

REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

**INQUIRY INTO SERVICE COORDINATION IN COMMUNITIES
WITH HIGH SOCIAL NEEDS**

At Sydney on Friday 6 November 2015

The Committee met at 10.30 a.m.

PRESENT

The Hon. B. Taylor (Chair)

The Hon. G. J. Donnelly

The Hon. S. Mallard

The Hon. Dr P. R. Phelps

The Hon. P. Sharpe

CHAIR: Welcome to the final hearing of the Standing Committee on Social Issues inquiry into service coordination in communities with high social needs. Before I commence I acknowledge the Gadigal people, who are the traditional custodians of this land. I pay respect to the elders past and present of the Eora nation and extend that respect to other Aboriginals present.

The Committee will hear today from a range of stakeholders. I will make some brief comments about the procedures for today's hearing. Today's hearing is open to the public. A transcript of today's hearing will be placed on the Committee's website when it becomes available. In accordance with broadcasting guidelines, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography. I remind media representatives that they must take responsibility for what they publish about the Committee's proceedings.

It is important to remember that parliamentary privilege does not apply to what witnesses may say outside of their evidence at this hearing. I urge witnesses to be careful about any comments they may make to the media or to others after they complete their evidence as such comments would not be protected by parliamentary privilege if another person decided to take action for defamation. The guidelines for the broadcasting of proceedings are available from the secretariat. Media representatives who are not accredited to the Parliament press gallery should approach the secretariat to sign a copy of the broadcasting guidelines.

There may be some questions that a witness could only answer if they had more time or with certain documents at hand. In these circumstances witnesses are advised that they can take questions on notice and provide the answer within 21 days of receipt of the transcript. I remind everyone that Committee hearings are not intended to provide a forum for people to make adverse reflections about others under the protection of parliamentary privilege. I therefore request that witnesses focus on the issues raised by the inquiry's terms of reference and avoid naming individuals unnecessarily. Witnesses are advised that any messages should be delivered to Committee members through the Committee staff.

THOMAS NANCE, Community Sector Development Officer, Western Sydney Community Forum, and

BILLIE SANKOVIC, Chief Executive Officer, Western Sydney Community Forum, affirmed and examined:

CHAIR: Welcome.

The Hon. SHAYNE MALLARD: Chair, could I make a declaration that I had a previous relationship with Ms Sankovic. I reported to her at Liverpool City Council from 2013 for one year.

The Hon. Dr PETER PHELPS: I would like to note, Mr Nance, that the first week of November is always the hardest.

Mr NANCE: It is, but my brothers and I are struggling through it together.

CHAIR: I thank the Hon. Shayne Mallard. I do not think that is an issue. Would the witnesses like to make a brief opening statement?

Ms SANKOVIC: Thank you for the opportunity to be here today. We welcome the inquiry and the opportunity to share some of our experiences with the Committee, and particularly as they relate to Western Sydney. Western Sydney Community Forum is a peak agency. We lead and shape social policy and service delivery across the region. We advocate for and champion solutions for regional priorities and challenges. How do we do that? We are involved in leading a range of projects and initiatives that respond to community priorities, particularly working with communities that experience poverty and disadvantage. We also deliver services that strengthen the capacity of the services sector and the services system in greater Western Sydney to assist them to respond to individual family and community needs.

In essence, service coordination at all levels—at the client, community, service and system level—is the core business of Western Sydney Community Forum. Western Sydney is home to about two million people. That is almost half of the population of Sydney and close to one-third of the population of New South Wales. It is a large region to service. In Western Sydney there are pockets of communities that are facing entrenched and generational disadvantage and poverty. There is clear evidence of locational disadvantage in literature and research. I will not spend much time talking about our submission. We wondered how best to approach the submission. Our approach was to identify two high-priority locations in Western Sydney.

We selected Campbelltown and Blacktown, based on the Socio-Economic Indexes for Areas [SEIFA] data. We engaged specifically with services that were operating on the ground with clients and communities and identified what was working well and what could work better within that sample. In our submission we have presented recommendations on that and a couple of case studies that highlight the tangible outcomes of the initiatives. Recently Western Sydney Community Forum led a series of roundtables across the region. As part of that process we were able to engage with 270 representatives from various agencies, which was an extraordinary outcome. We were pleased with that level of engagement with and contribution to the roundtables.

The roundtables were within the context of the New South Wales Government's reform for the targeted earlier intervention program. That was the context and the catalyst for the roundtables. The themes and recommendations of the roundtables are very similar to the outcomes of our work in preparation for the submission to this inquiry. My colleague and I are happy to share details of that work today and to answer any questions. Thank you again for the opportunity to contribute. We are looking forward to the recommendations from the Committee.

The Hon. SHAYNE MALLARD: How did your organisation come about? What is the origin of your organisation?

Ms SANKOVIC: Western Sydney Community Forum was established 30-plus years ago, so it has a lot of history and quite a lot of credibility in the region. It was established initially to enable service coordination. As I understand it—and I was working in Western Sydney at the time—services were operating in silos in their geographic catchment and in the services they delivered. If a service focused on housing or

children there was no capacity at that time to pull those services together. That was one of the key reasons. It was also about sector development, looking at the industry and supporting the development of that industry.

The Hon. SHAYNE MALLARD: Did it come out of the community sector or local government or both?

Ms SANKOVIC: It was combined. There was a movement from the industry initially, and it then engaged with government. I did our budget recently, and 58 per cent of funding is from various levels of government. The rest is from fees and charges.

