

Community Services Industry Plan

Consultation Report

February 2018

About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

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VCOSS acknowledges the traditional owners of country and pays its respects to Elders past and present.

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About the Community Services Industry Plan

Our community services industry is vibrant and mature with a proud history of supporting people facing poverty and disadvantage. It is also a major contributor to the Victorian economy, projected to be one of the fastest growing industries in Victoria.

Right now we are in the middle of one of the busiest periods of reform that the industry has ever seen. The industry's landscape is being significantly changed by a range of Commonwealth and State reforms, including the policy impacts of the Royal Commission into Family Violence, the roll-out of the National Disability Insurance Scheme and the implementation of the *Roadmap for Reform: strong families, safe children* initiatives, as well as rapidly developing social, economic and technological trends.

These factors all have the potential to put at risk the community services industry's capacity and capability. As a state, we need to ensure that the industry and government are ready to maximise the opportunity of these reforms, while still being ready and able to meet increasing demand for services and respond to a changing Victoria.

That is why the Human Services and Health Partnership Implementation Committee (HSHPIC),¹ the Victorian Council of Social Service (VCOSS), Department of Health and Human Services (DHHS) and Victorian community sector are working collaboratively to develop a Community Services Industry Plan for Victoria.

17 March 2017 Industry Planning Symposium

On 17 March 2017, more than 100 leaders from the community and social services sector attended *The social service sector of tomorrow: HSHPIC Industry Planning Symposium*, hosted by the Human Services and Health Partnership Implementation Committee (HSHPIC) at the Melbourne Convention and Exhibition Centre. The symposium was the first step in the collaborative process of industry planning between government and the sector. It provided an opportunity to discuss a shared vision and how the government and sector, working in partnership, could prepare for the anticipated changes and trends in social services. Participants considered how the future industry might look across five priority areas:

¹ HSHPIC members include representatives from the Department of Health and Human Services, Berry Street, Carers Victoria, Centre for Excellence in Child & Family Welfare, Community Housing Federation of Victoria, Council to Homeless Persons, Domestic Violence Victoria, National Disability Services (NDS) Victoria, Psychiatric Disability Services of Victoria (VICSERV), Vicsport, Victorian Aboriginal Controlled Community Health Organisation (VACCHO), Victorian Alcohol & Drug Association (VAADA), Victorian Council of Social Service (VCOSS), Victorian Healthcare Association (VHA), and the Youth Affairs Council of Victoria (YACVic).

- workforce
- digital innovation
- flexible funding approaches
- outcomes
- evidence-based approaches.

In feedback from the symposium, 10 key themes emerged for exploration in the industry planning process. They included:

- workforce of the future
- place-based systems and services
- person-centred services
- strengthening outcomes
- flexible, person-centred funding models
- information sharing and technological innovation
- organisational and industry readiness
- embedding evidence
- governance and leadership
- regulatory frameworks.

Community Services Industry Planning Working Group

While HSHPIC provides the overall governance for the development of the Victorian Community Services Industry Plan, a Community Services Industry Planning (CSIP) Working Group² has been established to inform and guide its development. The Working Group is comprised of industry and departmental representatives with decision-making capacity. Representing the unique perspectives of the sub-sectors involved in the Industry Plan, its role is to identify trends and issues that impact on the community services industry, and provide a forum for the exchange of information about industry planning issues.

² Organisations represented on the CSIP Working Group are: Victorian Council of Social Service (VCOSS), Department of Health and Human Services (DHHS), Family Safety Victoria, Centre for Excellence in Child and Family Welfare, Community Housing Industry Association Victoria, Council for Homeless Persons, Council of the Ageing VIC, Domestic Violence Victoria, Family Safety Victoria, Federation of Community Legal Centres, Financial and Consumer Rights Council Inc, Future Social Service Institute of RMIT, Municipal Association of Victoria, National Disability Services, Psychiatric Disability Services of Victorian (VICSERV), Victorian Aboriginal Child Care Agency (VACCA), Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Victorian Alcohol and Drugs Association (VAADA), Victorian Healthcare Association, Victorian Primary Care Partnerships, and the Youth Affairs Council of Victoria (YACVic).

About this report

Under the advice of HSHPIC and the CSIP Working Group, VCOSS and DHHS produced a comprehensive discussion paper to guide consultation about the content and direction of the 10-year Community Services Industry Plan.

The discussion paper was based on the 10 key priority focus areas developed through the planning symposium and subsequent feedback. It provided information about why each priority area was important, provided updates on work underway and progress to date, and ideas about future reforms. It also contained a list of questions to help guide consultation discussions and ensure the information gathered was relevant and targeted.

The discussion paper was circulated to members of HSHPIC and the CSIP Working Group, participants at regional consultations, internal DHHS stakeholders and via the VCOSS e-news. It was promoted at events including the VCOSS annual meeting, regional consultations, and regular meetings, including Peaks and Statewide Networks Forum.

The [discussion paper](#) is available on the VCOSS website.

This report captures the main discussions that emerged from those consultations, particularly looking at key priorities for consumers, carers, service providers and organisations, and what is currently working well, plus the challenges and opportunities to be addressed in the plan.

Throughout this submission the term “Aboriginal” is used to refer to both Aboriginal and Torres Strait Islander people and organisations.

Community Services Industry Plan

The final Community Services Industry Plan (CSIP) will be an industry owned and led plan in partnership with government. The CSIP will articulate a vision for the Victorian community services industry over the next 10 years and the steps and preconditions needed to achieve it. It will be designed to complement and frame, not replace, sector specific industry plans.

Consultation methodology

Community Services Industry Plan Working Group

The working group continues to be consulted throughout the development phase of the plan and provided particular feedback on the vision for the community services of the future. This was conducted in workshop format.

Regional consultation forums

VCOSS and DHHS convened consultations in four regional or outer suburban areas. Participants represented a cross-section of health and community services, including local government, community health, housing and homelessness services, neighbourhood houses, child and family services.

Attendance at the forums (including VCOSS and DHHS staff) is detailed below:

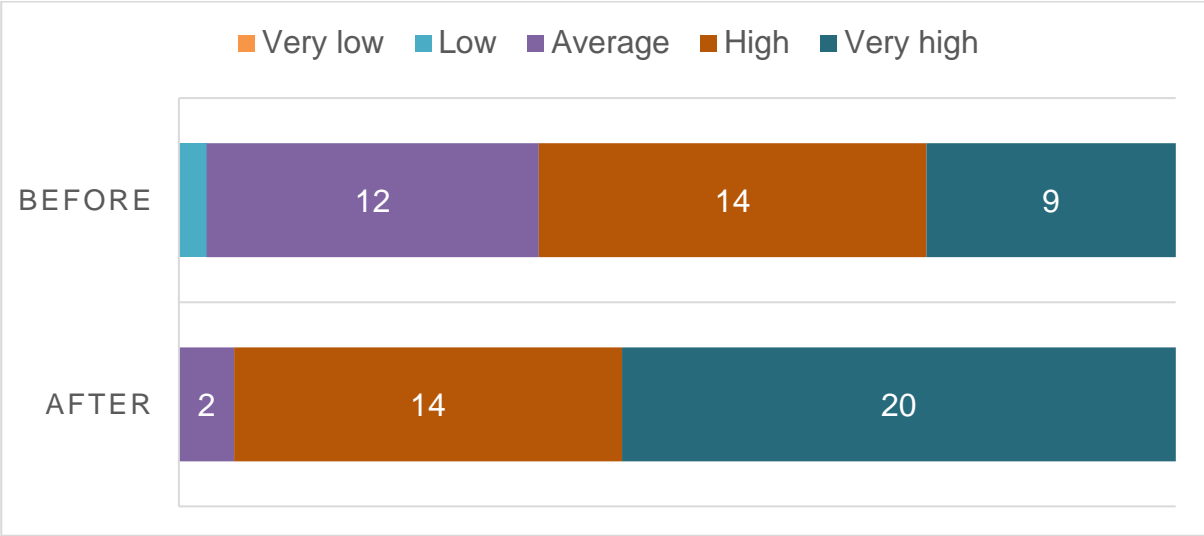
Location	Date	Number of attendees registered
Bendigo	Friday 6 October	41
Traralgon	Monday 9 October	27
Benalla	Tuesday 17 October	49
Werribee	Friday 20 October	76

Throughout the consultation sessions Textit Live, an interactive instant survey tools that allows audience participation in real time, was used to get feedback from the participants. Results of the Textit Live feedback is at Appendix A. Participants were also invited to be filmed to describe their vision of the community services industry of the future.

Consultation participants were asked to complete a survey online, following their attendance at regional consultations; 97 per cent of those who completed the survey reported their expectations of the consultation forum were met or exceeded.

Survey results showed people were most engaged with discussions about workforce and place-based services and systems. They found discussions about information-sharing and digital technologies and regulatory frameworks least engaging.

How consultation participants rated their support for community sector industry planning before and after attending a consultation:

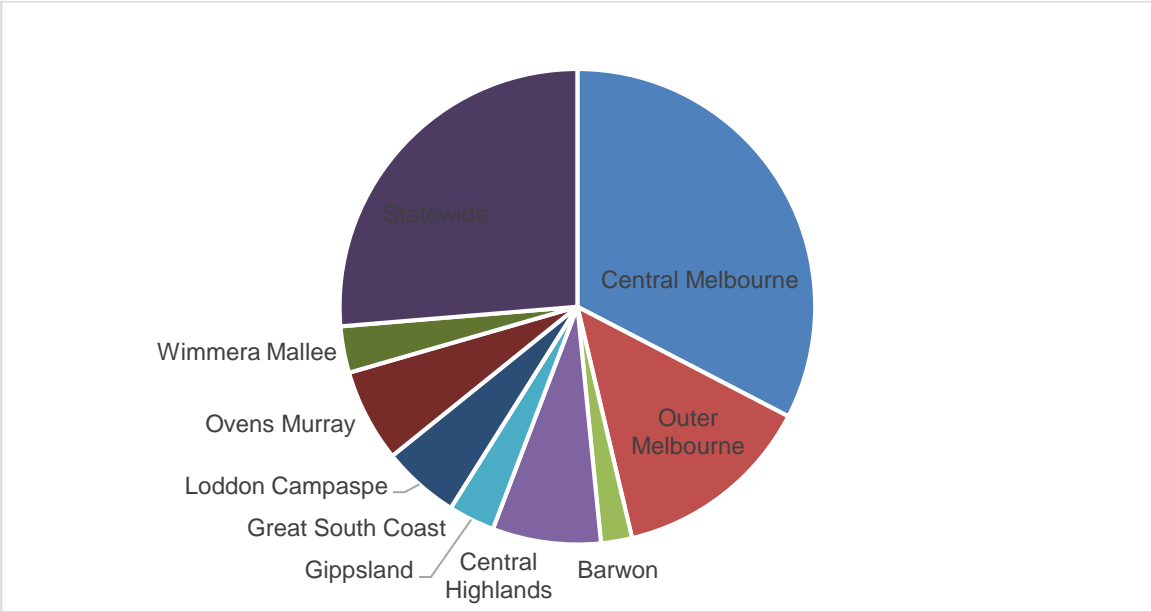


Online survey

An online consultation survey was open for responses between Friday 6 October and Monday 20 November. A copy of the online survey is at Appendix B.

