paper identifies population growth driving the need for more services, it makes little reference to the changing structure of the Australian economy and its impact upon the extent and nature of disadvantage. These structural factors include the growing divide between rich and poor individuals and families; major changes to the labour market with significant increases in the numbers of young people in neither full time work nor full time education; the loss of secure employment and low skilled full time jobs as points of entry to the labour market; the decline in the quality and capacity of some public schools; and associated increases in inter-generational and locational unemployment.

Preventing and mitigating the negative consequences of a changing economy should be a priority for both government and the community sector. Whilst Jesuit Social Services does not believe these forces can be addressed in the narrow context of reforming the community service system, these issues should inform this process as they significantly shape the environment confronting today's community services. Factors such as these, combined with the significant effects of an ageing population, mean that increased pressure on the social services system is likely to persist. While reforms which improve the service system are legitimate, an even more effective and sustainable service system will continue to face increasing and changing demands.

#### *Increasing demand at a time of declining revenue*

This current process of reengineering the effectiveness and sustainability of community services takes place not only in the context of increasing demand but also declining revenues for state and federal governments. This contextual reality is alluded to in the Discussion Paper, which speaks briefly of '*a more constrained fiscal environment*'. While improving the way the system is funded is a legitimate future pathway, the Discussion Paper does not address the relationship between declining public revenues, the role and priorities of government, and the demand for community services. When the Federal Government attempts to meet budgetary problems and reduced revenue from taxes and other sources by cutting benefits to lone parents, this action has flow on consequences for the states' community services systems. Similarly, when contracting departments reduce the quality of community services in the interests of efficiency and cost, these actions may have adverse consequences such as increasing demand for higher cost statutory and tertiary services.

Recent experience in the United Kingdom is illustrative. The experience of implementing the 'Big Society'<sup>1</sup> agenda in the context of fiscal constraint and public service cuts has unleashed a range of unintended consequences that largely work against the aspirations behind the *small government* ideals (irrespective of their merit). For example, rather than 'more of what you want' through tailoring services to individual needs, cuts in public spending meant a 60 per cent reduction in new public housing and the break up of health care provisioning and outsourcing in a way that was described as 'dismantling' the National Health Service (Whelan, J, 2012, p. 22). The impact in Australian states of this approach would be more acute as we already start from a lower base than our OECD peers. As Whelan notes, "Australia under-invests in public services compared to international peers, committing about 35 per cent of its gross domestic product to public sector spending, against an Organisation for Economic Co-operation and Development (OECD) average of 47 per cent." (Whelan, J, 2012, p. 21). In confronting the reality of '*a more constrained fiscal*

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<sup>1</sup> For an summary of the thinking and core aims of the 'Big Society' agenda see Whelan, J, 2012, 'Big Society and Australia: How the UK Government is Dismantling the State and What it Means for Australia'.

environment' for the community sector, government must play a role in providing for and leading service delivery, including through the collection and allocation of taxes and the prioritisation of spending.

**Recommendation 1: Greater acknowledgment is required about the role of structural factors and social inequality as key determinants of health and wellbeing, and therefore as drivers of demand for community services. The role of all levels of government, and government revenue through taxation, as the basis of core service provision, is critical. A key role of the community services system is to represent the needs of the most disadvantaged and to advocate to government to prioritise and allocate revenue directed to reducing inequality and increasing the health and welfare of citizens.**

*Learning from past experience: The importance of form over function*

The service sector reform project must understand the nature of the system, including its history, its successes, its learnings, as well as previous efforts within which have utilised many of the mechanisms outlined in the Discussion Paper. In particular, there should be recognition that, although there are areas where improvements can be achieved, the community services system works well for the majority of people and there is much that can be learnt from past experience. A danger in any reform process is not to acknowledge what has gone before. A number of the issues identified in the Discussion Paper have in fact been the focus of previous Victorian initiatives such as Primary Care Partnerships, the Multiple and Complex Needs Initiative, Child First and the Integrated Family Services, Family Violence initiatives, and Neighbourhood Renewal. We can learn from the strengths and challenges of these models.

A common observation might be that, while the purpose of such models may be to deliver simpler, more integrated services *for vulnerable people* (the aim of the Discussion Paper), the impacts *for the service system* are far from simple. All require sophisticated models of collaboration and governance underpinned by mature communication and relationships. The strengths of other aspects of the current system, including an understanding of why these features have evolved and been of value, must also be incorporated. As the Discussion Paper reminds us, "(s)pecialisation has delivered many gains that the system cannot afford to lose."

Drawing on past experiences, Jesuit Social Services strongly believes that a focus on *function over form* is crucial in determining the appropriate model for funding and services. There is unlikely to be a one size fits all model of funding, approach to the relationship between governments and agencies, or a one size fits all solution to disadvantaged and vulnerable Victorians. The need for flexible and appropriate approaches to specific problems has been recognised in the public policy realm in the context of 'wicked problems'. Here, it has been recognised that solutions to these types of problems must be tailored and premised on the understanding of specific problems (Australian Public Service Commission, 2007). This, rather than a one size fits all solution, will be a recurring theme throughout our submission.

**Recommendation 2: An effective and sustainable community service system must build on the known strengths of the service system as well as evidence of *what works*, with funding and service**

**models tailored and premised on the understanding of specific problems. A one size fits all approach will not be effective.**

*Functions of the community sector – reflecting on Jesuit Social Services’ work*

Question addressed:

A) What works well in the system and why?

It is difficult to generalise about the role played by the community sector as the sector is extremely diverse with a wide range of organisations undertaking a variety of activities. However, there are some features that are common to most (if not all) community sector organisations which influence how they function and also illuminate the roles they play in overcoming disadvantage and vulnerability in society. The Productivity Commission’s inquiry into the contribution of the not-for-profit sector in Australia (2010) noted some unique aspects that were common to not-for-profit (including community sector) organisations, most notably:

- *Trust and continuity of relationships* which were identified as essential aspects of not-for-profit organisations that provide a basis for change and outcomes (Productivity Commission, 2010).
- *Social innovation* which is enabled by the purpose-driven nature of community sector organisations which provide a freedom to explore new approaches to achieving that purpose, allowing them to take risks where failure is accepted as part of learning. (Productivity Commission, 2010).

Jesuit Social Services’ experience working with disadvantaged and marginalised Victorians for over 36 years illustrates how trust and continuity of relationships underlie the work of the community sector and the ability of organisations to innovate in developing solutions to the problems that people and communities we work with face.

Our organisation began in 1977 with Four Flats, a hostel in Hawthorn for young men released from custody. The goal of Four Flats was simple and can best be summed up in the words of the former chaplain of Pentridge prison, Father John Brosnan: *‘there are three things needed by people upon their release from prison: A place to live that is decent, a job they can handle, and friendship; and the hardest to provide is friendship.’* Providing these three things lay at the heart of the work of Four Flats. The staff of Four Flats provided and shared shelter with young men upon their release from custody and made efforts to link them to the community through reaching out to employers to secure work for them. Finally, they offered a listening ear to these young men and, over time, as they got to know these young men and heard their stories, needs and wider aspirations, they helped many reach out to family and friends to restore supportive relationships. In many ways, these are the very features of the service system that the current process seeks to rediscover.

Jesuit Social Services has continued to work with this group of people for over 36 years and our youth programs still lie at the heart of our work. Importantly, however, while the function of this work - focusing on providing accommodation, supporting aspirations, and building relationships - remains essentially unchanged, the form has changed significantly. Today we work with young people leaving custody through the Youth Justice Community Support Services program (YJCSS)

which is delivered under contract from the Department of Human Services, by a consortium of community sector organisations, with support and interventions delivered by skilled practitioners.

Consistent with our agency mission "Standing in solidarity with those in need, expressing a faith that promotes justice", our programs have grown as we identify barriers to overcoming the problems that disadvantaged and vulnerable people face, impacted by a range of wider social and economic changes, and develop solutions to deal with them. From our starting point of accommodation and support for young people in the justice system, we identified the barriers of mental illness and drug and alcohol problems which affected so many. This underpinned the development of Connexions, the first dual diagnosis service for young people in Victoria. We also identified the need for meaningful activity and more formal pathways to social and economic inclusion for the young people we worked with; this led to the incorporation of programs such as The Outdoor Experience, and the development of Gateway and Jesuit Community College. Jesuit Social Services has also responded to social changes that have put more people at risk of entering the criminal justice system; an example being our work with Melbourne's Vietnamese community which stemmed out of increasing numbers of Vietnamese young people entering the justice system in the early 1990s. This experience and the recognition of the challenges faced by communities settling in Australia have provided the basis for our work with the African Community, while most recently we have begun work with unaccompanied minors and adults in Community Detention.