The Hon. Dr PETER PHELPS: You mentioned locational disadvantage. Does Western Sydney Community Forum have a view on the demolition of the old social housing estates and the salt-and-pepper approach to social housing?

Ms SANKOVIC: We do not have a position as such. I have been with the forum for 5½ months now, and we have discussed our position on that issue, but the organisation does not have a public position on it. My professional view, having worked in Western Sydney for 30 years, is that there are synergies between the data that tells us about locational disadvantage and the existence of housing estates, and we as an industry need to consider that issue.

The Hon. Dr PETER PHELPS: It shocked me to find out there were 200 separate organisations working in Mount Druitt alone. You mentioned that you recently engaged with 270 representatives of various agencies across Western Sydney. Surely the proliferation of delivery agencies cannot be good, because every agency would have to have its own administrative structure. Dollars that would normally be spent on frontline activities would, by necessity, have to be diverted to administrative costs. Is there an argument for a rationalisation of these agencies? I do not know how it would be done. For example, I do not know that the Catholic way of providing social services is any different from the Anglicare or Uniting Church way of providing social services. Is not part of the problem the dilution of resources through a multiplicity of agencies?

Ms SANKOVIC: Certainly, that is an ongoing conversation in terms of the industry not only in Western Sydney but more broadly. I might clarify something: Was that 200 agencies in Mount Druitt?

The Hon. Dr PETER PHELPS: Yes, in Mount Druitt.

Ms SANKOVIC: My understanding—and I may need to take this on notice because I do not have the data available at the moment—in terms of the service system in Mount Druitt, is that whilst there are individual agencies that are legal entities and therefore have back-of-house corporate functions they need to deliver, many of the services that are offered in Mount Druitt are outreach services of larger agencies. I am not sure whether the 200 are individual legal entities or a combination of individual legal entities and outreach services being delivered on the ground by larger agencies.

The Hon. Dr PETER PHELPS: But there is a significant problem of overlap, whether caused by siloing or source of funding. My guess is it is more likely to be funding. For example—this is a little further than Western Sydney—yesterday we were told that there are six separate providers in Bourke, a town of about 3,000 people, for mental health and drug and alcohol. That sort of fratricide of multiple agencies doing essentially the same thing but presumably being funded from different sources is an instructive lesson to government that perhaps their tendering processes are not as efficient as they could be.

Ms SANKOVIC: Our position is that integrated locally based, place-based services are the ones we see getting the outcomes on the ground—that is from our experience of the work we have pulled together. So the integration of services is critical. One thing that is clear is that there is—and we need—a response as an industry to siloed approaches in terms of both locational delivery and issue delivery. We were having this conversation some half an hour ago—the idea that having technical experts working separately around social issues like transport or housing. We now know that work needs to be integrated and whilst there is a need for individual initiatives around some of those things, we do not need specific organisations focusing on particular issues and an integrated and collaborative approach is more effective.

The Hon. Dr PETER PHELPS: Again, yesterday in Bourke we heard about the efficiency of single-facility communicators and a disinterested lead agency which would say, "These are the problems of this area and therefore we need to implement solutions to fix these specific problems for this area" rather than trying

to run whole-of-State approaches which say, "We have 17 separate areas of disadvantage, therefore we will apply a statewide program and you will slot a person in here and a person in there". Do you believe a move towards geographically discrete, smaller areas with disinterested coordinators to address social disadvantage is a better model to operate under even if that means devolution of funding and resources from central agencies to community facilitators?

Ms SANKOVIC: I might make a comment and ask Mr Nance to join in. Our view would be that there needs to be a facilitating body and a body that is driving from inception to delivery to measuring impact and outcomes to driving that—

The Hon. Dr PETER PHELPS: Something like The Hive in Mount Druitt?

Ms SANKOVIC: The Hive is one example, yes. I understand you did visit The Hive. Our case studies show that as well, so that facilitating partner—

The Hon. Dr PETER PHELPS: Do your case studies show that it is a successful way of doing it?

Ms SANKOVIC: The Hive or a facilitating partner?

The Hon. Dr PETER PHELPS: A facilitating partner.

Ms SANKOVIC: Absolutely, and that is certainly one of the key outcomes of success, the idea of a facilitating partner. One of the other considerations relating to your question is the capacity for geographically locally based, place-based—whatever we refer to them as—services to be flexible in responding. That is important and capacity for long-term investment is critical because we know from our work, anecdotally and based on research, that short-term interventions are about continually starting again, which is challenging. The other critical factor in that model is local relationships and local knowledge credibility and presence. When we talk about "disinterested and centrally based" partners, some work we have done shows that might not benefit a locally based approach. That does not mean that you create an organisation with one staff member and a budget of \$300,000 but it does mean that our work suggests you need a local presence, local credibility and local engagement. Perhaps my colleague would like to add something.

Mr NANCE: I am sure you have seen from your journeys across various disadvantaged hotspots that each local area is different. While "disadvantage" is a catch-all term we use, each area is nuanced. The disadvantage you see in Claymore, for example, differs from that in Mount Druitt or Blacktown—the 2168 postcode. You are right: It needs to be somebody who is interested in the coordination of these services. I know that Family and Community Services [FACS] have moved to a district-based approach which they are seeing slowly bring more success in terms of outcomes. That is really the way that community services provision is moving, at least in terms of funding bodies and the rhetoric around it, particularly with the targeted earlier intervention program reform which is being carried out at a district level.