Eighty two people undertook some or all of the survey, 35 completed it.

The diagram below shows the geographic regions in which respondents’ organisations operate.



The survey asked respondents to identify how prepared their organisation is for each of the 10 priority areas identified in the discussion paper. It then asked respondents to identify opportunities and challenges for their organisation related to the priority areas.

According to the self-ratings, organisations were most prepared for changes related to embedding outcomes and evidence informed approaches and least prepared in relation to funding models to support flexible, person centred service delivery and new information-sharing and digital technologies.

How organisations rated their preparedness for future change (ranked from most prepared to least prepared):

1. Embedding evidence-informed approaches
2. Strengthening outcomes
3. Best-practice regulatory frameworks
4. Supporting organisational and industry readiness
5. Good governance and leadership
6. Emphasising person-centred services
7. Emphasising place-based systems and services
8. Workforce of the future
9. Funding to support flexible, person-centred service delivery
10. New information-sharing provisions and digital technologies

The opportunities and challenges identified by respondents against each of these priority areas are captured in the consultation summaries in this report (from p18).

Community sector submissions

VCOSS and DHHS invited community service organisations to provide written feedback to the discussion paper. Submissions were initially requested by 10 November, but then extended to 17 November.

Information about the submission process was circulated in several editions of VCOSS e-news. A link to the submission and survey information was incorporated into the email signature block of all VCOSS staff and some members of the DHHS team. The opportunity to provide submissions was also verbally noted at each of the regional consultations and at regular VCOSS meetings, like the Peaks and Statewide Networks Forum.

VCOSS received submissions from three community service organisations, operating in the preventive health, early parenting, disability and aged care sectors. In addition, a submission was received from the Victorian Primary Care Partnerships, a voluntary alliance of health, local government and community services that work together to find smarter ways to deliver health services and health promotion within the community.

The feedback from these submissions has been incorporated into the consultations summaries in this report.

Peak body consultations

VCOSS and DHHS provided brokerage funding to seven community services industry peak bodies to consult with member organisations about the discussion paper. Peak bodies were required to complete a report identifying the issues raised by consultation participants and recommendations for each section of the discussion paper.

The following peak bodies were involved:

- Federation of Community Legal Centres (FCLC): the peak body for community legal centres in Victoria providing free legal help to clients facing economic and social disadvantage.
- National Disability Services (NDS): the national peak body for non-government disability service organisations.
- Psychiatric Disability Services of Victoria (VICSERV): the peak body representing community managed mental health services in Victoria.
- Victorian Aboriginal Child Care Agency (VACCA): the lead Aboriginal child and family welfare organisation in Victoria, protecting and promoting the rights of Aboriginal children and young people.
- Victorian Alcohol and Drug Association (VAADA): the peak body representing Alcohol and Other Drug (AOD) services in Victoria.
- Victorian Healthcare Association (VHA): the peak body supporting Victoria's public and community health services to deliver quality care. Members include public hospitals, community health services and aged care providers.
- Youth Affairs Council Victoria (YACVic): the leading advocate for young people aged 12–25 in Victoria.

The feedback from the peak body reports has been incorporated into this report.

Consumer and Carer consultations

VCOSS and DHHS approached consumer and carer organisations and groups to seek service user feedback on their experiences with community service organisations and their vision for the future of the industry. VCOSS consulted with a small number (around 30) of consumers of services and people with carer responsibilities. It should be noted that some carers also spoke about their experiences as direct consumers of services and some consumers may have drawn on their experience as carers.

VCOSS and the Council to Homeless Persons held a consumer consultation forum which brought together groups of consumers from:

- CHP's Peer Education Support Program (PESP)
- Melbourne City Mission's Youth Action Group (YAG)

- Launch Housing's Lived Experience Advisory Group (LEAG).

VCOSS met with two carer groups:

- Woodend Carers Lifestyle Group
- Carer Victoria's Carer Advisory Group.

The feedback from these consultations linked closely to three priority areas: emphasising person-centred services, workforce of the future and strengthening outcomes. Since the number of consumers and carers consulted with were relatively small no conclusions about the community services industry as a whole can be drawn from these consultations. However, they provided valuable information about their experiences which was similar to the feedback from community service organisations.

Their feedback has been incorporated into 10 priority areas and is summarised at page 12.

Consultation summaries

Peak body feedback

The bulk of the feedback from peak bodies has been included in the vision and in the detailed discussions, below, on 10 priority areas. This section provides a snapshot of the major issues facing each sub-sector of the community services industry.

Community legal centres (Federation of Community Legal Centres)

Community legal centres are facing a moment of significant change. The Access to Justice Review undertaken by the Department of Justice in 2016-17 recommended that Victoria Legal Aid (VLA) become the “system manager” of the legal assistance sector. Victoria Legal Aid is a service provider of legal help to people experiencing disadvantage, and is also the funding manager for community legal centres.

Disability services (National Disability Services)

Disability services are undergoing significant change in the way they are funded and the service they are expected to provide. The National Disability Insurance Scheme (NDIS) is transforming disability services with its focus on choice and control. The focus on choice requires the development of a disability services market. Disability services reported that this has had the unintended consequence of creating divisions between disability services and other community services. Further, the market environment is not considered conducive to building collaboration and partnerships amongst disability services.

Mental health community support services (Psychiatric Disability Services of Victoria – VICSERV)

The mental health community support (MHCS) sector emphasised the need for the Community Services Industry Plan to acknowledge changes that are already underway, including the rollout of the NDIS, the rapid growth of the disability sector, the increasing presence of the private sector and the end to MHCS funding from July 2019. It wants a stronger focus on understanding these changes, including analysis of what is working and what is not, and how resultant service gaps would be addressed.

MHCS services noted the important role of government in facilitating many of the changes in the discussion paper, including through funding models that enable and encourage them.

Alcohol and other drug treatment services (Victorian Alcohol & Drug Association)

The alcohol and other drug (AOD) sector reported significant workforce challenges, especially in filling staff vacancies. It said that a lack of investment in workforce development and commissioning has resulted in a loss of skills across the sector. At the same time, staff are

increasingly expected to have a diverse skill set and work effectively with complex clients with multiple co-morbidities.

It said that investment in staff and workforce is critical and resourcing cannot be limited to beds and outputs. Increased investment is needed to address demand arising from community need and a growing population.

Aboriginal community controlled services (Victorian Aboriginal Child Care Agency)

VACCA highlighted the need for a strong Aboriginal service sector that is adequately funded and responds effectively to the needs of their community. This is critical while Aboriginal people continue to experience dispossession, marginalisation and intergenerational trauma as a result of colonisation and successive government policies, including the removal of children from their families.

For Aboriginal service delivery, people need to be supported within the context of their family and community and through a community development approach.

Self-determination is a major enabler to overcoming the disadvantage experienced by Aboriginal communities and to improving health and wellbeing. The best outcomes for Aboriginal people come from Aboriginal services.

Where relevant, strong partnerships should exist with mainstream services, with Aboriginal organisations driving the agenda.

Community health services (Victorian Health Association)

VHA reported that community health services are subject to a substantial regulatory burden, with an annual program of accreditation against 12 groups of standards, which overlap and are duplicated.

It suggested that community health services, provided by not-for-profit community service organisations and public health services, could be better utilised by the Victorian Government to provide a broad range of health and social services within a single organisation and reduce strain on the public health system.

VHA highlighted the need for the government and community services industry to learn from previous sector reform activities, and ensure clear engagement with service providers and consumers through the reform process.

Youth services (Youth Affairs Council of Victoria)

A common theme from the youth services consulted was the need for high-quality, youth-specific services provided by experienced local providers working across a range of areas including legal, employment and advocacy services, and supports for young mothers.

YACVic also highlighted the shortage of well-trained generalist youth workers across Victoria driven by a lack of secure funding for such roles. There is a need for better recognition of the youth sector, including a clearer understanding of what youth workers do, the value they contribute and the challenges of their work.

Feedback from consumers and carers

Three themes emerged from the consumer and carer consultations: person-centred services, workforce and outcomes. Participants spoke about their interactions with a broad range of community services, including as both carers and consumers.

Emphasising person-centred services

The consumers and carers consulted were concerned that services were not available when and where they were needed. Often they faced a long waiting time to access the service if one was available.

There was also significant desire for effective support to ease the navigation of service system, including finding out what is available. Peer support groups were often the best source of information.

In response to the complexity of the service system, consumers wanted more holistic services: a system that not only provided housing but also access to education and training, alcohol and drug support services, and mental health supports.

Bureaucratic restrictions were also a frustration from a services system that they believe is not designed for consumers and carers but instead for government and service organisations. For example, some were offered 1.5 hours respite per fortnight but this was insufficient to do anything because of the time required to travel to shops, cinemas, doctors etc. Three hours per month may have been better but was not offered. In another example, some people were excluded from a service that was the most convenient for them because they lived outside the catchment area. Specialist homelessness services could only offer six weeks of accommodation.

They felt that funding for services was not linked to their needs but rather to fit with unnecessary bureaucratic rules.

They wanted services that would listen and assist them achieve their goals in the way they wanted and to acknowledge they were experts in their own needs.

Those consulted also discussed the role for volunteers in community services, particularly around peer support roles.

Consumers said consumer participation at all levels was important in developing person-centred services. This could be achieved through ad hoc consumer focus groups but also through the development of more formal consumer participation bodies and participation in governance.

Workforce of the future

The consumers and carers consulted had some complaints about community service workers, reporting that many did not listen to their concerns, understand their needs, or respect their knowledge and expertise about themselves or their family.

There was also concern about high staff turnover that often meant the loss of good workers. Some consumers and carers reported having three or four case managers in a year. Some also

commented that even good workers were constrained by external factors such as scope of their funding, time limits on services and lack of referral pathways.

Consumers and carers also strongly supported the employment of people with lived experience in community services, and at all levels including reception staff, personal support and case managers. They felt that lived experience would bring greater empathy and understanding to the services.

The consumers and carers consulted all wanted workers to have good listening skills, empathy and understanding of their situation, and knowledge of the service system, including health and education and training, so they were able to refer appropriately. Formal qualifications were not seen as important.

Strengthening outcomes

The consumers consulted do not want to be dependent on the service system, as their primary goal is independence. They therefore want assistance with gaining employment, or accessing education, training and housing. This would also achieve the stability in their lives they sought.

The consumers and carers consulted also want to participate in the setting of goals and hence the outcomes to be achieved through the service or services. Quality of life was rated highly as an outcome measure. For example, they believed that, for people who had gone through periods of homelessness, the outcome measure should be maintaining a home, not just a house. Other measures should include their general quality of life, community engagement, health and wellbeing. Employment and education were also seen as important outcome measures.