The degree of complexity in the problems faced by the people with whom we work, and the nature of the organisational and regulatory environment in which we work, have changed greatly over time. This has included the increasingly complex nature of contracted service delivery, business support functions, working in partnerships, and implementing more rigorous evaluations of our work. We know that similar experiences and tensions between mission and the realities of service delivery exist for many community service organisations, most notably in the delivery of statutory services. However, as illustrated through our own work, the significance of mission, trust, and continuity of relationships continues to add value to and pervade our practice.

This happens in a variety of ways. Jesuit Social Services has developed an agency practice approach known as Our Way of Working that puts our mission and values into practice. In keeping with this, key aspects of our work with program participants involve enabling them to: value themselves and others; affirm their aspirations and goals; utilise support; build capacity; and increase civic participation. Our agency Orientation Day introduces workers to the teaching of Ignatius of Loyola (the founder of the Jesuits) and his ongoing relevance to our work today - to stand in solidarity with those in need; be contemplatives in action; to our overarching commitment to social justice. Our policy and advocacy work continues the Ignatian Jesuit heritage of 'influencing hearts and minds'. In turn, our program work, research and advocacy combine to give our agency its community profile that, in turn, attracts both volunteers and donors to further support our work.

We employ full time volunteer and donation coordinators giving us real capacity to complement our government funded services and roles. Often innovations are financed through our own funding sources, including philanthropic bodies, providing capacity to develop or bolster new initiatives. More recently we have strengthened our engagement with the business community and employers, through Just Leadership and the African Australian Inclusion Program, working directly with them to

build employment programs for disadvantaged people. In these ways we share reciprocal relationships with the wider community, enjoying mutual benefits.

The scale and complexity of the work that Jesuit Social Services is involved in has grown over the past 36 years. Despite this, our fundamental approach, focusing on relationships, stability and aspirations, remains the same and is underpinned by a strong commitment to our mission and values. Importantly, we have built and retained strong connections to the people and communities we work with and remain committed to working with them as they strive to overcome barriers to participation. Drawing on our experience and strengths we look to move forward in participating in developing a sustainable community service system.

### 3. Future Directions for the Community Sector:

Due to the breadth of issues raised in the discussion paper and the interrelationships between many of the pathways, Jesuit Social Services will respond by considering strengths and challenges under the five broad themes:

1. Person-centred service delivery
2. Place-based approaches
3. Consolidation, collaboration and specialisation
4. Funding and the role of government, CSOs and the private sector
5. Outcomes, effectiveness and efficiency

#### 3.1 Person-centred service delivery

*Pathways Addressed:*

*1.1 What barriers get in the way of putting people at the centre of service delivery?*

*1.2 What needs to change to put people at the centre of the system instead of focusing on programs?*

*1.3 What organisational approaches and workforce capabilities are needed to achieve this – in CSOs, in public service agencies or in government policy?*

*6.1 How far should client-directed funding be extended beyond disability services into other areas of community services?*

*A broad notion of ‘Person-centred service delivery’*

Jesuit Social Services endorses approaches identified in Pathway 1 including involving people in the planning and production of services and building the capability of the workforce to take a holistic approach. A risk with an objective as broad as “*put[ting] people at the centre of service delivery*” is the possibility that it will lead to a rebranding of existing service delivery practices instead of substantive change. In light of this, it is important that services which purport to be ‘person-centred’ are genuinely so in their practice. Practice should be grounded in a nuanced conception of the ‘person’ which is demonstrably linked to the service provided. Through our work, Jesuit Social Services takes a broad view of human personality and the development of people. *Our Way of Working* (the Jesuit Social Services practice framework) aims to effect not just instrumental improvements, but to foster confidence, resilience and aspirations. This approach is rooted in an awareness of the inherent value of the human person as well as the Jesuit tradition which focuses on “care for the whole person” through the development of character, confidence, capability and meaningful relationships.

Beyond its validity on the grounds of inherent human dignity, there is also an evidence base which supports a focus on wider aspects of personhood. The UK’s Young Foundation, in a recent appraisal of crime prevention programs in the US and UK, notes the importance of ‘soft skills’: a porous category of cognitive and affective tendencies, including resilience and confidence, the ability to form relationships, determination, planning, creativity and impulse control. The report notes: “*Among the interventions that seem to work, there is mounting evidence of the importance of increasing people’s soft skills...the capabilities that enable people to take responsibility for themselves and help them fulfil their potential in life. ...Analysis shows that by moving from the group that is worst at soft skills to the next worse group, the chances of a US male going to jail by the age*

*of 30 fall by three-quarters. An improvement in cognitive skills reduces the risk of incarceration by a third.” (Reeder & Aylott 2012).*

In most circumstances, ‘soft skills’ and character are cultivated by natural interactions with family, friends, colleagues and peers, as well as constructive life experiences. But when these influences are absent or harmful, one can suffer a kind of ‘loss of bearings’, an injury more pervasive than can be healed by imparting practical skills or through discrete interventions. The emphasis on wider notions such as soft skills is therefore essential for person-centred practice.

In light of this, the notion of what constitutes an outcome in person-centred services should be broad and include ‘intrinsic outcomes’. This is particularly the case for services working with people with multiple and complex needs who may experience a high degree of social exclusion. The role of outcomes in a reformed community service system will be considered in more detail in section 3.5. At present, and in light of the discussion above, Jesuit Social Services believes that outcomes should focus not just on utilitarian outcomes but also focus on aspects of character, confidence and capability; and the formative influence of meaningful relationships with family, friends and community.

#### *Empowering service users*

A central ambition of the *Strategic Review of Health Inequalities in England post 2010* was to create the conditions for people to take control over their own lives, and hence over their own health and health behaviours, and those of their families (Marmot et al, 2010, p. 12). Choice and control are therefore integral to empowerment at both individual and societal levels. For example, randomised control evaluation of pilots of *individual budgets* (a particular form of self-directed funding implemented in England in 2005-06) found a big and significant effect was that participants felt a much greater sense of control over their lives, a finding replicated in other UK evaluations of client directed funding (Productivity Commission, 2011, pp. E3, E5).

An integral tenet of all strengths-based practice models is, in fact, putting the client, their goals and aspirations, at the centre of planning and service delivery; features commonly associated with programs with good outcomes across multiple service domains (eg. (MacLeod J & Nelson, 2000) (Nissen, 2006)). The Australian Social Inclusion Board (2010b) affirmed this through its research into ways in which cycles of disadvantage could be broken. The Board concluded that *the way you treat people matters* and recommended that the relationship between professional service delivery staff and clients needs to be recognised and actively supported, and service systems should be strengths-based (Australian Social Inclusion Board, 2010b). Strengths-based practice that puts *people at the centre* is therefore critical to all service delivery or funding models.

**Case Study 1—Young Men’s Assertive Outreach Program:** YMAOP is a 2-year pilot established by Jesuit Social Services with funding from the Victorian Department of Human Services. It is designed to support 24 homeless young men (aged 16-24), for an average period of 12 months each. It aims to prevent them from sliding into chronic homelessness through building trusting, consistent relationships between them and caseworkers. Key features of the program include low caseworker ratios (1 caseworker to 6 or less young men) and consistent and frequent contact. Emphasis is placed on securing education and training opportunities, building basic life skills and transitioning to stable and safe housing, but is importantly open-ended: participants have the opportunity to formulate goals and plans with case workers based around their needs, talents and aspirations. Some are given the chance to record music; others to play sport, go to museums or galleries or participate in simple social rituals like lunch in a café. After 1 year, 80% of participants showed reduction in alcohol and drug usage and offending behaviour; improvement in relationships; and 70% in mental health and wellbeing. An ‘outcome star’ analysis showed improvement in self-care and living skills, money management and tenancy and accommodation management for two-thirds of participants.

### *Family and community-centred interventions*

A key feature of an effective person-centred approach is one which sees relationships with community, family and friends as key elements of personal development. Failure to do this raises the potential for practice approaches and intervention models to minimise the importance of family and community relationships and the reciprocal ties that build social cohesion and inclusion.