CHAIR: You are appearing before us at the end of the inquiry process after we have been given a lot of information, so our questions to you are probably more pointed. In your submission your first barrier to effective coordination is sustaining relationships in the shorter funding cycle. That has been a constant theme throughout the hearings. In Bourke yesterday a gentleman who worked with the police youth club acknowledged that short time frames are difficult and they make competitive tendering harder. He also said that because of that people had been forced to partner in terms of submissions.

I thought that was very powerful. There is a theme that we have created competitive tendering and that has had a negative impact on relationships on the ground because people are competing, but is it that or the fact that it is competitive because we have so many providers and everything is interloping? I know that might be a difficult question, but it is a constant theme in submissions and evidence. I wonder if it is that by becoming more competitive we have forced this to the surface and realised a lot of people are doing similar things and sometimes forgetting the central person is the customer or the client.

The Hon. SHAYNE MALLARD: You mentioned "saturation" as an issue in your submission which I had not seen before.

Ms SANKOVIC: Yes, absolutely right. I have a couple of things I would like to share. First, in terms of the point about saturation, that demonstrates to us as a service and a leader in the region that we need better

service planning. I am convinced of that and it needs to be linked to priorities and needs locally—when I say "locally" I do not mean at a suburb level necessarily but local districts and things like that. It also needs to be linked with the level of resourcing and historically that is not the way investment was determined. At the moment we do not have the capacity to do that; that is the reality.

The reality is we know what to do but there are too many competing priorities and we can do only as much as we can do. Another point is that the work we do and the case studies showing us they are delivering tangible outcomes are not as a result of competitive tendering. They are as a result of strong relationships where agencies have been working well together and understand each other's roles and how by collaborating they are able to get a better outcome for the people they are working with. That is what the evidence we have tells us.

CHAIR: My background is as a nurse coming to Parliament in my frustration as a clinician seeing people not working together. You said the groups that get together have the best outcomes. That is a no-brainer for those working in service delivery. Why have we heard such great evidence—we have tremendous people on the ground doing amazing work—and yet service providers have got to this point of thinking they do not need to plan together or take that approach? We know we have to do something, so to help the Committee better understand how to come up with recommendations let me ask you: How did service providers get to the point of having all these providers jumping over each other but not being outcomes focused? I am happy if you do not wish to answer that but I am trying to understand how to pull back from this position. How do you think we got to this point?

Ms SANKOVIC: In my 30-odd years working in Western Sydney on the ground and in government at various levels my experience is that agencies and their people are absolutely committed and willing to work together. It is rare that I have come across people within the industry saying working together is not a good thing or they do not want to do it.

CHAIR: They say it.

Ms SANKOVIC: I hear the next question being: Why does that not happen? Why have there been gaps over decades? People say they cannot do it because they do not have enough capacity. That is what I hear.

The Hon. Dr PETER PHELPS: Do you think there would be more consultation if every contract entered into for government funding mandated 5 per cent on top of it explicitly for consultation purposes with other agencies operating in the same space?

The Hon. GREG DONNELLY: Compulsorily.

The Hon. Dr PETER PHELPS: If you made it a compulsory part of a contractual arrangement and—fair enough—not take out from the item for delivery of services, so a 5 per cent additional component explicitly for required consultation with other agencies.

Ms SANKOVIC: I would like to think about that. My first thought—and I will share it—is that I think they already do that.

The Hon. Dr PETER PHELPS: No, they do it essentially on an ad hoc basis, do they not?

Ms SANKOVIC: In my experience and in terms of the information we have, I would say, without the data in front of me or doing any research, anecdotally agencies would be doing at least 5 per cent if not more. I do not know that that is enough. That is my initial response but my colleague might like to add something.

Mr NANCE: I definitely agree with Ms Sankovic. My first thought was that we often attend interagency meetings both on a management level and on a staff level. A lot of mechanisms promote these conversations around partnership. Where organisations ultimately struggle is taking the next step in terms of prioritising their resources.

The Hon. Dr PETER PHELPS: They do not prioritise consultation and holistic approaches.

The Hon. SHAYNE MALLARD: It takes away from delivery.

The Hon. Dr PETER PHELPS: Because it takes away from delivery.

Ms SANKOVIC: Exactly.

Mr NANCE: Because at the end of the day a lot of services are more worried about the immediate picture. I have, for example, 24 people waiting to come through my door for counselling. I would love to get on the phone and talk to the mental health organisation down the road about how we can do things in partnership but where do I find the time. That is anecdotally what I hear.

CHAIR: Therein lies a fundamental problem. If you feel as a practitioner that you have 24 people waiting to see you for counselling but you do not think you need to bring in other services to help, that is not client focused practice. You cannot do that on your own. Do you think that perhaps a major barrier to that is another part of our terms of reference, that is information sharing? As long as that person knows they have 24 people waiting for them—and it was a constant frustration for me with patients and people saying, "I'm sorry, that's confidential". You are trying to manage the person. When I go back to my earlier statement and question to you, is that one of the barriers that has been created that we are living within that is not correct in terms of information sharing?

Mr NANCE: Having been to the first session that you had and sitting through all the presentations, I think when information was talked about at that session it was a lot around privacy. I think we need to go a step back in terms of reliable information in the sector in terms of what is going on, what organisations are out there and what organisations are funded to do.

The Hon. Dr PETER PHELPS: That came up yesterday as well.

CHAIR: The mapping.

Mr NANCE: I hate using the term service mapping because it is overdone.