General feedback

The consultation processes highlighted several themes that participants felt were not emphasised enough in the discussion paper.

Aboriginal self-determination

Consultation participants agreed that supporting and enabling Aboriginal self-determination must be a key pillar of the CSIP.

Discussions emphasised that the plan should recognise that cultural factors are central to Aboriginal identity and contribute positively to the lives of Aboriginal people. This includes connection to language, spirituality, country, family and the community.

Another strong message was that there needs to be recognition in the plan of the innovation and development of effective services by Aboriginal people for Aboriginal people, given that these are approaches that create real and lasting change.

Participants said there is already good work happening through the increasing role of Aboriginal community controlled organisations (ACCOs) in guardianship of Aboriginal children in out-of-home care and the transfer of 1500 public housing properties to Aboriginal Housing Victoria.

It was also noted strongly that the community services industry has a role in encouraging Aboriginal self-determination in how it partners with Aboriginal organisations, in decisions to

compete for funding or deliver services that could be delivered by ACCOs and in recruitment and support for Aboriginal staff. Developing a culturally safe service is an ongoing process – organisations need to constantly reflect on their policies and practice, and incorporate self-change.

Diversity of the community services industry

Feedback from participants highlighted the diversity of the community services industry, in particular that it is made up of organisations of different sizes, geographic locations, specialties, experiences, resources, cultures and governance models.

Some organisations are expert in delivering specialist services and working with specific groups of people. Others focus on a particular local area or place. Others deliver a wide range of service to help meet the different needs of people and families in one place.

Participants said this diversity is a strength, giving service users' choice about the type of support they want and the provider best placed to deliver it. They emphasised there is no 'one-size-fits-all' response to the challenges experienced by Victorians.

The plan, therefore, should enable diverse models of service delivery in diverse settings.

Recovery, rights and empowerment

Some consultation participants emphasised the need to frame the plan around 'recovery' instead of 'disadvantage' and for all actions to be underpinned by a strong human rights framework.

There was some concern the framing of community services around care to a vulnerable client was limiting. Instead the plan should highlight practices that enable consumer empowerment, resilience and self-efficacy. Many organisations already adopt an empowerment approach.

It was also noted that the prevention role of the sector needs to be recognised and part of the plan.

Developing a 10-year vision

The Community Services Industry Plan will articulate a vision for the Victorian community services industry over the next 10 years and the required steps and preconditions to achieving this vision. This is an opportunity for the industry to articulate its common values and shared purpose.

Initial consultations with the CSIP Working Group recommended that the vision should:

- Be ambitious and high level, to ensure relevance across the sector
- Be timeless, so it is unaffected by any change in government or key personnel
- Capture the strength and contribution of the community services industry
- Galvanise people and strengthen the relationship between the industry and government
- Have service users at its heart.

Some consultation participants noted the importance of government support for the vision, as the community sector will not be able to achieve it alone.

Strengths and opportunities

VCOSS and DHHS asked regional consultation participants and survey respondents to identify existing strengths of the community services industry and ideas for the future.

Survey responses

The discussion paper suggested some possible elements to be included in a vision for the future of the community services industry.

These elements are ranked according to the number of people who responded YES in the survey, from highest number of yes to lowest number (other choices were NO or UNSURE).

1. Attracting and retaining a high quality workforce with employees of diverse backgrounds, experiences and skills (98%)
2. Collaborating to provide integrated supports to people when they need them (95%)
3. Organisations and the industry are sustainable through stable funding sources, new philanthropic or social investment partners, job creation, skills development, social innovation (95%)
4. Supporting people to be safe, healthy and live a life they value (93%)
5. The industry will collect evidence, backed by data and research, that shows how the outcomes delivered create real and lasting change in people's lives (91%)
6. Being a trusted voice for communities and people facing disadvantage (91%)

7. Breaking the cycle of disadvantage by identifying emerging issues and intervening early to tackle its causes (89%)
8. Contributing to the economy and public policy development (87%)
9. How the industry will provide people with genuine and meaningful choice about their lives and the kinds of support they want (86%)
10. Building social capital and community resilience (79%).

Strengths of the community sector

Participants at the face-to face consultations provided examples including:

- A workforce that is committed, resilient, passionate and caring
- Innovative and responsive to the needs of people
- A commitment to strong collaborations and partnerships
- Builds community resilience and social capital
- Focussed on the most vulnerable Victorians
- Understanding the local community and its needs
- Effective advocates for change.

How do we want the community sector to look in 10 years?

Participants provided examples including:

- Transformative, innovative and creative
- A career of choice for people, with highly qualified, committed and motivated staff
- Recognised for our value to society and as a contributor to the economy
- Leaders and drivers of change
- Essential
- Recognised and respected as integral to the community
- Stable and sustainable
- Providing coordinated and holistic care to people who need it
- Breaking the cycle of disadvantage
- Resilient and responsive to the changing environment
- A strong Aboriginal service sector that is adequately funded and responds effectively to the needs to their community
- A strong evidence base of effective Aboriginal service models, frameworks and practice
- Strong partnerships between mainstream services with Aboriginal organisations driving the agenda

-
- Obsolete, because all the problems have been solved
 - Hopeful.

Other suggestions for inclusion in the vision:

- Quality service delivery
- Commitment to identifying and responding to service gaps
- Self-determining Aboriginal communities.

Emphasising person-centred services

What's working well

Peer support programs were often mentioned as an example of an effective service. These provide people with lived experience with the opportunity to bring their unique experience and perspective to others going through similar experiences. They can also instill hope that recovery from drug dependence or poor mental health is achievable.

VACCA has an Aboriginal healing team which provides support to programs, carers and families, including individualised therapeutic plans recognising individuals within their family and community, a critical holistic approach to the provision of support for Aboriginal people.

Challenges

While most consultation participants agreed that person-centred service was the best way to provide services, there was some disagreement about what constitutes person-centred services. Some of those consulted focussed on the ideas of choice and control of services being vested in the person receiving the service. Others saw a greater role for guidance and information being provided by expert service workers to support the decision-making of the person receiving the service.

One peak body identified the key features of person-centred services as:

- A skilled workforce to engage with consumers, assess and respond to needs, listen and empathise with clients and respond to risk assessments
- Understanding, engaging, responding and addressing needs within the person's broader environment and community (including carer needs)
- A service coordinator/navigator role
- A comprehensive range of services and supports to refer, collaborate and partner with
- Support for the consumer to authentically participate, including health literacy, accessible services, assertive outreach.

The consultations found widespread agreement that collaboration between services is needed to provide person-centred care because no single organisation can provide all the services required to achieve all the desired outcomes for a person.

They identified several factors that inhibit this collaboration. Funding and policy silos compel service providers to focus on a particular outcome (or output) rather than consider the person holistically. Varying data collection and reporting requirements within and between state

departments makes it difficult for organisations to be able to share information about a mutual client. Competitive markets inhibit collaboration where community service organisations are competing for funding. For-profit service providers may also disrupt person-centred care because inter-agency collaboration is less likely amid perceptions that for-profit providers are driven by profits not quality services.

Many of those consulted highlighted that person-centred care can be resource intensive. Services need to spend time both with service users to develop plans and tailor services, and also with services providers from other organisations. Too often funding is limited to a certain number of hours of contact or case management and is often insufficient to achieve person-centred care.

Participants noted that government funding departments emphasise workflow, throughput, targets and reporting that can also limit person-centred service, as these can reduce time available to engage with service users. Contracts and service agreements often set targets for the number of people supported by the service which are unrealistic to achieve true person-centred service.

The consultations discussed profound changes for the industry, driven for example by the implementation of the NDIS and its principle of choice and control. As a result, community service organisations are having to focus on attracting and retaining clients, which can involve workforce skills like marketing that are not currently common in the community services sector.

The workforce may need additional training, both in-service and pre-service. Funding will be required for professional development and in-service training.

Some participants reported concerns that individualised funding models will increase the isolation of workers from their colleagues, especially those who work in people's homes.

The consultations also made it clear that person-centred care can only deliver holistic service delivery if there are services available. In rural and regional areas services are more limited or substantial travel is required to access them.

High demand can also inhibit person-centred care. If an organisation has a queue or waiting list of people all in need, the workers are less likely to spend sufficient time to get to know and engage with individuals, an essential element for person-centred services.

Another issue raised was that person-centred care often requires the provision of services outside of traditional business hours. This can be a financial and workforce challenge for organisations.

Opportunities

The consultations confirmed that many community sector organisations provide person-centred care, although they may be at different stages of development and take different approaches. Participants highlighted a number of opportunities to build on these person-centred approaches already taken community service organisations.

One example raised was the co-location of services and service hubs that can facilitate collaboration between service providers and shared intake and assessment thereby improving person-centred care. There are a number of existing service hubs mentioned. For example,

Frontyard Youth Services co-locates a number of services supporting young people aged 12-25 years, including housing, legal assistance, education, income support and health services. Similarly, community health services described the capacity for a consumer to enter a service and access podiatry, general practice and mental health services and a planned activity group.

Other services described using a key worker model where the key worker gathers and holds information so a person's story is only told once and shared appropriately. The key worker has a service coordinator/navigator role and requires knowledge about services available and the skills to access them. The key worker makes 'warm' referrals to services run by multiple organisations as required. Having a consistent point of contact also encourages development of a stronger therapeutic alliance between the worker and consumer.

Again the importance of having Aboriginal and culturally specific services to meet the social and cultural needs of service users was emphasised. Delivering person-centred services to Aboriginal people involves the person's culture, language, family, kin and community in developing care plans and goals and delivering services.

Participants noted that some support is provided for people to authentically participate in decision-making about their care; including building health literacy, assertive outreach, assistance navigating the service systems and in advocating for their needs, and with developing plans. However this support is not universal nor across all community services.

Consultations agreed that involving service users in program design and delivery is critical to developing person-centred services. To work, consumer participation needs to be fully integrated into the service, not something that is ad-hoc or added-on. It would include participation at all levels including service design and organisational governance.

Alcohol and other drug services provided examples of consumer engagement in service design and delivery, including peer programs and Therapeutic Community (TC) treatment models. TCs have a long history of working closely with residents and engaging them in running the treatment program.

Participants made a number of recommendations for improving systems to provide real patient-centred care. They included:

- IT systems should be more flexible to allow sharing of client information between service providers and data reporting to government departments.
- A set of common principles and elements should be developed that describe person-centred services, which ensure flexibility to tailor services to individuals within their communities and include a focus on early intervention.
- Joint training is needed to support person-centred care (e.g. mental health workers, AOD workers, homelessness workers trained together). Often different services work with the same clients but their workers are trained separately.
- Common assessment tools and common intake processes could be developed to facilitate collaboration between services. Note, this is not the same as having one intake service, as

currently occurs with community mental health services, but rather the adoption of a 'no wrong door' approach where multiple service types use common tools and processes.