The importance of social cohesion as a strong buffering effect on indicators of disadvantage (Vinson, 2007) and as one of the most effective actions to greater health equity at a societal level (Marmot, Allan, Bell, Bloomer, & Goldblatt, 2012) will be elaborated below with respect to place-based approaches. Drawing upon this importance of relationships and connections to a range of factors of human wellbeing, it has been argued that building healthy relationships (not simply the person) should be the focus of many human services (Furlong, 2013).

The types of services this encompasses are family and community level interventions, including group work approaches, community development and community education and prevention programs that place family, group or community at the centre. Jesuit Social Services delivers a range of programs that adopt these approaches including Konnect (see case study 1) as well as community focused settlement programs in Flemington and St Albans, and community development programs in Western Sydney and the Collingwood public housing estate. Person-centred services must draw from these initiatives and support people to build relationships and connections which are vital to individual and societal wellbeing.

**Case Study 2—Konnect:** Konnect provides support to Indigenous men and women exiting prison. Reconnecting meaningful relationships is crucial to this process. A recent quarterly report notes that initial pre-release meetings often begin with the caseworker asking ““Where are you from?” “Who are your mob?” This, coupled with the knowledge that our Koori staff have of Koori communities and families across Victoria, ensured that a transitional case plan was developed that catered to cultural understandings/needs.” Staff will often proceed by locating family members, elders and Koori services in an individual’s community and coordinating them around that person’s expected needs. The approach recognises that these relationships, more than the individual’s professional and necessarily temporary contact with Konnect staff, will often make the difference—so the role of Konnect staff is to facilitate, coordinate and negotiate. Through embracing this approach the program has experienced steady increases in referrals and retention of clients.

### *Implementing person-centred services*

The previous sections have outlined what we believe a person-centred approach should entail in practice. It is also important to consider the mechanisms and some challenges involved in implementing these approaches. The Discussion Paper outlined several approaches that could put people at the centre of service delivery.

A further area for reform identified in Pathway 6 is client directed funding. The most advanced implementation of this model of funding has been in the disability services systems in Victoria and the United Kingdom. The National Disability Insurance Scheme also adopts this model and has generated a wide range of interest in how this type of approach might be adopted in other settings (see for example the Victorian Government's Psychiatric Disability Rehabilitation and Support Services Reform Framework – Discussion Paper (2012)).

Contemporary interest in client directed funding necessitates a consideration of its effectiveness. The few evaluations of this approach that do exist elicit very different outcomes depending on whether a person-centred approach or system level approach is taken. The most sophisticated evaluations (through randomised control trials) of client directed funding approaches have been in the United States. These evaluations have shown that client directed funding has provided significant benefits to people with disabilities and their families compared with traditional agency based services (Productivity Commission, 2011). In general, other evidence shows that this approach has positive effects on client satisfaction levels, and perceptions of control (Productivity Commission, 2011). As described above, these outcomes of client directed funding are comparable to other strengths based practice models and Jesuit Social Services fully supports widespread adaptation of such strengths based approaches in all practice.

At the systems level, however, some potential problems with client directed funding have been identified. These include the challenges of managing the administrative aspects of this funding model (Productivity Commission, 2011) and its impacts upon the skill level and capacity of those providing support. Recently released research into self-directed funding models in the United Kingdom has found that it has the potential to contribute to the development of a poorly regulated market for personal assistance where training and support is not provided. There are also concerns about the evidence base for direct employment of carers by disabled people, particularly where the carer is a friend or family member, that is occurring under many models, including in Victoria (Cortis, Meagher, Chan, Davidson, & Fattore, 2013). Cortis, Meagher and Chan et al (2013) conclude that care must be taken with client directed funding models to ensure that they do not threaten the quality and continuity of care provided to service users. These potential impacts are arguably greatest for the most vulnerable who may lack capable networks of support or capacity to advocate for themselves (Productivity Commission, 2011).

In light of the evidence outlined above, Jesuit Social Services believes that client-directed models of funding have the capacity to benefit service users in some contexts. However, this endorsement is based on the assumption that service users, as well as personal and/or professional, networks of support have the capacity to make appropriate decisions regarding service use and in some cases to deliver services themselves. Many of these risks were identified by the Productivity Commission in developing the NDIS, and led to the conclusion that person-centred (client directed) funding models

should be cautiously implemented, pursuant to further evaluation of the implementation across the disability services spectrum.

Finally, we note that there are other methods of funding and supporting services which do not adopt the model of client directed funding, but provide person-centred services with varying degrees of service user control over service provision and the direction of resources. Jesuit Social Services' YMAOP program as described above (Case study 1) and the LIFE program from the United Kingdom (Case studies 3) are two examples. These examples demonstrate that adequate resourcing and sufficient flexibility for frontline staff can create the necessary preconditions for practice that puts people at the heart of service delivery.

**Case Study 3—LIFE, Swindon (UK):** the LIFE (Lives for Individuals and Families to Enjoy) program, underway in six Councils in Britain, is a good example of how even quite radical devolution of practical autonomy to service providers can yield positive results. After determining that some 86% of front-line workers' time in dealing with the city's worst-off families was spent on 'system-driven' tasks—in effect, "*filling in forms for accountability and discussing them with colleagues*" (Cottam 2012)—Swindon Council provided front-line workers with a flexible brief to support families with self identified needs. The pursuits chosen by the families varied widely: some spent some money on their first outings as a family; others used it as a float to begin successful social enterprises. Markedly improved education and employment outcomes were recorded over the course of two years.

**Recommendation 3: All services should increasingly adopt:**

- whole of person approaches to practice working with a range of needs and relationships of the people with whom the service interacts,
- a strengths based, multidisciplinary, relational approach that understands person in family in community.

This can relate to either (or both) the practice approach (such as Jesuit Social Services' Young Men's Assertive Outreach Program) or the funding and service model (such as client-directed funding or LIFE program, Swindon – see case study 3).

**Recommendation 4: Client directed funding models are high on consumer satisfaction, but have potential to increase risks for the most disadvantaged and for the sustainability of the service system in matters of regulation, quality, workforce development and skills, and planning and continuity of services. Any new funding model should be implemented with careful consideration of its context and impacts.**

## 3.2 Place-based approaches

### *Pathways Addressed*

3.1 *Where are place-based approaches already being applied successfully in the system, and what factors make them successful?*

3.2 *What changes are needed to align people-based and place-based approaches in the system?*

3.3 *What roles should different stakeholders (for example, CSO's, public service agencies, local government, community advocates) have in delivering effective place-based approaches?*

3.4 *What are the main risks of using flexible, place-based approaches and how can they be mitigated?*

6.7 *How can one manage the risk that an area-based funding approach generates, specifically that communities may have different approaches and different outcomes?*

As outlined in section 2, disadvantage in Victoria, as elsewhere, has a distinctly locational character. This was demonstrated in Jesuit Social Services' own research *Dropping Off The Edge* which analysed, across thousands of communities throughout Australia, indicators of disadvantage including social distress, health, community safety, economic factors and education. One or two of these indicators added very little to our understanding of the locational disadvantage but when they were considered together, the overall picture was of an inter-connected relationship between the variables. They appear to describe a web-like structure of disadvantage in extreme cases which is illustrated by the degree of vulnerability of the 3% most disadvantaged localities in each jurisdiction compared with the remaining 97%. Drawing on this analysis, *Dropping Off The Edge* was able to identify the 40 most disadvantaged postcode areas across Victoria. Characteristics that were shared between these areas included low family income, early school leaving, limited computer use, no internet access, disability/sickness support, criminal convictions, and the lack of qualifications.

In light of these findings, Jesuit Social Services welcomes the focus in Pathway 3 on developing place-based approaches. We have long standing experience innovating and delivering place-based approaches including Konnect, the Artful Dodgers Studio, and our community programs in Melbourne's public housing estates, Central Australia and Western Sydney. Devolution, integrated place-based planning, and community and regional economic development are all place-based approaches which have some capacity to improve service effectiveness within local areas. Promising examples of these approaches in practice include the community budgets pilots in the United Kingdom (devolution) (National Audit Office (UK), 2013), the Pathways to Prevention initiative in Queensland (integrated place-based planning), and community investment institutions in the United States (economic development – see (Burkett, 2012) ). This paper will now explore some of the elements that have been identified as necessary for effective place-based approaches as well as some of the challenges that these approaches present. Initially, we will emphasise the important role of community cohesion and argue that its promotion should be key to any place-based approaches.