The Hon. Dr PETER PHELPS: Go ahead.

Mr NANCE: There needs to be a long hard look at capacity across funding streams and ultimately it is difficult to get data from one source around what organisations are out there full stop. While you know privacy is something which will come into play, along the line I think there is a lot that organisations might be able to do around that once those problems come up. The first step is knowing what is out there, knowing who is who at the zoo. I think that is a massive barrier in terms of quality service planning. If we do not have that data there we can only do so much. When we talk about reform whether it is at a FACS level, a Federal level or whatever level, if we do not have the data about what is out there we are not going to be making the best choices we can and being client centred. We need to have that data.

CHAIR: Client focused?

Mr NANCE: Definitely.

The Hon. GREG DONNELLY: Some of what I am about to say is commentary, and you can choose to respond or not, and some are specific questions. Can I start by recognising a point and a frustration that we are experiencing, I speak for myself and perhaps others. As we have listened to witnesses and looked at these issues there is unanimity of goodwill; that is not in doubt or in question. But, it's the actuation of producing the results. I start with the comment in your opening statement that the essence of why the organisation got established 30 years ago, that is three decades ago, was the frustration over coordination of services. Here we are, I do not know whether today is the anniversary day of the establishment of the organisation, but three decades have transpired and I hazard a guess that what we are talking about today was talked about at the inaugural meeting. I do not say that as a criticism. This is taking a long time. I am not suggesting there is an answer but we are churning through something that has covered decades in trying to tackle these issues.

Ms SANKOVIC: I share your frustration. I think that what is important to recognise as well is some of the extraordinary achievements. I think one of the case studies in our submission particularly highlights that. That was a collective impact model down in Campbelltown that particularly looked at social housing. I should know the numbers off the top of my head but we were able to quantify that in terms of what that meant. That is an important factor to consider and when I think about that issue I think about also disadvantage and I think about communities and how things have changed.

The Hon. GREG DONNELLY: I will come to that point of successes in a moment. The other point I want to make is this: Mr Nance made the comment that each area is different. Each area is different, that is true, but there are some clear social pathologies existing in areas. What I am wondering is this, this is a fear I have, that above all of this examination of some real minutia and a high level of granulation of issues at a local level, at the broadest level of the ideas behind the paradigm is the academic thinking which is driving it. It is often not spoken about. We have only brushed against it in this inquiry. The universities and other places are where ideas are developed and brought into fruition addressing issues that are so significant in their magnitude that we—I use this example—we went to the hive and we have talked about backbone organisations in other settings.

There is a discussion about the importance of engagement and buy-in at a local level. That, for me, seems to be almost not necessarily bespoken, that if you are trying to get a community to lift, and we saw evidence at Mount Druitt and Claymore, wouldn't it be such a terrible thing that all we are doing is about to enter into or pass into a conceptual fad of dealing with an issue and this moves to something else later. This fundamental point, as I see it, I could be wrong, that local community, I use engagement in the broadest sense, that people do not want to be living in these circumstances or suffering these pathologies, but the people there, as we saw in Bourke yesterday, that realisation that it is something we want to shake off, like shaking the dirt or dust off my coat, once that is understood it is so enlightening it creates a momentum and a sense of; of course that's what we need to do and people want these things addressed.

We have to help them as opposed to the delivering of services that they might connect with. I know this is almost stream of consciousness, but it is not. It has been bothering me for some time and the Committee is hearing this evidence repeated again and again. I shudder to think that in some grand ivy league university they have hatched this thinking of engagement at the local level and that was done half a dozen years ago and in five year's time we will morph into something else because it is the next fashion in academia when dealing with issues that have been around for decades. You spoke in your opening statement about bringing people together and talking about what has one working and what could be done better and this issue of what has not worked was hopefully considered as well. In looking at working and working better and not working; what criteria is being used to discuss these things? Who says what is working and on what basis?

The evidence is coming in through submissions and oral evidence at hearings. We saw it yesterday at Bourke in documentation that establishes that there is a far greater level of consciousness from government through to the local community about looking at data and examining that data and desegregating it and breaking it down. Is this what is being used to make value judgements about the relative successes, or are you using other criteria and if so what are they? I will pause there. I could make a speech in Parliament but I am wondering. We all want to deal with these things.

The Hon. Dr PETER PHELPS: It is a legitimate question, how do you quantify success? Is it reduced DV [domestic violence] rates, reduced substance abuse rates, higher school attendance levels, better NAPLAN scores, or a combination of those?

The Hon. GREG DONNELLY: I hope we are moving all collectively across the board to this point of unanimity about some of the fundamentals that underpin what needs to be at the heart of any serious attempt to address these issues in the area which is seen to be, without value judgement, one that suffers great social pathology?

Ms SANKOVIC: There are lots of questions in that.

The Hon. GREG DONNELLY: Take it on notice, if you like.

Ms SANKOVIC: I might make a couple of comments in the time we have left. I might disclose that up until recently I was an academic at the Western Sydney University and still am in some respects.

The Hon. Dr PETER PHELPS: Tar and feathers.

Ms SANKOVIC: So, I think in terms of the question of how do we measure what's working and what's not working and whether there is any change, and I think from an industry professional perspective, we are absolutely measuring at two levels, and they are critical: That is at the community outcomes level in terms of school retention, reduced rates of violence, increased employment rates and so on. In terms of the work we do at

the forum that is our basis in terms of measuring change at the local, regional, State and country level. That is critical data that we must have and use. The other set of data that we use is performance based service level data around whether it is making a difference for communities. There is some tension around that. I can say with complete certainty that the data that has been collected, from an academic and professional point of view, through our funding streams, whether at the local, State or Federal level, is not useful to make decisions about how to allocate resources.