- Dedicated funding is needed for staff training to support, participate in and deliver co-design practices.

Emphasising place-based systems and services

What's working well

The Greater Shepparton Lighthouse Project was raised during consultations as an effective place-based initiative. The project started in 2014 and involves hundreds of local people with the goal of supporting every child to succeed. It seeks to improve the life chances for Shepparton's children and young people from the conception to a career.

Challenges

Many community service organisations consulted reported that one of the most significant challenges to participating in place-based systems and services is that there are often multiple place-based partnerships in a single location. Community service staff indicated they don't have money or time to participate in multiple networks and partnerships.

The cost of working in place-based partnership was noted repeatedly across the consultation sessions. Many participants pointed out that the funding provided by governments for community services was usually too low to cover the costs associated with developing and maintaining place-based partnerships. They said that unless there is sufficient funding to support place-based systems and services, including the backbone organisation and to engage participants, effective place-based services and systems will not be able to be developed.

Community service organisations reported that the development of multiple place-based partnerships in recent years has led to 'burnout' of some partnerships. Staff have become weary of continual consultation and change and, the consultations were told, this is leading to an unfortunate level of cynicism about place-based partnerships.

Another significant challenge for place-based services and systems is that funding models promote competition between organisations when collaboration is required. Funding 'silos' limit flexibility to suit local conditions.

Consultation discussions highlighted the long-term commitment and development needed for place-based approaches to achieve significant outcomes. The development of partnerships, the involvement of people with lived experience in decision making and service design, as well as reaching agreement on goals and development measurable targets, all take time. Unfortunately, funding for place-based approaches is often short-term which limits their ability to achieve good outcomes.

Some smaller organisations also reported that it is difficult for them to obtain place-based funding, when there are larger organisations in their area. They also reported that it can be difficult to form and maintain partnerships when they have few staff and limited resources.

Opportunities

The consultations heard that there are many existing place-based initiatives, including:

- Victorian Government supported initiatives such as Primary Care Partnerships and Children and Youth Area Partnerships
- Commonwealth Government initiatives such as the Centrelink Place-Based Services Initiatives
- Local initiatives such as Hands Up Mallee, Go Goldfields and the Lighthouse Project.

Rather than create new place-based initiatives, participants advised that existing partnerships should be used to develop and better integrate existing and any new place-based activities. In the future they said communities should take steps to create a single place-based system, rather than multiple initiatives that draw too many resources from community service organisations.

It was recommended that co-location of services or integrated service hubs can be a start of greater local collaboration and used to initiate place-based activities.

Local knowledge was raised as an important factor. Community members have knowledge of their communities that is not available to remote decision-makers in government and non-government bodies. Successful place-based initiatives, such as the Lighthouse Project and Go Goldfields, initially found out what the community needs were by asking community members.

The consultations heard that the concept of place is not as simple as their physical location or place of residence for Aboriginal people. One of the suggestions raised was that our understanding of 'place' could incorporate the Gathering Place model:

- Community (ownership, drive, engagement, empowerment, dedicated staff)
- People (community champions, Elders, motivated individuals)
- Place (location, historical context, regional service context, sense of place)
- Programs (flexibility, local priorities and needs, partnerships).

Participants also recommended that local governments have great potential to take on the backbone role for place-based systems. While that is an option that is ultimately up to each community, they believed it should not be ruled out by the State and Federal Governments.

A strong overall message was that governments should not impose place-based initiatives on communities. Rather, place-based systems need community leadership, with decisions being made in communities by community members.

A focus on strengthening outcomes

What's working well

The Victorian public health and wellbeing outcomes framework³ was raised as a good example for measuring and reporting on outcomes. It provides a transparent approach to monitoring and reporting progress to improve the health and wellbeing of Victorians. The outcomes framework includes a comprehensive set of indicators drawn from multiple data sources. These indicators track whether our combined efforts are improving the health and wellbeing of Victorians over time.

Challenges

In general, consumers and carers felt that they were not involved in developing the outcomes that are being measured for them. They want a greater say in what services are trying to achieve.

Community service organisations reported that they collected and reported much data for governments but most of it is about outputs not outcomes. These data include the number of people supported in a given time period and the types of supports provided.

Another issue reported by community services organisations is that data collected are not comparable across time and funding programs. Different data definitions are used and the type of data collected changes from time to time as requested by government funding bodies.

Community service organisations also reported that there is little chance of long term outcomes being measured because client support is funded for a limited time (e.g. homelessness services limited to six weeks support) after which there may be no contact with the client. For client outcomes to be measured contact needs to be maintained over an extended period.

Further, organisations said that data reported to government funding bodies is often not provided back to services providers nor reported geographically. Homelessness service providers reported having to purchase their data at a regional level to be able to use it.

Community service organisations recognised that outcomes measurements could be used for accountability purposes even to the extent of rewarding organisations for good outcomes. However, concern was expressed about the issue of causality or attribution: how do we know we made a difference when many factors go into achieving an outcome?

Community service organisations also felt they should not be held accountable for outcomes on which they have a marginal impact. For example, if homelessness services are only funded for six weeks of support they should not be held accountable for the future homelessness of their clients.

³ available at <www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>

The idea of tying funding directly to outcomes was raised by some community service organisations but was not widely supported. Most community services are not yet in a position to be funded directly to outcomes. There was also concern expressed that funding tied to outcomes could be easily gamed by unscrupulous providers, particularly from the for-profit sector.

Community service organisations also believed measuring outcomes for accountability purposes (especially if funded on the basis of outcomes) could lead to perverse incentives. An example given was where employment assistance organisations find people short-term jobs to claim a bonus but this does not lead to long-term employment. Concern was also expressed regarding the ability to ‘cherry-pick’ service users who have less complex needs, while neglecting more vulnerable or complex people because it is easier to achieve the measured outcomes with less complex clients.

Deciding on what is an appropriate outcome agreed by all may be difficult. Community service organisations pointed out that different stakeholders may seek different outcomes. For example in the AOD context, individuals might want to reduce their drug use or improve daily functioning, communities might want to reduce crime associated with drug use, and governments might want to reduce illicit drug use.

Opportunities

Many organisations reported they already collected client outcomes using surveys and tools such as the ‘Outcomes STAR’. Other community service organisations have developed collaborative relationships with university experts to develop outcomes measurements and data collection methods. The community legal services sector is developing a sector-wide shared Outcomes Measurement Framework to help it demonstrate, articulate and measure the outcomes it achieves.

Even where quantitative data is not collected, community service organisations highlighted the qualitative information they collect relating to outcomes. These highlight the widespread support in the sector for being able to determine whether services make a difference in people’s lives.

Consumers and carers want organisations to consider their needs and desires when measuring outcome and felt they should be developing outcome measures themselves, in partnership with their service providers. Many consumers felt that their quality of life and independence from the service system would be good outcome measures. Employment and secure income were also raised as desirable goals.

Participants said Aboriginal organisations needed to be engaged in the development of outcomes frameworks, to ensure self-determination and connection to culture are embedded.

The consultations heard that many community service organisations collect their own outcomes measures in an effort to ensure and improve the quality of their service as well as to develop the evidence of what works in service delivery. This provides an opportunity to expand and improve the collection of outcomes measurements.

A focus on embedding evidence-based approaches

What's working well

Victorian Alcohol and Drug Collection (VADC) is currently being established and will be operational in October 2018. The VADC is a new way of collecting and reporting data on activity that takes place within the alcohol and other drug treatment system. It is planned that the VADC will be used to monitor performance, inform service planning, help with policy development and collect data for the National Minimum Data Set for AOD Treatment Services.

Challenges

Community service organisations reported significant concerns about systems and processes that impede evidence-based approaches.

One was that Victorian and federal government data, research and evaluation is not well coordinated. This makes it hard for them to embed evidence in their programs.

Another was that government funded program guidelines are often prescriptive and not based on evidence, for example, programs that prescribe the length of service or required particular activities.

There was also concern that some evidence-based programs did not work as well in some locations or with particular population groups, (for example with Aboriginal communities). It was reported that many evidence-based programs are purchased from overseas, especially from the United States, and often did not suit local contexts.

Community service participants told us they often lacked the resources to translate evidence, arising from university research or program evaluations, into practice. Another challenge is that some evidence-based programs are owned by for-profit or not-for-profit organisations which limits access. Participants noted that while some of these programs can be purchased, it is not always known whether they will be suitable in the communities for which they are purchased.

Some community service organisations suggested that too strong a focus on embedding evidence in service and programs could limit innovation. Innovation and agility are important characteristics of community service organisations which assist in responding to emerging priorities for which the evidence is emerging or yet to be developed.

There was some disagreement in the consultations about what constituted 'evidence'. For some, evidence-based practice meant programs which have been assessed as achieving solid outcomes

with clear outcomes measures. In this case, programs would have gone through rigorous testing such as randomised control trials. For others, this standard was too high and they considered that practice evidence built from local experience in service delivery was sufficient to inform practice.

Opportunities

Many community service organisations already draw on a combination of research, practice wisdom, program data and consumer feedback to inform service deliver and decision-making.

Many community service organisations reported they have developed partnerships with (local) universities to gather evidence on their programs and assist in translating that evidence into practice. Related to this is the fact that there are many postgraduate university students undertaking research related to services.

The consultations revealed that a source of untapped evidence is the data collected by government bodies. In particular, the cross-referencing of data sets could provide a comprehensive picture of the effects of community service activity, as well as an opportunity to identify gaps or risks. For example, the Victorian Aids Council compared its outcomes based data and community engagement data against wider patterns of drug use. It has revised its engagement strategies after noting changes in patterns of drug use.

Community service organisations reported that they were keen to embed evidence in their practice but believed their workforce required more training to do this. The cost of training was seen as prohibitive.

They also believed that people who use their services should be included in the development of an evidence base, to ensure that lived experience informs the evidence-base.

Aboriginal community controlled organisations noted that evaluating programs aimed at improving outcomes for Aboriginal and Torres Strait Islander communities requires careful planning and consideration to ensure evaluation is strength-based, effective, culturally appropriate and collaborative. They said evaluation also needs to recognise complexity and difference between Aboriginal communities and that Aboriginal people should be engaged in co-designing evaluation processes. Funding to support Aboriginal organisations to evaluate their programs would help strengthen the evidence base.

The continuing development of a centralised database that provides accessible evidence-based programs would be welcomed by community service organisations. Examples of useful databases cited by community service organisations included the Raising Children Network and the Better Health Channel.

Funding to support flexible, person-centred service delivery

Challenges

Community service organisations reported that there are too many funding streams with associated reporting requirements. Too often they have to ensure that they are meeting the funding requirements of the funding stream not the needs of the person. This then inhibits person-centred services.

An overriding message from the consultations was that funding guidelines themselves are too restrictive for person-centred care. They do not adequately take into account the differences between population groups or geographic areas, including the additional costs of rural service delivery or supporting Aboriginal communities.