### *The importance of community cohesion*

Research shows that the way a community operates and the social environment thereby created – particularly with respect to identifiable aspects of social cohesion and an orientation to community improvement – can make a positive contribution to community well-being over and beyond the benefits brought by effective services to individuals and households. Internationally, research on the

wider community level impacts of disadvantage identify contributing factors including negative peer influences, weak social norms/control, limited resources and networks, and the effects of stigmatisation (Pawson, Davison, & Wiesel, 2012).

*Dropping Off The Edge* analysed survey data from the Victorian Department of Communities that captured indicators of the degree of social cohesion in Victorian communities and identified postcode areas with low, medium and high levels of cohesion. Further analysis exploring the correlations between levels of cohesions and indicators of disadvantage found that social cohesion exerted a strong buffering effect on indicators of disadvantage and led to the conclusion that strengthening social bonds could play a role in minimising the harmful effects of disadvantageous social and economic conditions (Vinson, 2007). A parallel finding was central to the European review of the social determinants of health and the health divide, with Marmot and colleagues finding that creating or re-asserting societal cohesion was one of the most effective actions to greater health equity at a societal level (Marmot, Allan, Bell, Bloomer, & Goldblatt, 2012).

Findings regarding the importance of community cohesion necessitate consideration of how it can be enhanced. Evidence supports four attributes of practice ‘which in combination help to sustain effective community functioning’ (Vinson 2010 in (Australian Social Inclusion Board, 2010). These attributes (outlined in Figure 1) are based on a long established tradition of sociological theorising and the findings of classical experimentation by Bales (1950), as well as Australian research. Two of those attributes relate to the substance and style of decision-making across communities (particularly in relation to the community’s goal setting) and resource generation and allocation within communities. The other two relate to the inner state of the community, especially social cohesion, the containment of inevitable tensions, and the maintenance of collective motivation. In combination these points of reference enable the social ‘pulse’ of a community to be taken, communal strengths and limitations identified, and activities to be ordered and modified with an eye to the needs of the community *as a system in its own right*.

**Figure 1: The key community attributes:**

*External pattern*

- (i) Substance and style of decision making: Includes arrangements for generating an action agenda and the identification and development of local leadership
- (ii) Resource generation and allocation: equitable funding and delivery of services for all community members and a local contribution to community initiatives

*Internal pattern*

- (iii) Integration of people, groups and community organisations: a stronger sentiment of attachment to the local area, participation in community affairs, and strong relationships between local organisations and the community
- (iv) Maintaining direction, energy and motivation: processes to bring people together with different opinions and contain tensions.

(Vinson in Australian Social Inclusion Board 2010)

Over many years Jesuit Social Services has observed and been directly involved in delivering initiatives that have sought to strengthen and promote communities. This includes work delivering a

range of community development programs in public housing communities throughout Melbourne (some as part of Neighbourhood Renewal) as well as wider leadership and community capacity building work in Melbourne (with Vietnamese and African Communities) as well as in Western Sydney and Central Australia. Our learnings from this work are that developing the characteristics outlined above takes time, energy, resources and an approach that empowers and creates ownership over issues within communities. A concept such as ‘community participation’ might seem self evident to many, however as outlined in case study 4, efforts to foster genuine community participation can be challenging. We believe some of the best approaches are those that utilise the existing human resources within a community and utilise them to give something back to the community.

**Case Study 4—Jesuit Social Services’ Community Partnerships in High Rise Housing estates:**

Jesuit Social Services’ community programs work within particular areas and communities (Vietnamese, Somalian). The focus of these programs has always been led and determined by communities. This involves empowering members of communities to be involved in decision making and to have ownership of the programs through approaches such as employing local community members as staff. There are often trade-offs here, as community members have relationships and understanding of the problems they face but often lack the capacity and skills to move forward. Community development is the process of building these skills and supporting their efforts. This approach is ultimately resource intensive and takes time but leads to a more genuine form of community participation.

Our work in Western Sydney focuses on more than simply addressing the deficits of the community by engaging community members in providing opportunities for social interaction and activities including community events, opportunities to do their shopping and youth activities. Beyond their own inherent values, these activities foster enthusiasm and lead to better engagement of members of the community. Finally, features identified in the research on what makes healthy communities have also been identified as important to effective place-based approaches, further emphasising the need to prioritise the development of community within place-based approaches.

*Effective place-based approaches*

Although there are some promising examples of place-based approaches to service delivery, it is important to note that challenges with evaluating initiatives and the timescales over which change occurs means that the efficacy of different approaches are yet to be firmly established (Centre for Community Child Health, 2011). Several studies on place-based initiatives, including the Social Inclusion Board (2010), Pawson, Davison and Wiesel (2012) and the Centre for Community Child Health (2011) have explored current examples in practice and have outlined some key elements of effective place-based service initiatives. These include:

- *Focus on people and place* - A 2010 study commissioned by the NSW State Government appraised successful contemporary place-based programs in the UK and Europe and considered their relevance to Australia. Among its conclusions was the following view: “it is vital to incorporate both place and people-based interventions concurrently...[a] ‘central

*defining principle' for moving forward is...[to treat] people and place policies as fundamentally intertwined and mutually reinforcing" (Ware, Gronda & Vitis 2010).*

- *Community participation and leadership* – As noted above, this is also a key element of building community cohesion but maximising community involvement in decision making is identified as a means to more effectively identify and respond to local needs (Centre for Community Child Health, 2011). The Social Inclusion Board takes this a step further and recommends that governance arrangements evolve over time, in line with the development of community capacity, to a point where responsibility for design, funding and delivery of local services is devolved to local institutions. This type of approach can be seen in the *Community Budget* initiative currently being piloted in the United Kingdom. Through this initiative, decisions on service priority, funding allocation and delivery within local areas are being transferred from Central Government to governance institutions at a local level (National Audit Office (UK), 2013). The implications of this initiative on the effectiveness of local services is yet to be fully evaluated, however it demonstrates one approach through which local decision making on services design can be implemented.
- *Joining up efforts* – integration and partnership can be made a reality through location based coordination teams (as in Neighbourhood Renewal), co location of services, or the formalisation of partnerships (Australian Social Inclusion Board, 2010). These initiatives can be embedded through formalised governance arrangements and funding mechanisms, details of which are explored later in this submission (Australian Social Inclusion Board, 2010) (Centre for Community Child Health, 2011).
- *Adequate resourcing* – as noted above, if place-based approaches are to reduce disadvantage and build community cohesion then they need to be resourced over a significant period of time. *Dropping Off The Edge (2007)* noted short-term place-based interventions that had produced some positive outcomes but these often dissipated and noted that *'the consolidation of disadvantage over decades cannot be reversed in a year or two'* (Vinson, 2007). Furthermore, interventions which tap into community expectations of change but are time limited and inadequately resourced run the risk of leaving communities feeling more hopeless than before the process began. In light of these facts, *Dropping Off the Edge* recommends interventions require at least seven to eight years of ongoing delivery and support to deliver their intended effect.
- *Strong connections between economic and social policy programs* - the Social Inclusion Board (2010) has stressed the importance of developing an understanding of the economic activity and engaging local businesses in place-based initiatives. Neighbourhood Renewal in Victoria and Local Employment Coordinator initiatives by the Federal Department of Education, Employment and Workplace Relations provide some examples of this in practice. However, Burkett (2012) argues that in addition to these links, there also needs to be a focus on economic development as part of approaches to overcome place-based disadvantage and identifies impact investment in small and medium enterprises as one means to achieve this.

### *Some limitations of place-based approaches*

A key point made in research on place-based approaches is that these approaches need to be a 'good fit' to the local challenges they seek to address. Furthermore, they need to be understood as one element of a 'comprehensive community-based service framework' (Centre for Community Child Health, 2011) and also in the context of systemic problems such as inequality (Pawson, Davison, & Wiesel, 2012). These factors all emphasise the importance of the point, made previously, that the function of services should take priority over form. Examples such as Neighbourhood Renewal demonstrate that there may be particular communities affected by particular problems that are more amenable to a place-based approach. This will depend on the context of these communities and the problems that they experience. Some additional points of cautions in relation to place based approaches include:

- *Exacerbating the localisation of disadvantage:* There is a risk that a locational focus can *reinforce* the concentration of disadvantage by drawing disadvantaged people into an area which provides a person-centred and integrated service system. The selection of locations and interventions must be made with care.
- *Reducing capacity and skill:* Often, disadvantaged communities have deep, strong connections; and almost always, they have individuals or groups who know how to navigate them and get things done. Utilising these parties is often crucial to effective place-based service provision. In some cases, however, summoning sufficient skill and capacity to deal with a particular issue or set of issues within a locality requires input from outside that community. Because place-based responses tend to focus on local solutions, there is a risk that they can weaken capacity and depth of skill by failing to draw on expertise from outside of a particular locality.
- *Localising blame:* Conceptualising the causes of disadvantage locally tends to underemphasise larger, systemic factors underpinning disadvantage. In the present instance such factors are numerous. Moreover, by conceptualising the problem as 'place-based' we risk holding local Community Service Organisations responsible for problems over which they have little influence.