There might be value in occasions of service but we are not able, with the current data sets, that I have to say are resource intensive—and coming into Western Sydney community forum recently we had some good discussions about how we might be able to streamline those and get good data to tell us whether things are changing. But we are restricted because of our funding contracts and unfortunately the data we are collecting is not available for us to make any decisions about service improvements. Data is a subject that needs an inquiry of its own. The answer is really complex and that is the first comment I would like to make. It is a really important point.

The other comment I would like to make in relation to those issues is about delivering services and when people reach the crisis end of the spectrum versus building capacity and getting people in jobs and access to health services and so on. That whole area of community capacity building and community development is a critical element of our service system. Not only is it a soft entry point for people or communities and families that are at that early stage, but also a way that we can work on some of those issues, like housing and employment. I might leave it at that.

CHAIR: Do you have anything to add, Mr Nance?

Mr NANCE: No, I think my colleague has done a very good job in answering the question in such a short time.

CHAIR: She certainly has. I would like to thank you both very much for your time. We all understand how busy you are and we appreciate your time. If there are any further questions the secretariat will notify you. We would like you to respond within 21 days. We hope to come up with some really good recommendations.

Ms SANKOVIC: We are certainly looking forward to them.

(The witnesses withdrew)

JULIE HOURIGAN RUSE, Chief Executive Officer, NSW Family Services, and

ELIZABETH REIMER, Board Member, NSW Family Services, sworn and examined:

LOUISA McKAY, Director, Policy and Projects, NSW Family Services, affirmed and examined:

CHAIR: I now welcome out witnesses from NSW Family Services. Would any or all of you like to start by making a short statement, after which we would love the opportunity to ask you questions.

Ms HOURIGAN RUSE: I will make a short statement on behalf of NSW Family Services [FamS]. Thank you for the invitation to appear before, and speak with, the Committee. NSW Family Services is the peak body for non-government, not-for-profit organisations working with vulnerable children and families across New South Wales. FamS was established in the late 1980s, and we support about 200 services that provide prevention and early intervention services. Our vision is: safe children, strong families, supportive communities. FamS supports and acknowledges the commitment from the State Government to improve service coordination and ensure that children in New South Wales are safe and developing to their potential. We owe it to the communities, families and children experiencing social deprivation and disadvantage to seek out innovative ways to improve our services system.

There has been some improvement within the child and family sector in identifying needs and providing a coordinated response for vulnerable communities. There is also growing momentum and belief within the sector that positive community outcomes will be achieved when communities and organisations collaborate rather than working in silos. FamS often hears positive stories from members that demonstrate that good work is happening and that families are getting the early intervention services they need. The benefit of universal early intervention services such as supported playgroups is that there is no stigma attached to attending a playgroup. This type of work needs to be valued and maintained, as it enables services to engage vulnerable families who are unlikely to access other services for a range of reasons, which could include stigma, lack of confidence or fear of judgement. But there are still vulnerable children and families falling through the gaps and not receiving a service.

Local initiatives are not always aligned to broad, shared community outcomes towards which we are all working. Consequently, the result is disjointed community planning and poor service coordination. Complex funding arrangements also hinder service delivery and coordination. It is not unusual for a service to rely on funding from a range of sources which are pooled to deliver holistic interventions to clients. Funding streams complement each other to enable a service to offer a suite of approaches accessible to the whole community. Together, complementary funding streams support solid community projects. Conversely, removing or reducing one funding stream can have dire consequences for the whole community. It is imperative that services work together to ensure a coordinated response to reach those most in need. The most vulnerable families are often the ones most difficult to engage, and do not access services. The reasons they do not engage are complex; however, we know that extra time, commitment and innovation is needed to engage these families.

NSW Family Services is committed to using evidence based approaches such as strengths-based and child-centred practice to build strong relationships. Family Services working in NSW have the skills required to engage with families effectively, and support them to achieve their goals. The capacity to engage a family is vital, and an important component to keeping the family engaged in a well-coordinated system. FamS believes that a best practice framework that would improve service coordination is the collective impact approach. Collective impact will increase and enhance cross-sector collaboration, and will pull organisations out of silos and help the sector to start thinking about the system as a whole, rather than just about their individual programs. FamS believes that the Results Based Accountability [RBA] framework is the best way to achieve collective impact. RBA is a quality-improvement outcomes framework that can be used in communities and in organisations.

According to the Australian Early Development Census, children living in the most disadvantaged communities in New South Wales are not doing well and we need to do more. There are a number of disadvantaged communities that have not improved, and require urgent action. A strong coordinated service system requires a commitment from all stakeholders within a community to build relationships based on trust and respect with each other and, most importantly, with their clients. Building stronger communities and

ensuring that our most vulnerable children and families are safe and thriving is everyone's responsibility. We need to do better, and we can.

CHAIR: Thank you very much. Would anyone else like to add an opening statement, or are you happy moving to questions?

Dr REIMER: I am happy with questions.

CHAIR: I refer to your submission about your community report cards. A constant theme at inquiry hearings—it came up particularly yesterday when we were out west at Bourke—is that sometimes when a program is finished it is up to the service provider to write the report which, I assume, then goes to the Government for approval. The analogy is that the service provider may tick a box to say that they have done 502 occasions of services when they were meant to do 400, but there is nothing about the achievements of those occasions of service. In your community report cards is that something that you are alluding to? We do not know how these programs are delivering what they are intended to deliver.