Organisations also reported that funding that is too tightly targeted can result in perverse outcomes, including organisations 'cherry picking' people who have less complex needs and are easier to support or, conversely, people presenting their 'worst case' or not seeking help earlier to make sure they qualify for support.

Some organisations said funding guidelines restrict person-centred service delivery. For example, funding for specialist homeless services is short-term and more about rationing than focusing on the person. To achieve good results guidelines must be bent but such activity is not reported to government.

It was also suggested that individualised funding alone is not sufficient to ensure person-centred care. When done poorly, it can erode person-centred care. The National Disability Insurance Scheme is widely seen as an example of poorly designed and implemented individualised funding where prices are too low and plans have not been properly developed with participants.

There is considerable concern that individualised package models also rely on consumers being able to articulate and identify their needs and coordinate their support (or having someone who can do it for them). People who cannot do this may not access services or get the help they need.

Some community service organisations commented that getting the balance right between risk and person-centred funding is difficult. Governments have tended to be risk averse and prescribe services. This does not work under a person-centred system.

Opportunities

Community service organisations felt there were many lessons to be learnt from the design and implementation of the NDIS. Overall it was strongly felt that the promise of greater choice and control by people with disability under the NDIS has not been met, in part because of rushed implementation and low service prices.

Many community service organisations recommended that improved flexibility could be achieved by 'broadbanding' funding streams. This could go hand-in-hand with reforming funding guidelines to better support person-centred care.

Community service organisations also suggested that a pricing framework should be developed and implemented that incorporates all that is needed to provide high quality person-centred care. Such a framework would need to be reviewed and updated periodically as things changed. It would need to ensure cost differences between metropolitan and rural areas were incorporated. The pricing framework would need to include costs for staff training, quality improvement, supervision, back office functions, infrastructure as well as direct service provision.

Ensuring we have the workforce of the future

What's working well

The Careers in Community Services & Health Program run by the Geelong Region Local Learning and Employment Network (LLEN) was raised as an innovative example of promoting awareness in schools of the growing community services and health industry. It is an early entry level workforce development program aimed at school students and incorporating their families and teachers. It aims to interest more young people in the Geelong region, including those who may experience social or educational exclusion, to work in community services and health. The Program implements strategic and coordinated awareness raising activities and promotes matched pathways through VET in Schools or School based Traineeships into further education, training or employment in the community services and health.

Challenges

Consumers and carers consulted made it clear in consultations that they expect community service workers to have empathy and understanding of their situation and know the service system well so they can provide the necessary supports or refer to others in a timely manner. Unfortunately, their experience sometimes did not meet their expectations. They felt the workers sometimes lacked the appropriate knowledge and experience.

Community service organisations in the consultations were acutely aware of the many workforce challenges they face as the industry rapidly grows. These challenges can be grouped into two main areas: recruitment and retention and education and training.

Recruitment and retention

Community service organisations reported they have difficulty attracting people from outside the industry because little is known about it among the general public. In particular, attracting school leavers is difficult because few parents, teachers and school career advisors know much about the work of the industry, its growth and opportunities.

Organisations reported that recruitment is also made harder by negative perceptions of the industry by many people not engaged with it. They said it is seen by some as residual or a drain on public finances rather than a social good and essential factor in economic development and growth.

Community service organisations in rural localities said attracting experienced, qualified workers was particularly difficult. Services located in these areas often therefore had to recruit less

experienced and qualified employees. There is concern this might lower the quality of service in some cases.

The relatively low pay in the industry was also raised as a major concern, and a barrier to attracting and retaining employees. Despite the improvements in pay as a result of Equal Remuneration Order, workers are still paid less than those in similar services run by government.

Organisations reported that many community service workers are in insecure employment, either on short-term contracts or on a casual basis.

Short-term employment contracts are driven by short-term funding contracts. Sometimes these funding agreements are for just one-year. Workers often start looking for new jobs at least six months before the end of the contract. This results in disrupted relationships with service users and loss of productivity. Some community service organisations pointed to the suggestion of seven year contracts in the Productivity Commission draft report on Human Services – this would be welcomed.

Another workforce concern was that working with vulnerable people is demanding and can be stressful and emotionally draining. Community service organisations reported workers, particularly new entrants to the industry, often 'burn-out' and do not stay in the industry.

Workers also complain that their work requires unpaid overtime on reporting and form filling. This is often seen as unnecessary bureaucracy that prevents good work being done for service users.

Some community service organisations expressed concerns that moves to require minimum qualifications in some sectors of the industry will exacerbate the shortage of workers. These organisations suggested there are too few high quality vocational education and training institutions to meet the required number of people completing the course. Further, there will be too few student enrolments in these courses to meet workforce demands. The cost of study is a significant barrier to many people studying.

There is over-riding concern amongst many community service organisations that funding for services by government is inadequate to retain skilled, qualified staff. That is particularly a worry for community mental health services transitioning to the National Disability Insurance Scheme. They reported being unable to retain skilled and qualified staff because NDIS funding is too low to pay the wages previously available. Inadequate funding (pricing of services) will result in the loss of specialist skills in the community services industry.

Community health services also reported that funding instability is causing many skilled employees to leave, due to uncertain working conditions, possible changes to their conditions and caseloads, and concern about how system changes will impact the consumers they work with. They highlighted the need for future reforms to be co-designed with stakeholders, and to anticipate the likely impacts on the existing workforce.

There was also general concern that the lack of career paths in the industry has led to a loss of workers to the public sector and other industries. While some front-line workers may be promoted to team leadership/management positions, there are few other opportunities for promotion and

development in the industry. Some parts of the industry offer opportunities for workers to develop specialist skills and take up specialist roles but these are not widespread.

Aboriginal organisations reported recruiting and supporting Aboriginal people to work requires efforts at all stages of the employee lifecycle, including attraction, recruitment, induction, professional development and career pathways, maintaining wellbeing, and adequate recognition. It is clear that more needs to be done through internships and traineeships to attract Aboriginal people into the sector, and more culturally appropriate support and cultural mentoring is needed for the well-being of Aboriginal staff, in both Aboriginal and 'mainstream' services. The consultations heard that 'mainstream' organisations often lack cultural safety for Aboriginal people. This limits their ability to recruit and retain Aboriginal employees.

Similarly, there are many organisations seeking to serve a particular cultural or language group reflecting historical migration patterns from Europe, Asia, the Middle East and, more recently, Africa. Some 'mainstream' organisations were reported to lack the cultural or language skills required to engage and support these communities.

Education and training

Community service organisations generally agreed that having a well-qualified workforce was preferable to an unskilled, unqualified workforce. However, there was not common agreement about whether minimum qualifications should be mandatory.

Many, but not all, community service organisations commented the increasing specialisation of education and training was the wrong direction for pre-service industry training. There were many suggestions for a broad, common qualification of 'community services' with a core set of competencies. This would then be augmented by various sets of electives to provide specialisation. Such a qualification was seen to allow for greater movement of employees across the industry.

However community service organisations said they needed specialised training relevant to community services including information technology skills, men's behaviour change, Aboriginal cultural competency and community services management

One of the barriers to that is the lack of a coordinated approach to professional development and in-service training across the industry. Many organisations train staff in isolation, which results in duplication of training programs. Economies of scale could be achieved by better sharing of training resources.

Many community service organisations complained of the low quality of some vocational education and training providers, where graduates did not seem to understand the basics of the work. While the Victorian Government has sought to rectify this problem, there is still a scepticism of the VET (Vocational and Education Training) system by some in the industry.

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Even when training is available and relevant, the cost of professional development and in-service training is prohibitive. Organisations felt strongly that government funding of services needs to include on-the-job training and professional development of staff.

Community service organisations considered work placements could encourage more students to consider a career in the industry. However, they said that student placements are resource and time intensive for organisations. As a result, VET providers reported difficulty placing students in certificate courses in work placements and said many large organisations prefer university social work students.

The issue of training also emerged in the consultations with consumers and carers. They felt qualifications were not the most important factor in making a good worker. They preferred workers with listening skills, understanding and knowledge of the service system.

Opportunities

The existing workforce is seen as committed, compassionate and highly skilled by community service organisations. Consumers and carers had some complaints about workers not listening to their needs and lacking knowledge of the service system, however they had also come across excellent workers.

There was consistent feedback that substantial improvements are needed in the vocational education and training (VET) system. There needs to be better partnership between the industry, VET providers, the Community Services & Health Industry Training Board and the Department of Education and Training to improve pre-service and in-service training for community service workers.

Many current workers have extensive experience and are well qualified. However some have experience but lack certain knowledge and skills. Retraining opportunities need to be developed and expanded for them.

Community service organisations revealed a strong preference to maintain and grow the skills of people already employed by community services, but said that additional funding is needed to do so.

At present, registered training organisations provide qualifications (e.g. certificates, diplomas) but organisations said they needed staff professional development that was short, focused training on particular aspects of community services, for example, trauma informed practice. One way to achieve this is to develop 'micro-competencies' in training where enrolment in a qualification is not necessary.

It was reported frequently throughout the consultations, by consumers as well as service providers that people with lived experience of using community services were attracted to work in the industry. It was widely held that people with lived experience often bring passion, optimism, and their experience of the service system from both sides and an ability to connect with clients.

Participants said lived experience and cultural and community knowledge should be appropriately valued by employers and education providers. Aboriginal organisations suggested a research project be developed to explore how we can value lived experience.

Employing people with lived experience was seen as a significant opportunity to increase the community services industry workforce. This opportunity could be enhanced by allowing people to combine employment with training in entry-level jobs. This requires flexibility by employers and VET providers.

Another possible source of employees is from the pool of volunteers, although sourcing volunteers is not always easy. Pathways from volunteering in community services to employment in community services need to be explored.

Employees from other industries in decline (e.g. manufacturing) may also be potential recruits for the community service industry. There was no common agreement from organisations at the consultations whether these people would have the right attributes to work with vulnerable people in community services.

Lifestyle and housing affordability in rural and regional areas may attract skilled staff, however these features were not seen as sufficient to maintain and sustain the workforce outside major cities. Rather, it was considered that a greater emphasis was needed on local education and training facilities in rural and regional areas. It was reported that many graduates from La Trobe University's Mildura campus stay in the area.

Another option would be the development of cadetships that assist young people to study in Melbourne and upon graduation return to rural/regional areas with guaranteed employment. Such models have been used in other industries successfully.

While increased pay for community services employees was seen as the best method to attract and retain workers, improvements in conditions may assist, particularly if these are no or low cost to community service organisations. The proposed portable long service leave scheme was mentioned a number of times in the consultations as one way to keep people in the industry.

Participants also highlighted the need for better support for employees, including networking within and across services. Some workers reported concerns that individualised funding models can isolate workers, especially those who work casually in people's homes, and have limited contact with other workers.