Finally, it is also necessary to recognise the changing conception of place and people's relationship with it. Over-emphasis on geographical locations can ignore the complex 'overlay' of connections between communities which transcend static geographical locations. Aside from being physically mobile (through transport), the internet has provided people in disadvantaged communities with a 'virtual' mobility—a capacity to exercise their powers socially, politically and as consumers in a way not restricted by geographical location. By conceiving both problems *and* solutions solely geographically, we may overlook these factors.

**Recommendation 5: Interventions and service models that place family or community at the centre are equally important in their own right. These models are particularly important to the prevention and early intervention service range. Jesuit Social Services endorses the conclusion of**

the 2010 study commissioned by the NSW State Government that *“it is vital to incorporate both place and people-based interventions concurrently...[a] ‘central defining principle’ for moving forward is...[to treat] people and place policies as fundamentally intertwined and mutually reinforcing”* (Ware, Gronda & Vitis 2010). Adequate resourcing and development of the local economic capital are critical to success.

### 3. 3 Consolidation, collaboration and specialisation

*Pathways Addressed:*

5.1 *What are the major benefits for CSOs or service users of consolidating program funding?*

5.2 *What are the major challenges or risks associated with consolidating program funding?*

5.3 *Are there types of services that consolidated program funding would work best or poorly for?*

6.6 *What is needed to make consortia work effectively and to ensure accountability? Does government have a role in the creation of consortia?*

9.1 *Where does increased collaboration have the greatest opportunity to improve outcomes for people and their families?*

9.2 *What are the barriers to having greater and better collaboration in the Victorian community services system?*

9.3 *What can government do to improve collaboration between public service agencies and CSOs, and where would it make the most difference?*

10.3 *What is the opportunity for improving operations through partnerships between multiple service providers, and what is stopping this from happening more frequently today?*

The Discussion Paper identifies fragmentation as a major problem with the service system and attempts to establish foundations for a more joined up, wrap around, consolidated, collaborative and integrated sector. All these terms convey differences in approach or paradigm, but taken together all collectively imply something opposite to fragmentation, to the so called ‘silos’ around which the current service system is designed. A more joined up sector is a worthy aspiration; improved coordination of services and partnerships between services ‘intuitively appeals to people’s notion of common sense’ (Valentine & Hilferty, 2012) .

We also believe, however, that it is important to think further about *why* the service system has developed in the ways it has, around the separate program areas, departments or sectors, mirrored on the ground by separate programs or agencies. For us, the single greatest driving explanation sits in the need for specialisation which, as the Discussion Paper notes, “has delivered many gains that the system cannot afford to lose”. The Discussion Paper is silent, however, on what these gains are. We now seek to highlight a few that we believe are significant.

*Not all service users have multiple needs or want to address multiple issues at once.*

The first is the recognition that, while a significant group of Department of Human Services’ clients access multiple services over a five year period (the group highlighted for the purpose of reform), not all human service users have multiple service needs, with many accessing only one service. (Department of Human Services, 2011). As will be taken up below, not all service users with multiple needs want, or have capacity, to deal with multiple needs at once.

*Understanding the dynamics of help seeking.*

Secondly, we need to understand more about the dynamics of help seeking behaviour of service users. Being person-centred requires us to acknowledge that service users are not simply passive victims of a fragmented service system, but make active choices about what services they approach and what issues they want to address. An observation at our Artful Dodgers Studio (part funded by PDRSS) is that many young people with multiple and complex needs use this space as a type of retreat from more assertive case management service models. They want to be left alone. Over time, with the relationship forged in the creative arts space and focused, referrals and other forms of help are often sought, but this is not what they want when they enter the Studio. Other times, even in the face of encouragement and offers of more extensive service, clients disengage once their immediate needs are met.

Jesuit Social Services has made similar observations in our work with clients setting themselves priorities and choices about what areas of their life they want to work on at any time. For example, a young man recently released from prison may only want to think about gaining accommodation and a job and will then choose to end his involvement with the agency - despite his worker being very clear that neither of these goals will be sustainable without addressing his addiction. Underlying dynamics relate to readiness to change, or to a person's capacity at times of crisis to work on more than one issue. The timing of services offered, in terms of what else is going on in the person's life, as much as the availability of services, is critical. This was observed in a study of women's readiness to focus on strengthening their relationships with their children when seeking refuge from a violent relationship: *'You have to find the women at the right time... They don't all come here to do that sort of thing. Most just want a safe place to stay'* (Humphreys, Thiara, & Skamballis, 2010). As we have seen, being person-centred requires working with client goals and at client's pace (unless risk of harm is entailed). Capacity to dip in and out of services through sequential service episodes is key to this. A more consolidated service system must work with these dynamics, as well as provide avenues for more joined up approaches.

#### *Visible and integrated services at local levels*

The Discussion Paper details the large number of activity level agreements and different organisations funded by DHS. While the Discussion Paper highlights a number of adverse impacts of this in terms of fragmentation as well as contract management and reporting for both DHS and agencies, it also brings with it a number of strengths from the perspective of a person-centred service system.

The first strength is in terms of accessibility and visibility of services to service users, in fact *the opposite* to what is commonly portrayed as the impact of service fragmentation for help seekers. Specifically, ensuring a wide spread of program availability, linked to agencies with established community profiles and relationships, is important to ensuring visible and accessible services for people seeking help. This effect was seen through the implementation of Child FIRST as a central intake to a range of Family Service agencies in geographic catchments. Specifically, while the move to a central intake (Child FIRST) worked well for professional referrers, it was less successful with self referrers (that is parents themselves) who continued to use local agency intakes in their local communities. In their submission to the Protecting Victoria's Vulnerable Children's Inquiry, one Child FIRST Alliance reported that, only 4% of referrals to Child FIRST were self referrals, but when self referrals through the local partner agency intakes were included, self referrals increased to 21% of

all families allocated for casework services (NEMC&FSA, 2011). Jesuit Social Services has the same experience with young people walking in off the street to our Collingwood, Brunswick, Dandenong or other sites due to our positive agency reputation among their peers. This highlights the fact that service users develop relationships with agencies in their community and this profile and relationship is critical to help seeking by people when in need. The agency profile rather than its size is what counts.

This leads to our second point. That is, while some agencies are deemed small from the point of view of a single funding stream, the agency itself is not small. For example, again from the experience of the Child FIRST Alliance above, ‘small’ Family Services funding streams were included in ‘big’ agencies such as local government, community health, or the Brotherhood of St Laurence. A small government investment, therefore, purchased far larger access to a wide range of programs from an integrated service perspective. A particularly strong example was the relationship between Family Services and Maternal and Child Health at local government level, with high reciprocal referrals in either direction. Small specialist programs, therefore, open opportunities for integrated services within larger organisations that would be lost if these funding streams were consolidated.

*Retaining skills and knowledge throughout service systems.*

Thirdly, a powerful reinforcer of separate service streams and sectors is the complexity of knowledge entailed across and between the different domains. Knowledge, skills and competencies operate at many levels throughout the human services system – including theoretical, policy, procedural, and practical. Across the system, the knowledge, skills and competency required to practise across fields as diverse as early years, education, justice, health, mental health, disability, child protection, alcohol and other drugs differs extensively. While common themes run through, for example the importance of the relationship between worker and client or the importance of building client capacity to contribute to decision making, the vast majority of knowledge is area specific. We believe this has been a major driver of specialisation across the sector.

Where sophisticated service delivery models develop that involve partnership, collaboration and consolidation of what may have previously been understood as expert roles, then it is vital that *the understanding*, the knowledge, skills and competence, that go with this structural realignment, are matched to the new task. For example, the *Improved Services Initiative* was established to support the knowledge base required to work across both the mental health and drug and alcohol sectors as is required by the dual diagnosis services (see Case study 5).

**Case Study 5—The Improved Services Initiative (ISI):** This program has been run by Jesuit Social Services since 2008. It seeks to improve practice and collaboration between alcohol treatment and mental health services. It has achieved this through training, facilitation of networks of service providers, and staff roles to foster collaboration and service integration. The ISI demonstrates how well resourced efforts to build knowledge and skills across different areas in the human services system can lead to more effective collaborative working.