Ms HOURIGAN RUSE: The very short answer to that is yes. The Results-Based Accountability framework sounds very simple but is premised on three questions. How much did we do? How well did we do it? Is anybody better off? The last question—is anybody better off?—is—

The Hon. Dr PETER PHELPS: That question answers your second question: How well did you do it?

Ms HOURIGAN RUSE: Often the answer to the question, "How well did we do it?" is captured in client surveys and satisfaction surveys. We can gauge some of that. Everyone captures the data on "How much did we do?" That is the output. The question, "Is anybody better off?" is really at the heart of outcomes measurement because it is about asking what positive impact—hopefully the impact was positive—we had on the client that we have worked with. It is not about curing clients or achieving perfection. We all work with complex clients who make incremental improvements. It is about saying, "Our client was at this point when they started, and we have worked with them using a range of interventions, and these are the positive improvements and impacts that we have made." That is reflected in the FamS scorecard and in the community scorecards of our members who are using RBA.

CHAIR: It is almost as if we have become so focused on the "output"—to use the other people's word—and we have forgotten the person we are trying to achieve the outcome for. That is quite staggering. In your first recommendation you talked about increased funding. Can I put to you that we spend a lot of time talking about how many millions of dollars we are going to invest in something. Do we need to start talking about the value of that money? When I look at it from my perspective as Chair of this Committee I see that the Government is putting a lot of money out there. It has increased funding in many areas but I am hearing that we are not getting value. When you say that there should be an increase in funding for early intervention and prevention is it more that we look at the value that we are getting from the enormous amount of funding that is out there already that is the issue?

Ms HOURIGAN RUSE: I do not think so. Recent Government reform has shifted the focus from early intervention towards children who are at risk of significant harm [ROSH] and the out-of-home care end of the continuum. In our sector we now talk about "targeted earlier intervention"—and for services that are working in this space that means earlier than ROSH or earlier than an intervention with a child protection system. What we are talking about is genuine early intervention—early in the life of a child and early in the life of a problem. Often services respond to different Government policy agendas by changing their focus. There has been a deliberate shift in the focus away from early intervention to working with children at the higher end of the continuum. There is certainly a proposition that needs to be answered about the value of early intervention services, but I also think that there is undeniable evidence that shows that when we are doing genuine early intervention work—early in the life of a child and early in the life of a problem—that it is preventing children from escalating—

CHAIR: Absolutely.

Ms HOURIGAN RUSE: I think when we are talking about the money that is being spent we need to look at where it is being spent.

CHAIR: We all agree 100 per cent. The evidence is conclusive about early childhood and everything. But I am seeing that we have multiple programs—many early intervention programs—working on top of each other. We have these programs out there—sometimes they are imposed; I take that on board—because we have acknowledged that we need to do early intervention and we are funding programs, but the planning has not happened so we may be funding three different programs that have similar recommendations. Perhaps if we look at that issue in a smarter way we may see huge savings so that we can spend more on targeted things.

The Hon. Dr PETER PHELPS: I could put it another way. You could have three two-year programs which are not going to be as effective as a single six-year program. Would that be a fair thing to say? The desire to get results quickly may result, for example, on concentrating on the two years immediately prior to entry into kindergarten, or kindergarten and year one. That sort of program is well and good, and may well get results, but a better program would be to do a nought-to-six years program or a two-to-eight years program, using ostensibly the same funds but over a longer period of time with greater certainty and surety, and ability to program for a longer period of time.

Ms HOURIGAN RUSE: I will answer first, and then I will see if my colleagues have anything to say. I think FamS's view on that is that there needs to be a suite of evidence based programs and evidence based practices that reflect the needs of the vulnerable children and families that you are working with. So, if a family comes into contact with a service and they need a short, sharp intervention to keep them on track, then that is what they should be able to access. If a family needs a much longer period of intervention—it could be months or years—then they need to be able to access that service. The difficulty with the way that programs are funded now is that they have some quite strict eligibility criteria. Often services need to drop a client like a hot spud or try to work out how to skew them into a different program, because they were only funded to work with that family for three months.

The Hon. Dr PETER PHELPS: For that particular issue.

Ms HOURIGAN RUSE: That is right. Kids with purple hair and blue eyes who come in on a Tuesday between 1 o'clock and 3 o'clock we can see but if they have a brother who has yellow hair, well sorry, we cannot see him. So the whole family needs to disengage with the service. Some of it is around the way that the programs are funded. If we could actually just say that we are going to work with vulnerable children and families and you need a suite of tools in your armoury to be able to respond, that would free up a lot of money and save a lot of duplication and enable services the flexibility that they want.

The services and the sector are desperate to have that flexibility. They want to be able to work with vulnerable children, without having to say, "How can I skew—" and that impacts on the data. Because services are quite open with their local district Community Project Officers [CPOs] that, in order to respond to this family, I need to fudge my data a little bit. And there are all those negotiations going on locally and everybody agrees that the family needs a service. So it becomes a bit circular, that we look at the data and we do not look like we are making a difference. But that is because we have to give the data that the funders are requesting and, in order to do that, we have to push square pegs into round holes sometimes.

The Hon. GREG DONNELLY: With respect to the suite of tools that you have referred to, is that essentially a settled matter about what the suite of tools is? I can see a nodding.