New information sharing provisions and digital technologies

What's working well

Numerous apps and websites have been developed by government and community services organisations to help people navigate the system or access help. One example, frequently mentioned as useful was *Ask Izzy*. *Ask Izzy* helps people find services such as housing, meals, healthcare, counselling, legal advice, and addiction treatment.

Challenges

Not all organisations and workers have the same access to technology, computer literacy or reliable internet coverage. This is particularly an issue for people in rural and regional areas and in smaller organisations with less capacity to invest in technology. Staff need support and training in new technologies, which is expensive and time consuming.

Some community service organisations consulted warned against focusing too much on technology, which could deter people from accessing services, lead them to disengage or feel unheard. It was held that one of the strengths of the community services industry is its empathy and human face and that this must not be lost as we embrace technological solutions.

Youth services observed that new technologies risk making workers 'connectable' 24 hours a day. This carries a risk of harm, including miscommunication and worker burnout.

Many community service organisations noted that infrastructure costs to support the development and implementation of new information sharing platforms and digital technologies are substantial. A number of NDIS providers said they have also recently invested in new digital technologies, and would struggle to invest more funds into technology in the short-term.

In regards to information sharing, issues of consent and privacy can be a barrier to asking for and sharing of information. However, it was noted in the consultations that service users are sometimes less concerned about privacy than workers assume.

It was generally felt that if consent is provided, service users are often happy to have their information shared, especially when they no longer have to repeat their story multiple times.

However, competition can also be a barrier to information sharing. Organisations may be reluctant to share data with organisations they are competing against for funding or service users.

The consultations also heard that the lack of interoperability between IT systems makes information sharing, electronic referrals and data analysis difficult. Systems within and across community service organisations and government need to talk to each other.

Opportunities

Participants in the consultations largely agreed that technology has the potential to increase efficiency for community service organisations by streamlining reporting and data collection requirements. It can help avoid doubling up of information collection, and prevent people falling through the cracks by sharing information about risk and access.

It was also felt that embracing digital technology may help attract new workers into the sector, as creative use of new technology may appeal to young people especially. The youth sector reported that youth workers in particular tend to have high levels of technological proficiency and adaptability.

The discussions heard that technology can also help improve access to services for marginalised people, especially people in regional and rural areas. This is already happening through the use of eHealth and online services, like eheadspace for young people. It can help people connect with their communities and tackle loneliness. Quality of care can also be improved through workers accessing secondary consultations and specialists they may otherwise not be able to reach.

It was agreed that technology can also assist with prevention: shared information databases can provide opportunities for data mining, to better target services and identify people at-risk of disadvantage early.

Other sectors, including the corporate sector, have made significant progress in utilising technology to improve quality, efficiency and access. The community services industry could learn from the health and financial sectors on making use of new technologies, including apps, to share information and make data collection more streamlined.

A focus on best practice regulatory frameworks

What's working well

The National Association of Community Legal Centres runs a sector-led accreditation and certification process that recognises and supports Community Legal Centres (CLCs) to achieve best practice. It assists in establishing suitable risk management standards for CLCs across Australia and ensures nationally consistent excellence in service delivery and proficient governance structure. The Accreditation program establishes tailored and appropriate accountability requirements for Community Legal Services, and works to raise the profile of CLCs and publicise the importance of their work. In the longer term, the scheme will form the basis of a continuous quality improvement program for Community Legal Services. In Victoria, the Federation of Community Legal Centres is responsible for supporting the implementation of the scheme.

Challenges

In the consultations, community service organisations said they considered the primary purpose of regulation is to protect people. Many organisations welcomed frameworks that do more to protect vulnerable people, like the Child Safe Standards, despite concerns about the additional reporting requirements. Organisations also noted that regulation and compliance activities point to an industry that is of high quality, trusted and safe.

However, many described reporting requirements as extremely burdensome, including for very small funding contracts. For example, one organisation reported having the same compliance burden for a 0.6EFT project as a 10-12 EFT project.

The consultations heard there is significant duplication in reporting and accreditation processes and inconsistency in methods of reporting (for example, one organisation reported having 22 different programs that need 22 different reports. Another undergoes an annual process of accreditation against 12 different groups of standards, many of which are overlapping or duplicative). This costs organisations valuable staff time and money, taking them away from frontline service delivery.

Another problem was raised where funding bodies fail to provide clear expectations about reporting requirements and data collection. If organisations don't know what reporting requirements are until the end of the funding period, they risk collecting the wrong data and information.

Organisations reported that they are facing growing levels of red tape and regulation as a result of the large number of reform processes currently underway (for example, the roll-out of the NDIS, aged care reforms, primary health networks, family violence reforms). Each new process brings with it additional reporting and regulation, and they often are introduced in new silos, instead of building on existing frameworks.

Some organisations reported a reluctance to take on new contracts, as this will mean more red tape.

Consumers and carers felt that the system was not designed for them but for governments and organisations. Some reported that service workers blamed government regulation for constraints in their service, such as eligibility for service, length of service etc.

Opportunities

Organisations agreed that streamlining reporting and accreditation requirements would reduce the burden on them. Suggestions included cross-recognition of reports and accreditation, sharing of data and the adoption of a minimum data set approach.

There was recognition in the consultations that regulation and reporting can serve a dual purpose of accountability to government for public money and a way to support continuous quality improvement. Organisations suggested a shift from a focus only on compliance to one that encourages and facilitates quality would help strengthen organisations, reduce the burden of red tape and support self-regulation and benchmarking.

The consultations discussed how data provided to funding bodies often disappears into a government 'black-hole' and cannot be accessed by organisations. Providing access to and analysis of local and regional data would help organisations plan for the future and measure their effectiveness.

Organisations also suggested that governments try to adopt a nationally consistent approach, where possible, for example in registration of worker schemes.

Good governance and leadership

What's working well

Training by the Australian Institute of Company Directors training has been found to be useful for community service organisation's board or committee members to strengthen their knowledge of corporate governance. Some organisations seek to ensure that at least one board member has completed the training despite the relatively high cost.

Challenges

Having a trained, skilled board was considered crucial by participants to ensure the sustainability and effectiveness of organisations. However, they noted that board training is expensive and difficult to access for regional and rural people.

Organisations discussed the need for better recognition of the burden on board members, who in the community sector are generally volunteers with their own separate jobs. Board members are facing increasingly complex organisational structures and compliance requirements, including decisions about mergers or acquisitions. The nature of community sector work also means board members can be required to make difficult decisions (for example, about people's eligibility for services), with an accompanying emotional toll. The increased focus on compliance by organisations and government can also make it difficult for boards to think and act strategically.

Participants reported that in regional areas in particular it is difficult to find board members, so people often sit on multiple boards, increasing the individual burden.

Community service organisations reported the widespread preference for skill-based boards means that some people are coming to boards with the right skills, but sometimes lacking the understanding of the organisation or commitment to its values and mission. Skill-based boards can also make it harder for local community members or people with lived experience of disadvantage to serve on boards. Organisations also risk losing local knowledge and understanding of the community that local board members can bring. For example, Aboriginal organisations reported that their board members live and work in the community and engage with community members on a daily basis, providing a valuable source of feedback.

Community service organisations also noted there is a lack of leadership development in the sector. They said many managers are promoted from the frontline without having well-developed skills in leadership or human resource management. There was discussion that mid-level and senior leaders increasingly require strategic thinking, the ability to drive change, the ability to drive high performance and accountability, critical reflection, analysis, business acumen, emotional intelligence, developing and motivating people skills, team building and conflict resolution. Youth

sector participants highlighted the need for leaders to have an understanding of human rights and social/ emotional health, and a commitment to recruiting and supporting people with lived experience. Aboriginal organisations noted the importance of leadership development for Aboriginal staff and emerging leaders.

Opportunities

Encouraging people to sit on boards builds community understanding of the industry and community service organisations. Some consultation participants felt boards could better reflect the diversity of the community, including cultural diversity, gender, age and life experience.

It was felt that community service organisations could also do more to ensure service users are encouraged and supported to participate in organisational governance. Consumers told the consultations that their representation on governing bodies was important to ensure organisations understood their needs better.

Consultations explored possible alternative governance models that may better fit the needs of modern organisations – for example a cluster of organisations (such as Neighbourhood Houses) could have access to a panel with legal, financial and other expertise. Board members could then be recruited with community knowledge and a commitment to mission.

Discussions in relation to leadership and managers raised the need for opportunities to better grow and support leaders, for example through mentorship programs.

Participants also highlighted the need for organisations to recruit leaders with skills in change management and resilience, and to be focused on system level change, beyond their own organisation. There was a view that leaders should have a genuine commitment to rights-based approaches and to training and nurturing the community sector workforce.

It was also noted that collaborative cross-sector leadership development from a range of sectors would be valuable. This could be through mentoring, conferences, networking events, research projects and collaboration on innovative projects.

Supporting organisational and industry readiness

What's working well

Peak bodies provide valuable support to community service organisations during periods of transition w by providing information, support and advocacy.

Challenges

Consultation participants noted the importance of long-term support for the Community Service Industry Plan, including resourcing of key initiatives and accountability for delivery.

They raised concerns about the increasing presence of for-profit providers in the social services space, including in aged care and disability support. Among the risks they saw were a reduced market share for not-for-profit community services, threatening their viability, and that for-profit providers may reduce the quality of services.

In addition, the consultations heard that funding availability and reforms like family violence, the NDIS and community aged care are encouraging new organisations to move into geographical areas and service types they have not previously worked in. There was concern that this is can threaten the sustainability of organisations who have history and experience in the space, discourage collaboration, and put at risk the relationship between people and their service providers.

Consultation participants highlighted the importance of preserving the industry's diversity, including services that deliver generalist services and specialist services that are targeted at a particular cohort of people.

Regional organisations noted regional specific perspectives are often missed in tendering processes. They and other organisations warned that rigid tender frameworks can under-value intangible things like local connection to community and commitment to ethical conduct.

There was recognition that community service organisations need business development and operations management staff, and should try to build workers skills in areas like business management, marketing and sales to help them thrive in the changing environment. But these are seen as a luxury and not supported in government funded programs. .

Opportunities

Participants acknowledged that increasing pressure on organisations can make it difficult for them to take the time to reflect on their practice and their success. Organisations were keen to focus not

only on their successes, but also to reflect on their failures and what they can do differently. But they reported needing time and flexibility to do so.

Organisations understand the importance of collaboration and partnerships to help them deliver joined up, person-centred care. There was a strong view that reducing competition between service providers for funding is one way to encourage them to work together more collaboratively. Government plays a role in enabling and fostering partnerships by creating an environment that is conducive to it.

Another firm view was that Aboriginal organisations should be lead partners where the partnership involves service delivery to Aboriginal communities.

The consultations also identified the potential of new partnerships, for example with universities in research, evaluation, program design etc.