Expert knowledge does not only inform practice. It is important to informing and shaping policy and legislation. This will be further discussed below in relation to the role of government and others within the sector.

These points are critical to how we redesign the service system. As we have said throughout, joined up or consolidated service models (including the communication and governance processes that support integrated models), are not simple but sophisticated and high in transaction costs. We need a considered relationship and balance between specialist and consolidated service models, as will be considered further below.

*A range of approaches.*

There needs to be a range of approaches to specialisation, consolidation, partnership and collaboration so that they work for service users. These approaches should differ according to the needs and circumstances of service users, with the general principle being applied that the most sophisticated models of service delivery with higher levels of partnership and collaboration be those that work with the most disadvantaged people and communities. An example of a service which has adopted this approach was the Multiple and Complex Needs Initiative (MACNI) which worked with highly vulnerable clients of the Department of Human Services. For service users with single or less complex needs, effective partnership could mean something as straight forward as an effective referral or a secondary consultation. Jesuit Social Services has observed a range of different approaches to partnership and collaboration in practice and two of these are outlined in case studies 6 and 7.

**Case Study 6 — Youth Justice Community Support Services:** Services for highly vulnerable youth justice clients in the community are delivered by a consortium of funded and non funded partners extending across the justice, housing, and substance abuse fields. Jesuit Social Services is the 'lead partner' within the consortia and so takes responsibility for coordinating the partnership and ensuring that the different service delivery aspects of the partnership take place.

**Case Study 7 — Next Steps:** Provides intensive outreach based support for young people at risk of homelessness. Experienced and skilled workers assist the young person across multiple areas of need and in navigating the various services they might need to access, including housing. Low caseloads and additional funding allows caseworkers to support the young people they work with in accessing the services that they need.

*Collaboration and partnership a distinct step: the need for leadership and governance*

A key learning from these services is that the role of individual and organisational personalities and relationships can be both a driver and impediment to effective partnership and collaboration. In light of this, there needs to recognition that partnership and collaboration do not just happen on their own and require time and resources. Efforts need to be driven by clear leadership, strong governance mechanisms and resources must be allocated to support collaboration.

From our experience in the vocational training sector, Jesuit Social Services has observed the difficulties in trying to provide integrated services for clients in the absence of resources to achieve

this. In the absence of appropriate governance mechanisms that are built and made effective through staff time, partnerships and collaborative working can be lost amongst the range of other demands on organisations. Furthermore, many inherent features of the service delivery system such as competitive tendering and regionalisation of services can act as barriers to collaboration. These, often more pervasive, cultural factors need to be overcome alongside the implementation of systemic partnership and collaboration initiatives. It is important to note that efforts to increasingly model the community services system on the private sector, particularly through the development of competitive markets for services will have implications for the capacity to collaborate and build partnerships throughout the sector.

Our identification of the need to appropriately resource partnership and collaboration efforts is supported by evidence from effective partnership and joined up working in other jurisdictions. A study of 12 of the US' state-based multiagency programs distilled numerous crucial elements for successful multiagency responses. These included:

*“[L]eadership by one or a small number of leaders who are able to enlist the support of the human services community; experienced managers as both program administrators and members of the local human services community who facilitate efforts to develop connections between programs; staff training and development, with cross-program training at regular intervals...[and] willingness to take chances, experiment, and change, as well as independence from higher level bureaucracy to implement untried strategies” (Wiig & Tuell 2008 in McGinness & McDermott 2010).*

#### *Sophisticated service models for the most disadvantaged people and communities*

Finally, we endorse the development of a range of highly consolidated and sophisticated services that will work with multiply disadvantage people and communities. These services, like the needs of the people whom they are targeting, must traverse the 'inter-connected web' of disadvantage. For Jesuit Social Services, this requires a very different understanding of the problems disadvantage people and communities experience – an understanding that impacts on the knowledge base, the structure of services, and the way these services are funded. For example, a service working with a family with multiple problems such as drug and alcohol abuse, disability and housing will need to understand practice approaches, policy and funding arrangements across these different domains. The strength of these services will be in how they bring services together in a fully consolidated service type, whilst at the same time being able to maintain specialist knowledge, including of policy priorities and legislation. This is likely to require strengthened inter-departmental structures and whole of government input, with the ability to transform the specialist, expert knowledge of the sub-domains into an integrated whole (see Figure 2).

Based on our understanding that such deeply entrenched disadvantage has a locational nature, the on the ground services that reflect this consolidated approach should be organised around defined geographic areas. Furthermore, it is our view that these areas need to be small enough to enable the intimacy of relationship and the depth of communication required between the relevant services and community members in order to work in such a consolidated fashion. At the heart of these consolidated services must be experienced multi disciplinary workers with the skills and knowledge

required to work across disciplines. Critically, they must have highly attuned relationship skills as required by person-centred, relationship-based practice.

It is our view that the sophistication required to construct such a consolidated service model is not sustainable as the basis for the whole service system. It must be understood as a new form of specialisation in itself, one that inter-connects the otherwise fragmented services, policies, theoretical bases and more, into as tight a web as the disadvantage it seeks to address. Structural changes are required at the inter-departmental and government level to enable such a joined up perspective and to continually erode structural enforcers of disadvantage. At the practice level, such models should be piloted and their relationship to people, place, knowledge and policy continually refined and developed to achieve the desired effect – the amelioration of multiple disadvantage to enable improved lives for people, families and communities.

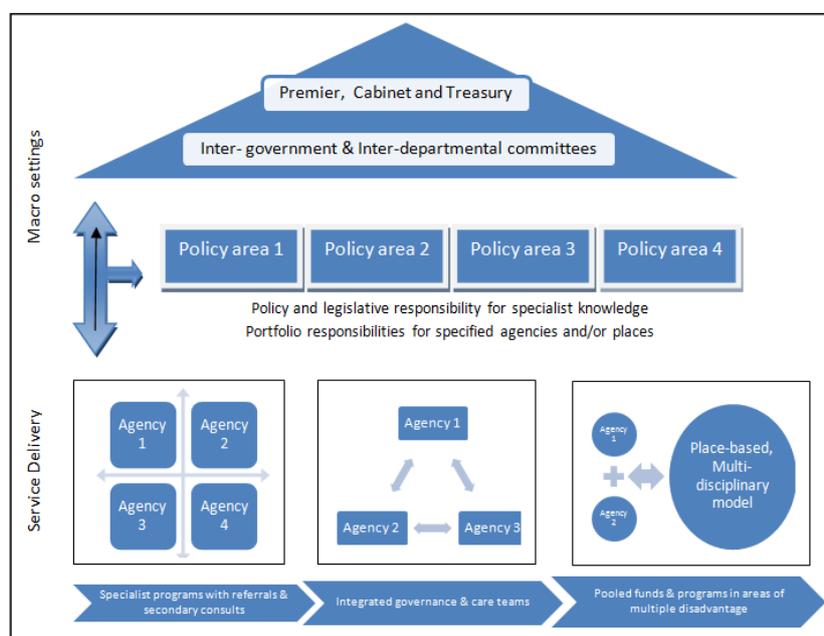


Figure 2: Balancing specialisation and consolidation

**Recommendation 6: Based on the needs of different citizens and places, extend capacity for collaborative practice, active referrals and networked governance as required by the target problem being addressed. These processes are time consuming and expensive and should be fully costed and resourced, with use constrained to best fit, not all circumstances.**

**Recommendation 7: Person-centred, place-based and integrated services models have a critical role in attending to the needs of multiply disadvantaged people. These are sophisticated concepts and do not provide the foundation for a sustainable community service system overall. Action should be taken to:**

- **Pilot innovative models that clearly target places and people (participants and agencies) and extend best practice evidence about successful approaches to people-centred, place-based collaborative services to tackle deeply entrenched disadvantage**
- **Ensure models of pooled funding and clearly specified outcomes to enable flexible and creative service delivery that responds to local needs and relationships of participants.**

**Recommendation 8: Maintain at the government level clear program leadership with respect to policy, procedure, and workforce capacity that is linked to professional education and training institutions and prioritises evidence based practice and evaluation. Establish improved mechanisms for CSOs to meaningfully contribute to policy at this level.**

### 3.4 Funding and the role of government, CSO's and the private sector

*Pathways Addressed:*

*7.2 What opportunities and challenges might arise from the range of social finance initiatives that are emerging?*

*7.3 What should be the role of government in facilitating the further uptake of social financing?*

*8.1 What needs to change to make current roles and responsibilities more seamless and effective?*

*8.2 What additional roles could CSOs play in policy design and what benefits would this bring?*

*8.3 How should government's role in service provision differ by program, service need or geography?*

*8.5 As roles change and/or new stakeholders enter, what challenges will this create?*

#### *Adequacy of funding*

There is a range of models available to government that can be utilised when funding services delivered by CSOs. For both government and CSOs, the funding model has the potential to impact upon levels of control, risks, methods of delivery, and the costs of delivery. In its report on the role of the not for profit sector, the Productivity Commission identified four broad type of approaches used by government to fund CSOs. These were:

- client directed funding;
- purchase of service contracts;
- joint ventures; and
- other operational grants (Productivity Commission, 2010).