Ms HOURIGAN RUSE: No, a shaking, not a nodding.

The Hon. GREG DONNELLY: If that indeed is a contested area, could you elucidate on what arises from that being a contested area? Does that need to be settled before we launch out into this more holistic approach which, *prima facie*, seems to make sense, to use the pub test. Give them the flexibility to do it but just do it.

Dr REIMER: I think the pub test is that people will go to the people they trust before they go elsewhere and that is generally family and friends and people like generalist professionals—general practitioners [GPs], teachers, community nurses and early childhood professionals.

The Hon. Dr PETER PHELPS: Local people?

Dr REIMER: Yes local people or people at the local level.

The Hon. Dr PETER PHELPS: Is that not an argument for greater decentralisation of funding—decentralisation and greater flexibility?

Dr REIMER: Yes absolutely but let me just deal with this first. You have made the point that it looks like we have a lot of services out there that are intertwined and seem to be doing the same thing.

The Hon. GREG DONNELLY: To be clear, we have not made that observation, people who have come to this hearing as active people in community services and who provide community services, they have made that point time and time again.

Dr REIMER: I would say, just because something looks the same does not mean they are the same. We need to give people choice. So one of the complexities related to accessing a professional service relates to trust. And at the local level, in terms of local people who are providing these services—and I am speaking particularly from a regional, rural kind of perspective—people get to know who is in their local area. They know who they can trust and they realise who they cannot trust. So they need to be able to have alternatives of services that are providing a similar kind of service but different people are providing it.

So where there has been a breach of trust where they have accessed a service before—people go where they know and if they have had a poor experience before, that is going to stop them making a decision about going to that person or that service again. Just because they are services that look similar, they are still being provided by different people. So we cannot just assume that we are replicating what is already out there when we consider what is happening at the decision-making of the person who is accessing the service.

The Hon. GREG DONNELLY: We may not be able to provide that infinite choice though. Taken to its conclusion, its natural end point, every choice is considered a choice that needs to be respected. If you have 100 people, that is 100 choices. The fact of the matter is, that might be ideal in a perfect world but realistically 100 choices cannot be necessarily provided to 100 people.

Dr REIMER: But it does not need to be. We already have multiple people who go to the few services we have out there. I am just saying that replication is not necessarily people doing the same thing. Being able to provide a few choices is actually a very effective way of meeting people's needs.

The Hon. SHAYNE MALLARD: Are the people seeking that service aware of the different choices? Is there shopping going on?

Dr REIMER: In a sense, there is. People using services do go through a process of decision-making and testing of the people who they go and work with. So we need that kind of flexibility. You mentioned before about time to build consultation, so that is about relationships. So yes, there does need to be some aspect of time to build relationships for people. And people use word-of-mouth. If somebody they trust trusts the worker, they will go to that worker.

Ms HOURIGAN RUSE: You used the word "shopping" and I would hate to think that shopping is seen as a bad thing. Coming back to the Deputy Chair's question around how many tools and what does that look like. From a service perspective, a client can come in and you can start your engagement with that client and, for a whole lot of reasons, they disengage. That could be because they just do not connect with me; it could be because I am offering a parenting program and they have got children with a mental health issue; or they could have a whole lot of other reasons they need to disengage.

When that family is ready, they could then connect. They may come back to my service; they may come back to a different service. That is a choice issue, it is not shopping. Parents do not shop for services in the way that I make a conscious decision that I am going to go here to buy my shoes and there to buy my dress. It is a very different choice around who do I trust and who is offering me what I need now? And that comes back to some of the difficulty around programs. To clarify around the suite of tools, there are certainly evidence-based programs that have been rolled out universally and were considered to be the silver bullet that, if everybody delivered this program to everybody, we were going to solve the problems.

The Hon. GREG DONNELLY: Says who?

Ms HOURIGAN RUSE: I would dare say Family and Community Services [FACS] and the former Department of Community Services [DOCS] have rolled out programs. The Positive Parenting Program [Triple

P] is a very clear example of a program that was rolled out and there was expected to be universal results but some practitioners and some clients found it very difficult to engage with Triple P. That is not to say it is a bad program, it is just—

The Hon. Dr PETER PHELPS: It does not have universal applicability.

Ms HOURIGAN RUSE: No and if you want to maintain the efficacy of the program, you have to deliver it in the way that it was designed to be run. But that does not mean that everybody is ready to engage with the rigour and the level of commitment that they need in order to successfully complete that program at the end. What we talk about is that, within the range of evidence-based programs, there is a place for practice wisdom. You need some knowledge around trauma-informed practice; you need knowledge about strength-based practice. There is a place for evidence-based principles in your practice so that when I am engaging with a family, I can use the suite of things that I know to say: This is the intervention and the response that is appropriate for you. It is not about saying: You are coming through my door and I have to do this evidence-based program to you because that is all I have to offer. It is about responding to the client and being able to say: Okay, I might need to work with a client for several months before they are ready to engage with Triple P. It is not just that very strict program perspective.

The Hon. GREG DONNELLY: What you are saying is, there is a serious nuance in this.

Ms HOURIGAN RUSE: Yes.

The Hon. GREG DONNELLY: And sometimes we fail to understand how nuanced, but unless that is understood as being the reality of this from the start of the program, you then have people perhaps adopting it with expectations that are beyond what is realistic in terms of how it can be practically applied.