Appendix A: Textit Live feedback from consultations

VIC DHHS Event

Bendigo

06 Oct 2017

**What are the good things about
the community services industry now?
0417 897 413**

Opportunities for change

Diverse funding streams

Innovation

Willing to take well informed risks

**Strengthening community
capability**

**Strengthening community
capability**

Specialist skills

Strong partnerships

We care

Adaptable sector

In 10 years, what words would you like to be
using to describe the community services industry?
0417 897 413

Empowered, Holistic, Accessibl Good Governance Flourishing
Workforce Of Choice
Energised
Diverse
Value Proposition
Driving Change Vital
Open
Influential
Strong
Desirable Workforce
Skilful Partnerships
Strong Identity
Desirable Career Choice
Integral Flexible
Viable Needed By All
Economic Contribution
Responsive
Accessible
Respected

Leaders
Partnership
Interconnectedness

Valued Across All Of Society Needed By All Victorians
The Words: Meaningful; Respons
Longer Term Employment Opportu

What is the most exciting idea you have heard so far today?
0417 897 413

Portable long service leave

**Sharing workforce-'cross
pollination ' of sector.**

**Employees 'shared' by several
organisations - almost a Group
Training model**

**7year contracts for community
service providers- allows focus on
outcomes!**

**Barriers and enablers to
partnership and collaboration -
great discussion**

**Are there any other themes or topics / issues
you would like to see captured?
0417 897 413**

Please don't use PCPs!!!!

**Governance groups must be
included in the discussions**

**Local government part of the
conversation**

**Attracting investment from other
stakeholders**

**Network opportunities, working
collaboratively. Services directory
??**

**Let's ensure we are an industry of
choice for people to want to work
in- people people!!**

**Alternative funding sources, social
enterprises and social innovation**

**The Child Protection system
specifically in this region.**

**Please use existing partnership
platforms to support the sector
(eg: PCPs) - please don't invent
any new ones!!**

VIC DHHS Event

Taralgon

09 Oct 2017

**What are the good things about
the community services industry now?
0417 897 413**

Real, on the ground experience

Knowledge

Passionate workforce

Welcome to gippsland!!

In 10 years, what words would you like to be
using to describe the community services industry?
0417 897 413

Leading Edge

Strong Partnerships And Collab

Respected Quality

Transformative

Innovative Wisdom

Desirable Career Choice

What is the most exciting idea you have heard so far today?
0417 897 413

**Gippsland learning dialogue.
Where practitioners , community
and researchers can embed new
learnings to improve outcomes**

**Being smarter with existing
partnerships etc**

**Centre for innovation and learning
in Gippsland**

**Flexible funding which is person
centred.**

**Reducing reporting
burden/regulatory demand**

VIC DHHS Event

Benalla

17 Oct 2017

**What are the good things about
the community services industry now?
0417 897 413**

**Benalla - Good things CS industry
now - responsive and caring -
Relational, empowering of
vulnerable.**

**Care & compassion of those
providing direct services.**

Collaborative

Advocacy

Skills and training

Passionate workforce

In 10 years, what words would you like to be
using to describe the community services industry?
0417 897 413

Rural Services Contain Sound K
Collaborative
Respected Coordinated And Agile
Economic Contribution Integral Skilled
Integrated
Thriving Community Led Well Funded
Responsive Accountable And Ada
Attract Investment Like Other

What is the most exciting idea you have heard so far today?
0417 897 413

Wicked issues - with the CSO.

Shared measurement and reporting

Another exciting point - tafe/uni have student project incubators - as placement option - to work on

Most exciting - enduring technology and models serve the 'human' in work flows and for client connection.

**Are there any other themes or topics / issues
you would like to see captured?**

0417 897 413

**Codesign of initiatives with
clients-- innovation**

**Govt delivering to sector - 'data in'
- analysis of data back ..**

**Other issues - the risks in
advocacy and pushing back - eg
commonwealth/state approaches
opinion and roll out of cashless
debit card..**

Economic development

VIC DHHS Event

Wyndham

20 Oct 2017

**What are the good things about
the community services industry now?
0417 897 413**

**Desire to empower others to
meet their own needs.**

**Opportunity to assist
vulnerable individuals to
build their power**

Expertise

Empathy

Diversity

Passionate workforce

Provide essential services

Strong leadership

Volunteers

Passionate workforce

**In 10 years, what words would you like to be
using to describe the community services industry?
0417 897 413**

**Connected and
trusted. Open to
change**

**Desirable career
choice**

**Responsive &
innovative**

**Responsive and
innovative**

**holistic and valued
sector that is
significantly
reduced as
structural causes of
vulnerability and
disadvantage are
largely addressed**

**Connected and
trusted, open to
change**

**Geared to work with
complexity of
clients' situations**

**Filled with highly
qualified, highly
paid and highly
motivated staff -
who are achieving
acknowledged
outcomes.**

Innovative

**Strong, skilled,
diverse,
collaborative**

Innovative

**What is the most exciting idea
you have heard so far today?
0417 897 413**

Neighbourhood Houses

**Are there any other themes or topics / issues
you would like to see captured?**

0417 897 413

**Research done with community
not on community**

Building a diverse workforce

**Australian philanthropy and
community service industry**

Active citizens not volunteers

Workforce Wellbeing

Social justice & human rights

Supporting risk taking

**Income support levels above
poverty lines**

**Supporting big picture
participatory democracy through
our work**

**-Growing privatization -climate
change impact - trends away from
Intermediaries. E.g. Uber**

Appendix B: Online Industry Planning Consultation Survey

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Introduction

The community services industry is experiencing a time of significant change driven by a number of State and Commonwealth Government reforms, as well as social and economic factors.

To ensure the sector can grow sustainably; maximise the opportunity of these reforms; manage the impact of changes, and meet increasing demand for services, the Human Services and Health Partnership Implementation Committee (HSHPIC), co-chaired by the Department of Health and Human Services (DHHS) and the Victorian Council of Social Service (VCOSS) is partnering with Victorian community sector to develop a 10-year community services industry plan for Victoria.

We strongly encourage you to participate in this opportunity to help shape the community services industry over the next 10 years. Whether you work in the industry, are someone who uses its services or are just interested in its future, we want to hear from you.

This anonymous survey asks about the vision for a 10-year industry plan, and is then divided into 10 priority areas, as outlined in the community services industry plan [discussion paper](#). We recommend you read the relevant section(s) of the [discussion paper](#) before answering questions on the priority areas.

1. Emphasising **person-centred services**
2. Emphasising **place-based systems and services**
3. A focus on **strengthening outcomes**
4. A focus on embedding **evidence-based approaches**
5. Funding to support **flexible, person-centred service delivery**
6. Ensuring we have the **workforce of the future**
7. New information-sharing provisions and **digital technologies**
8. A focus on best practice **regulatory frameworks**
9. Good **governance and leadership**
10. Supporting **organisational and industry readiness**

You can skip any section you do not wish to respond to.

Each section contains three questions and an optional 'further comments' section. The survey will take approximately 15-20 minutes, depending on how many sections you choose to complete.

*** 1. First, let's talk about you.**

What is the main type of service your organisation provides? (please select all that apply)

- ☐ Aboriginal and Torres Strait Islander
- ☐ Alcohol and other drugs
- ☐ Child and family services
- ☐ Community health
- ☐ Community legal services
- ☐ Community mental health
- ☐ Disability
- ☐ Emergency relief
- ☐ Family violence
- ☐ Financial counselling
- ☐ Government
- ☐ Home and community care
- ☐ Homelessness
- ☐ Housing
- ☐ LGBTIQ
- ☐ Migrant and multicultural support services
- ☐ Out-of-home care
- ☐ Sexual assault
- ☐ Women's services
- ☐ Youth justice
- ☐ Other (please specify)

*** 2. Where does your organisation operate?**

- ☐ Central Melbourne
- ☐ Outer Melbourne
- ☐ Barwon
- ☐ Central Highlands
- ☐ Gippsland
- ☐ Great South Coast
- ☐ Loddon Campaspe
- ☐ Ovens Murray
- ☐ Wimmera Mallee
- ☐ Statewide

3. How many people does your organisation employ? (not including volunteers)

- ☐ 0-19
- ☐ 20-49
- ☐ 50-99
- ☐ 100-199
- ☐ 200-499
- ☐ More than 500

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Developing a vision

The Community Services Industry Plan will articulate a vision for the Victorian community services industry over the next 10 years and the required steps and preconditions to achieving this vision.

There is an opportunity for the industry to articulate its common values and shared purpose that can assist in promoting it as an important and vibrant industry.

* 4. Should a 10 year vision for the community services industry include the following:

	Yes	No	Unsure
Building social capital and community resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a trusted voice for communities and people facing disadvantage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributing to the economy and public policy development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting people to be safe, healthy and live a life they value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How the industry will provide people with genuine and meaningful choice about their lives and the kinds of support they want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaking the cycle of disadvantage by identifying emerging issues and intervening early to tackle its causes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How the industry will collect evidence, backed by data and research, that shows how the outcomes delivered create real and lasting change in people's lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Unsure
Collaborating to provide integrated supports to people when they need them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisations and the industry being sustainable through stable funding sources, new philanthropic or social investment partners, job creation, skills development, social innovation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attracting and retaining a high quality workforce with employees of diverse backgrounds, experiences and skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What areas do you think are missing?

5. What are the good things about the community services industry now?

6. In 10 years, what words would you like to be using to describe the community services industry?

7. Before moving into each of the 10 priority sections, do you have any other general comments about the vision or the industry planning process?

Note: This is optional, and you will have another chance to provide comment at the end before you submit your response.

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 1: Person-centred services

PERSON-CENTRED SERVICES

The design of the current system reinforces a 'one-size-fits-all' response. It is also confusing and difficult for people to make sense of the system and find out what supports may be available. There is often no opportunity for people to exercise choice or control.

Person-centred support is a way of considering all of the influences on a person's health and wellbeing. Starting in childhood and continuing through the different stages of life, it is a way of designing services and supports in the wider context of people's lives to achieve long-term outcomes.

[Read more in the discussion paper here](#)

* 8. Do you wish to complete the 'Person-centred services' section?
(there are 9 more sections after that)

☐ Yes

☐ No (skip to the next section)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 1: Person-centred services

* 9. How prepared is your organisation to provide person-centred services?

0 - not at
all
prepared

1

2

3

4

5

6

7

8

9

10 - fully
prepared/already
providing

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

10. What do you see as the top opportunities for providing person-centred services? (list up to 3)

1.

2.

3.

11. What are the top challenges you foresee for your organisation regarding person-centred services? (list up to 3)

1.

2.

3.

12. Please feel free to provide any comments you have on person-centred services: (optional)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 2: Place-based systems and services

PLACE-BASED SYSTEMS AND SERVICES

Place-based approaches develop and implement community-driven local solutions to achieve health and wellbeing outcomes. Place-based approaches respond to complex issues in a way that suits local needs and conditions.