It is important to note that within the approaches outlined in this broad framework there could be differences in the method of funding; for example, purchase of service contracts could be used to purchase outputs or outcomes. The nature of a service and its particular aims can be influenced by the funding arrangements. In light of this, Jesuit Social Services endorses the view of the Productivity Commission (2010) which says that the degree of diversity in the problems human services seek to address '*does not lend itself to a one size fits all approach*' to funding. Instead the key focus when considering funding should be on whether it is adequate to meet the seriousness of the problem it seeks to overcome.

This being said, we believe caution is required in introducing new funding models to ensure, as with any new policy development, that unintended consequences or adverse impacts do not creep in. This has been described earlier in this submission with respect to client-directed funding models and the observation of very different outcomes depending on whether a person-centred or system-level approach is taken.

### *Linking funding to outcomes*

We also believe caution is required in the implementation of outcome based funding models. Our main concern with such models is the narrow definition of outcomes on which they rest, usually a single measure such as the number of people placed in employment or provided training. This fails to recognise or value other gains that can be made by service users outside the range of this single measure. Jesuit Social Services understands the problematic nature of narrowly defined measures of effectiveness. Between 2002 and 2007, our Gateway program worked with highly vulnerable young people to improve training and employment outcomes. The range of needs of the young people engaged in this program (drug and alcohol problems, history of trauma, mental health concerns) meant that results in terms of employment and training outcomes were not high. As the funding for the service was tied to these educational and employment outcomes, it was de funded. However, as noted in the Department of Education and Early Childhood Development's Strategic Review of Effective Re-engagement Models for Disengaged Learners (Davies, Lamb & Doeck, 2011), the outreach and wrap around component of this service were essential to positive health and well being outcomes of the young people who used the service.

### *Innovative funding models*

Other funding types mentioned in the Discussion Paper are consortia-based funding and area-based funding. Both these models would have applicability to the type of consolidated area-based pilot we are recommending to differently address the multiple web of disadvantage. Other ways to effectively pool funds also include innovation pots and grants which are managed or overseen by steering committees with representatives from community organisations, government and the community (Reeder & Aylott 2012). The critical issue with such models is the accreditation process through which particular agencies or groups could be made responsible for this work (based on their reach, record, capacity, etc).

### *The importance of funding relationships*

This leads us to the important issue of how the model of funding influences the relationship between government departments which fund services and the CSOs which deliver them. This was also recognised by the Productivity Commission which noted the significance of the nature of engagement and relationship between government and service providers (Productivity Commission, 2010). Models of funding can impact upon the nature of this relationship and determine whether it is one based on control and oversight (some purchase of service arrangements) through to a more distant and less involved relationship (some grants). These issues were picked up by the Productivity Commission which noted that some CSOs viewed the tendering, contracting, and reporting requirement of contracts as burdensome and a constraint on service delivery, independence and innovation (Productivity Commission, 2010). In the final section of this submission, Jesuit Social Services proposes a new outcomes rubric as the basis of the service contract between agencies and government with potential to change the nature of this contractual and regulatory environment, and enable greater trust.

### *Who should deliver public services?*

An issue identified in the Discussion Paper is the question of ‘who does what’ in the system. This question invites reflection on the roles of government, CSOs and not for profits, and *for-profit* private sector organisations. Jesuit Social Services believes that this issue should transcend ideology and instead focus on which organisations best have the capacity to provide quality services and good outcomes that the community can have confidence in. Depending on the type and nature of the needs being addressed, the organisation or institution best suited to deliver the service may differ.

Having said that, as noted earlier in this submission, trust and continuity of relationships have been identified by the Productivity Commission as essential aspects of not-for-profit organisations and underlie their ability to build relationships with disadvantaged and vulnerable people to effect change (Productivity Commission, 2010). Moreover, these unique features can have tangible consequences for the nature and financing of services with CSOs able to ‘value add’ to service delivery through their ability to leverage community support such as volunteering and philanthropic funding.

In this context, caution is advocated with respect to any role of private for-profit providers of public services. As stated above, services should be delivered by organisations best suited to address the problems they are targeting. In the context of services aimed at overcoming disadvantage and supporting vulnerable people, we believe that the important role played by relationships and trust, both with people and communities, necessitates caution in allowing organisations driven by profit motives to deliver these services.

### *Profit margins and the role of social finance*

The role of profit in the human services field raises a range of issues. This may relate to a profit made through actual service delivery or, in the case of the increasingly popular social financing models, as a return on investments. Introducing profit motives into social service delivery runs the risk of commodifying social objectives and the provision of support aimed at promoting basic human dignity. At one extreme, these approaches have the potential to marginalise subtler forms of social service which are focused less on effecting short-term change than they are on building relationships of trust, solidarity and care, as integral to person-centred practice. On a practical level, there are also risks that these approaches will lead to a focus on easy targets or ‘false positives’ to the exclusion of more difficult groups, who are often those most in need of assistance (Productivity Commission, 2010).

The key attraction to private investors in social finance models is that if the service they provide can demonstrate savings and efficiencies in outcomes (for example reduced recidivism, or reduced uptake of out of home care), the government will pay them a bonus as a return on investment. This raises the issue as to whether such savings and efficiencies gained by these approaches justify the allocation of public resources in the form of profit. Alternative models, such as justice reinvestment, promote the more efficient allocation of public resources (in this case funding within the justice system) but do so without allocating financial profit. Any savings from greater efficiency (and improved social and human outcomes) are retained in the public purse. Clearly instruments (such as

social impact bonds) which transfer levels of financial risk from government to the private sector can be appealing in periods of declining revenue, however the allocation of profit from future projected savings should be approached with caution as it potentially means the loss of revenue that could be reinvested in other essential services.

*Building on the strengths of the community sector to engage differently with business*

Jesuit Social Services further advocates that the assumption behind approaches like social financing - that the relationship between government, community sector and the private sector be purely transactional - needs to be challenged. There is an emerging body of thinking and practice within business and management theory and literature that is rethinking the role of businesses within society. Notions of *corporate social responsibility* and *shared value* need greater exploration, with the latter, for example, explored in detail in the Harvard Business Review by Porter and Kramer (2011). *Shared value* goes further than corporate social responsibility, where business acts with the best interests of the wider community at heart. Instead, *shared value* links economic and social progress together, arguing that the health of communities in which businesses operates is vital to the success of business and that business should focus on generating both economic and social progress (Porter & Kramer, 2011). Jesuit Social Services has been engaging with these developments, most notably through our Just Leadership Initiative which aims to develop the leadership capacity of individuals, organisations and communities in ways that contribute to building a more just and compassionate society.

Through Just Leadership, Jesuit Social Services supports business with dialogue, reflection and action to implement organisational change projects and promote social leadership by business. An example of an initiative that has evolved as part of Just Leadership is the African Australian Inclusion Program which is outlined in case study 8. This example demonstrates the role that the community sector can play in bringing business and the community together to develop solutions to common problems. In some ways this sees the community sector revising its historic role and utilising its relationships and reputation within the community.

**Case Study 8 —The African Australian Inclusion Program:** A partnership between the National Australia Bank and Jesuit Social Services that provides six months paid workplace experience to members of Australia’s African communities. Shortly the 100<sup>th</sup> person will be placed on this program. Of those who have already completed the program, 89% have gone onto permanent employment (80% at NAB). National Australia Bank has invested significant resources and goodwill in order to provide opportunities for a group of people who have been disadvantaged within the labour market. Significantly, the initiative has fostered change within and across the organisation through the opportunities it has provided for staff to develop social leadership and mentoring, an understanding of community issues, and exposure to a more diverse workplace.