Place-based approaches build on local community strengths and draw on the knowledge and experience of local residents, services and businesses. They recognise that Victoria is too diverse for a 'one-size-fits-all' model to apply everywhere and for everyone when tackling complex issues of disadvantage.

[Read more in the discussion paper here](#)

* 13. Do you wish to complete the 'place-based systems and services' section?
(there are 8 more sections after that)

☐ Yes

☐ No (skip to next section)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 2: Place-based services and systems

* 14. How prepared is your organisation to provide place-based services and systems?

0 - not at all prepared	1	2	3	4	5	6	7	8	9	10 - fully prepared/already provided
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What do you see as the top opportunities for place-based systems and services? (list up to 3)

1.
2.
3.

16. What are the top challenges you foresee for your organisation regarding place-based systems and services? (list up to 3)

1.
2.
3.

17. Please feel free to provide any comments you have on place-based services and systems:
(optional)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 3: Strengthening outcomes

STRENGTHENING OUTCOMES

An outcomes-based approach focuses on the impact of services on people's lives rather than the actions taken by organisations. An outcome is the impact of a service on a person's wellbeing (e.g. in relation to health, safety or education). It is stated in plain, positive and compelling language and is specific enough to be measured.

Measuring and working to achieve outcomes, rather than solely measuring outputs, is central to creating a more targeted, innovative and effective community services system. It is an important enabler of system reform.

[Read more in the discussion paper here](#)

- * 18. Do you wish to complete the 'strengthening outcomes' section?
(there are 7 more sections after that)

☐ Yes

☐ No (skip to next section)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 3: Strengthening outcomes

* 19. How prepared is your organisation for working to a stronger outcomes-focused approach?

0 - not at all prepared	1	2	3	4	5	6	7	8	9	10 - fully prepared/already operating this way
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. What do you see as the top opportunities for working to a stronger outcomes-focused approach?
(list up to 3)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

21. What are the top challenges you foresee for your organisation for working to a stronger outcomes-focused approach? (list up to 3)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

22. Please feel free to provide any comments you have on strengthening outcomes: (optional)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 4: Evidence-based approaches

EVIDENCE BASED-APPROACHES

All types of evidence, such as administrative and program data, outcomes data, service-user feedback, research, evaluation and analytics, can be used at every level of the service system to help us:

- understand the problem we are trying to address
- choose an appropriate response
- determine whether the chosen response had the intended impact by measuring outcomes.

All this information contributes to building an evidence base that enables high quality decision-making.

Embedding evidence will ensure that services are offering the best value for money and that they are sustainable into the future.

[Read more in the discussion paper here](#)

* 23. Do you wish to complete the 'evidence-based approaches' section?
(there are 6 more sections after that)

☐ Yes

☐ No (skip to next section)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 4: Evidence-based approaches

* 24. How prepared is your organisation for working with evidence-based approaches?

0 - not at all prepared	1	2	3	4	5	6	7	8	9	10 - fully prepared/already operating this way
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. What do you see as the top opportunities for evidence-based approaches? (list up to 3)

1.
2.
3.

26. What are the top challenges you foresee for your organisation regarding evidence-based approaches? (list up to 3)

1.
2.
3.

27. Please feel free to provide any comments you have on evidence-based approaches: (optional)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 5: Funding for flexible, person-centred service delivery

FUNDING FOR FLEXIBLE, PERSON-CENTRED SERVICE DELIVERY

When funding models are designed and implemented well, they can contribute to better outcomes for people by supporting innovation, integration and effectiveness.

The current way that services are funded makes it difficult for organisations to tailor support to people's needs. It results in fragmentation and prioritises short-term and crisis interventions over improving outcomes for people in the long-term.

Funding is a key enabler of better service-delivery models. If we want to make a real difference for people, we need to fundamentally change how we approach funding to ensure individuals receive effective, coordinated support that is person-centred.

[Read more in the discussion paper here](#)

* 28. Do you wish to complete the 'funding for flexible, person-centred service delivery' section?
(there are 5 more sections after that)

☐ Yes

☐ No (skip to next section)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 5: Funding for flexible, person-centred service delivery

* 29. How prepared is your organisation for funding models that promote flexible, person-centred service delivery?

0 - not at all prepared	1	2	3	4	5	6	7	8	9	10 - fully prepared/already operating this way
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. What do you see as the top opportunities for funding models that promote flexible, person-centred service delivery? (list up to 3)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

31. What are the top challenges you foresee for your organisation for funding models that promote flexible, person-centred service delivery? (list up to 3)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

32. Please feel free to provide any comments you have on funding for flexible, person-centred service delivery: (optional)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 6: Workforce of the future

WORKFORCE OF THE FUTURE

Over the next 10 years, the profile of community and social services organisations, the workforce and the way services are planned, delivered and evaluated will change more significantly than they have previously. To ensure the industry is ready for the changes and the impact these will have on the workforce, a collaborative, industry-wide approach to workforce planning and development is needed.

We need a workforce that is ready to respond to changes and is capable of working in a reformed community and social services system. This will require the workforce to develop new capabilities. This will include the skills to respond holistically to people's needs and circumstances as part of person-centred, outcomes-focused services, and more coordinated (including multidisciplinary) responses.

[Read more in the discussion paper here](#)

* 33. Do you wish to complete the 'workforce of the future' section?
(there are 4 more sections after that)

☐ Yes

☐ No (skip to next section)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 6: Workforce of the future

* 34. How prepared is your organisation to support and build the workforce of the future?

0 - not at all prepared	1	2	3	4	5	6	7	8	9	10 - fully prepared/already operating this way
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. What do you see as the top opportunities for your organisation to support and build the workforce of the future? (list up to 3)

1.
2.
3.

36. What are the top challenges you foresee for your organisation to support and build the workforce of the future? (list up to 3)

1.
2.
3.

37. Please feel free to provide any comments you have on the workforce of the future: (optional)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 7: Information-sharing provisions and digital technologies

INFORMATION-SHARING PROVISIONS AND DIGITAL TECHNOLOGIES

The pace of technological advancement is moving very rapidly. New digital technologies and platforms are providing the basic building blocks to enable new capabilities and business models, intermeshed with information systems, customer experience, analytics and intelligence.

Currently, information sharing across the community services industry is fragmented and technology innovation and capability varies widely between organisations and sub-sectors. The industry will need support to make the transition to new technologies. This is especially important for small organisations that may have less capacity to invest in the required capital and human resources.

[Read more in the discussion paper here](#)

* 38. Do you wish to complete the 'information-sharing provisions and digital technologies' section?
(there are 3 more sections after that)

☐ Yes

☐ No (skip to next section)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 7: Information-sharing provisions and digital technologies

* 39. How prepared is your organisation for new information-sharing provisions and digital technologies?

0 - not at all prepared	1	2	3	4	5	6	7	8	9	10 - fully prepared/already operating this way
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. What do you see as the top opportunities for new information-sharing provisions and digital technologies? (list up to 3)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

41. What are the top challenges you foresee for your organisation regarding new information-sharing provisions and digital technologies? (list up to 3)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

42. Please feel free to provide any comments you have on new information-sharing provisions and digital technologies: (optional)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 8: Best practice regulatory frameworks

BEST PRACTICE REGULATORY FRAMEWORKS

The community services industry in Victoria is undergoing significant legislative and regulatory changes including transitioning to the National Disability Insurance Scheme, the introduction of minimum compulsory child safe standards, and the establishment of a reportable conduct scheme to better protect children from abuse and child-related misconduct.

Regulations should be efficient, effective, proportionate and outcomes focussed. Regulations play an important role in ensuring that every Victorian, including disadvantaged and vulnerable Victorians, such as children in out-of-home care, people with disabilities, and people experiencing homelessness, receive safe and appropriate services.

[Read more in the discussion paper here](#)

* 43. Do you wish to complete the 'best practice regulatory frameworks' section?
(there are 2 more sections after that)

☐ Yes

☐ No (skip to next section)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 8: Best practice regulatory frameworks

* 44. How prepared is your organisation for the introduction of best practice regulatory frameworks?

0 - not at all prepared	1	2	3	4	5	6	7	8	9	10 - fully prepared/already operating this way
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. What do you see as the top opportunities for the introduction of best practice regulatory frameworks? (list up to 3)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

46. What are the top challenges you foresee for your organisation with the introduction of best practice regulatory frameworks? (list up to 3)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

47. Please feel free to provide any comments you have on best practice regulatory frameworks: (optional)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 9: Governance and leadership

GOVERNANCE AND LEADERSHIP

Effective organisational governance and leadership is vital for achieving the overall vision for the community services industry and maintaining a sustainable and strong industry.

Community services are mainly well-governed and achieve outstanding results. A strength of community services is that they endeavour to represent the communities they serve, some having representative governance bodies. However, they face a number of challenges in maintaining long-term financial sustainability and achieving outcomes in the face of constant change and growing uncertainty.

Effective governance of community services is particularly important during periods of transition to ensure continuation of services and activities.

[Read more in the discussion paper here](#)

* 48. Do you wish to complete the 'governance and leadership' section?
(there is 1 more section after that)

☐ Yes

☐ No (skip to next section)

COMMUNITY SERVICES INDUSTRY PLAN Online Consultation

Section 9: Governance and leadership

* 49. How prepared is your organisation for good governance and leadership?

0 - not at all prepared	1	2	3	4	5	6	7	8	9	10 - fully prepared/already operating this way
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. What do you see as the top opportunities for governance and leadership? (list up to 3)

1.
2.
3.

51. What are the top challenges you foresee for your organisation regarding governance and leadership? (list up to 3)

1.
2.
3.

52. Please feel free to provide any comments you have on governance and leadership: (optional)

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Section 10: Organisational and industry readiness

ORGANISATIONAL AND INDUSTRY READINESS

The community services industry will be one of the fastest growing and most important to the Victorian economy in coming years. The industry will need to be prepared to find new ways of working to support this growth.

Organisational and industry readiness refers to service organisations' business and operational models and how they will transition and manage new systems and practices required to for sustainable growth.

[Read more in the discussion paper here](#)

* 53. Do you wish to complete the 'organisational and industry readiness' section?
(this is the final section)

☐ Yes

☐ No (skip to final opportunity to provide general comments before submitting)

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Section 10: Organisational and industry readiness

* 54. How prepared is your organisation to transition to and manage new systems and practices?

0 - not at all prepared	1	2	3	4	5	6	7	8	9	10 - fully prepared/already operating this way
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. What do you see as the top opportunities for the transition to, and management, of new systems and practices? (list up to 3)

1.
2.
3.

56. What are the top challenges you foresee for your organisation with transitioning to, and managing, new systems and practices? and industry readiness? (list up to 3)

1.
2.
3.

57. Please feel free to provide any comments you have on organisational and industry readiness: (optional)

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Any general comments before submitting?

58. Before submitting your response, please feel free to provide any further comments regarding the industry plan, the 10 priority areas or anything you feel has not been covered.

This is optional. To submit without providing further comment, please click the blue SUBMIT button below.

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