Moving forward, the role played by CSOs like Jesuit Social Services in addressing challenges faced by the communities we work with should be to build carefully and strategically on our points of difference and strengths, not to become satellite substitutes for government. There is great potential for service design and delivery to be strengthened by CSOs that innovate and engage with other parts of the community to develop solutions to disadvantage. Hopefully, this will lead to more

extensive and meaningful partnership between government, community sector, and increasingly socially minded businesses and philanthropists. To date, the governance relationship between government and the sector focus on either high level consultative partnerships or operational level governance as per the YJCSS consortium, arrangements; the Primary Care Partnerships, or Integrated Family Violence of Family Service partnerships. In a reformed sector, where the contribution of the sector and its capacity to bring with it community and business groups otherwise out of reach to government is realized, the community sector could play a more meaningful role in the design of policy. The full implications of this need to be explored in further detail, but the successful examples of community based solution to problems (such as case study 8) demonstrate the potential for a more collaborative policy and service design process.

**Recommendation 9: Fund services on the basis of the scale of the problem they seek to address and provide flexibility to CSOs to more adequately fulfil the potential of their missions. An ultimate goal is respectful and reciprocal relationships between community, business and government as providers of innovation for funding, resources and exchange of values.**

### 3.5 Outcomes, effectiveness and efficiency

*Pathways Addressed:*

*4.1 How realistic is it to re-focus the community services system around outcomes?*

*4.3 To what extent is it possible to provide better measures of the outcomes of government expenditure on services (for example, assessing the social returns on public investment)?*

*4.4 If there was better data on outcomes, what would be the most effective ways to recognise and reward positive outcomes?*

*4.5 How would an outcomes-focus foster (or potentially hinder) innovation and/or sharing or best practice?*

*10.2 What is the scale of the benefit you would expect from reducing ineffectiveness and inefficiencies in the current system?*

We have argued throughout that one size does not fit all, whether this relates to service approaches, funding or the operation of the service system. Ultimately, to enable the flexibility and fluidity required for form to follow function, an equally flexible and fluid system is required for administering and evaluating the success of the system. Being efficient and effective requires knowing what can be best delivered through consolidation, what is in fact best delivered through specialisation, and how to move between the two. It requires recognising when government leadership is required, such as driving greater social equality and specialist domains of policy and legislation, and recognising when government needs to take a step back. Perhaps most of all, it requires that the people involved in service delivery – the agencies and the people engaging with those services – have the flexibility to allocate funds and design service models in ways that best meet the needs of people in their specific context, based on their circumstances, relationships and place. It means securing the protections afforded through systems of administration and regulation without the burden and red tape often associated with those systems. It is our belief that re-focusing the system around outcomes as proposed by the Discussion Paper may provide a means to enable this flexibility, so long as a number of key requirements are met.

The first requirement is to define 'outcomes'. Commonly, 'outcomes' are used to signify both 'goals' and 'measures', as in fact evidenced in the Discussion Paper. This is seen in the statement "the system should measure outcomes - the extent to which an activity, service or program has improved the lives of individuals, families or the community" (Pathway 4: Recognise and reward good outcomes). 'Improving the lives of individuals, families or the community' is an *outcome goal*; 'the extent to which...' is an *outcome measure*.

We believe this distinction is critical. When we say the service system should be *outcome focused*, we mean that it should be goal directed. It should include outcome measures - the capacity to describe how well it is moving towards these goals, and the foundational evidence for practice and service development. *Outcome goals* can be relatively simple and, if purposefully specified, will reflect the objectives of the services; for example to improve the lives of people or communities; to improve health; to reduce homelessness; to increase strength of social ties. Outcome measures are more complicated.

The recent Victorian Homelessness Innovation Pilot was tendered on this basis. Outcomes were specified as clear goals or objectives of what innovative service models were to realise. Neither the mechanism for delivering this (the service models) nor the mechanisms for measuring achievement (the evaluation model) were specified. Within this rubric, the conditions for innovation, flexibility, creativity – and accountability – were provided.

Most of the complexity in measuring outcomes challenge our capacity to *define measures*, rather than our capacity to establish clear expectations around the outcome goals we seek through our interventions. This includes the multiple barriers to developing outcome measures for community services identified by the Australian Research Alliance for Children and Youth (ARACY) (Pathway 4: Recognise and reward good outcomes). Moreover, any one of these barriers, can be overcome when a purposeful evaluation is designed with reference to a specific service in a specific context. This could be whether it is the need to address a range of complex social issues, assessing long term outcomes, or links between intervention and outcome (as identified by ARACY).

When done well, evaluations can identify factors contributing to the specified outcome goals and develop the means to measure them. The key factor here is to recognise *differences* between people, places and programs. The need to differentiate raises doubts over the efficacy of a *common outcome framework*. The fact that the quest for a common outcome framework continues, despite the best efforts of many well informed contributors, attests to these risks.

A vital consideration with respect to measuring outcomes is how we do this. As stated previously, if we are genuine in putting people at the centre, we must measure outcomes that reflect this goal. Often this will require subjective and qualitative measures. Critically, it will require participant feedback as a central part of our evaluation designs. These methodologies must operate alongside other quantitative measures to provide the full picture. Again, continuing to measure *outputs* will remain a part of this outcome picture where efficiency as well as effectiveness is a service requirement. This was recognised in the Productivity Commission (2010) report on the contribution of the not-for-profit sector which drew the distinction between 'efficiency in production (how well inputs are turned into outputs) and efficiency in allocation (putting resources to the uses that deliver

the best outcomes for the community).’ Both are needed.

A further aim in our intent to refocus community services around outcomes is to provide funding bodies, and the community more broadly, with the assurance that we are efficient, effective *and safe* in our service delivery. In broad terms, the quality assurance and regulatory environments around the sector have developed to provide this assurance, and to protect agencies and funders alike from the perceived risks in not being so. As noted by the Discussion Paper, the regulatory burden imposed by these expectations has now blown out enormously and mitigates against the very efficiencies they were often introduced to guarantee.

We believe that current systems could be greatly streamlined by moving to a whole of agency, as opposed to the current, burdensome system of program based accreditation and contracting processes. While we do not see common outcomes as conceivable across the range of functions and ways of working evidenced across the sector, we do believe that there are common bottom line quality standards that apply across all service delivery. These include such things as standards to ensure occupational health and safety; appropriate documentation, information sharing and privacy; key organisational policies and procedures; and access to training and professional development. In regards to contracting, reform to implement a single contract between community sector organisations and the Commonwealth Department of Families, Community Services and Indigenous Affairs (FACSIA) is a policy that the Federal Coalition is taking to the upcoming election (Andrews, 2012).

Fundamentally, we are arguing for an outcome rubric to be established within which service delivery takes place. Its foundations are in bottom line quality standards and streamlined whole of agency accreditation and contractual arrangements. Its aspirations are set by clearly specified outcome goals. Its evidence base is established not through routine reporting, but through periodic evaluations that determine effectiveness or identify shortcomings as the basis of service improvements. Both quantitative and qualitative, worker and participant measures are required. Such a rubric will provide the foundations for reduced regulatory burden, scope for increased innovation, and increased evidence for and from practice. Implied in the words of the Discussion Paper, are both “a greater focus on (and funding for) research and evaluation, and changing to contractual and reporting arrangements that recognise and reward service delivery that is having a genuine impact on individuals, families and communities”.

In conclusion, Jesuit Social Services endorses, therefore, the proposition in the Discussion Paper that the community service system should re-focus around outcomes only if this is done in conjunction with key requirements as outlined above. Such an approach must be implemented with regard to the requirements outlined above, with a focus on increasing the flexibility of the sector to provide innovative responses . This will only occur if government believes it has the foundational pieces in place – delivered through the features included in this submission - to trust the sector to work toward this goal.

**Recommendation 10: Ensure service quality and maximise opportunity for innovation by establishing an outcome rubric for agencies to operate within. This has three components:**

- 1. A whole of agency accreditation and contractual processes that cover common requirements such as standards to ensure occupational health and safety; documentation, information sharing and privacy; key policies and procedures; and access to training. This is the foundation level that all agencies should *work from*.**
- 2. Define outcome goals that clearly relate to improving the life opportunities of service participants (utilitarian outcomes) and enshrine person-centred and relational practice (intrinsic value outcomes). This is the aspirational level that all agencies *work towards*.**
- 3. *Evaluate in order to establish the evidence of effectiveness and efficiency*. Ground practice on evidence and disseminating information on what works through periodic evaluations.**

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