The Hon. Dr PETER PHELPS: Competitive tendering. I want to raise an issue that Greg raised earlier and that is yes, a number of service delivery organisations had problems of competitive tendering but we heard yesterday, in Bourke, that it actually forced organisations who had not previously collaborated on comparable areas, to work together for a change. It is hardly surprising. If you have a look at Defence tendering, you do not find single corporations providing tenders on particular products any more. They work collaboratively with each other to provide a better overall product in an attempt to win the tender. Would you care to comment on that view?

Ms HOURIGAN RUSE: Another nuanced conversation. The greatest struggle with competitive tendering is that it is almost always done within a very tight time frame. The sector often does not feel that there is transparency around what government is trying to buy. So in terms of services coming together—whether it is a consortia or a joint working arrangement or there is a subcontracting arrangement—services are often forced together at the last minute to try and throw something together in order to survive. And they say: I may have a very solid relationship with your organisation and it makes perfect sense, we have done a number of projects over a number of years and it makes natural sense. What has played out in recent reforms, and particularly Going Home Staying Home, was the sector realised, almost at the eleventh hour, that if they were going to survive they needed to put in joint working arrangements, consortia-type agreements. That threw very strange bedfellows together and many of those tenderers that became the successful tenderer, fell over before they started.

Competitive tendering, as a blanket "This is what we need to do" has the potential to backfire badly. If what government wants to achieve is a streamlined contracting process, if what government wants to achieve is managing fewer contracts, it would be a really good thing to say up front: This is what we want and that is the outcome we are trying to achieve. If the outcome the Government wants from its procurement process is fewer contracts to manage, then the sector can respond. Often what the sector hears is that all that the Government wants to work with are the large organisations.

The messages that we are hearing from FACS is what government wants to interact with are viable services. That changes the landscape completely in a competitive tendering environment. Competitive tendering becomes contentious for the sector when government is not clear about what it wants to buy and we keep asking all along: We just want transparency in what you are trying to achieve. Because often a competitive tendering process is not necessarily a contract management process. If a service is not doing its job and is doing bad work, then do not fund them any longer. You will not get an argument from the sector. No-one in the sector is saying

just because the service existed for 30 years it has a right to exist for another 30 years. We need to be really clear about what you are trying to buy and competitive tendering is not always the way to do that.

The Hon. Dr PETER PHELPS: No, but you do not reject competitive tendering. Would it be fair to say that the process which is undertaken was too short a time frame and unclear in what the actual Government outcomes were and if they were corrected, then it is not as if you have a material or philosophical objection to the tendering process. I will give you an example: You have an area of high social disadvantage and Mission Australia says: We can come in and take care of that. Alternatively, you get a consortia of specialist organisations: in truancy—Youth off the Streets, in domestic violence [DV], in substance abuse, in early childhood intervention. And the four of those might be small organisations that decide to band together and get into a tender which could possibly offer a better service than the single large organisation. Provided government is clear on what its outcomes are and that is, you still have one contract so far as government is concerned but you may have a situation where, through the collaborative effort of those four smaller delivery agencies, you get a better outcome.

Ms HOURIGAN RUSE: Yes and there is contestability and then there is: Let us just throw everything up in the air and everybody is up for grabs. And I think that is where competitive tendering puts a very big fear in the sector of: You do not value what we are doing. If you are talking about your example of four small services joining together, that takes time. Four boards need to get involved in who is going to be the lead and how that is going to work.

The Hon. Dr PETER PHELPS: But that is a continuation of a problem we have had for three decades now—a failure of organisations that deliver in areas of high social disadvantage to actually coordinate. If you have a problem with truancy, that truancy may be a result of the fact that the person cannot go home because mum has a substance-abuse problem; mum has got a substance-abuse problem because dad has a domestic violence problem; dad has a domestic violence problem because there is no viable employment for him in the community; and dad does not have any viable employment in the community because every year that he spent above the age of eight was truancy. The problem is clearly holistic in scope yet a proliferation of specialist agencies over the years has only tried to address one leg of a problem because agencies have not been talking to each other.

Dr REIMER: But that is sitting within the context of government saying, "You need to compete" and that has reduced trust and the silo funding that has brought that kind of situation about.

The Hon. Dr PETER PHELPS: You will not get any arguments from me on silo funding. I think it is ridiculous.

Dr REIMER: Okay, but that is what has been happening over the past 30 years. We have had the silo funding that says, "You can only work this way for these people for this long" and you have got the competition, which has reduced trust between services, and government agencies not sharing the data that they have collected at the local level so that the non-government agencies can make these kinds of decisions.

The Hon. Dr PETER PHELPS: That then leads me to a question which I asked earlier—that is, if part of the contractual relationship between government providers was an additional component of, say, 5 per cent on top of the contract price specifically for coordination—so you are not actually cutting into the money available for line items— would this produce better outcomes because you could then afford to budget time for consultation with other agencies working in your space?

Ms McKAY: Absolutely. We believe that. From listening to all the conversation, outcomes-based contracting is something that we feel would be important and that goes back to value for money around actually achieving for outcomes. Part of that is about the client being better off, but it is also about the quality of the work. Are you engaging with services within your community? And having that as part of a contract where you have to prove in evidence that you are actually doing that work and you cannot work in a silo. So the answer is, yes.

The Hon. GREG DONNELLY: Following on from Dr Phelp's comment about the commitment of an amount or X per cent, to the issue of data and the indicia that is used to measure and judge whether or not progressing is happening, we are going backwards or we are standing still. There is so much data around. You can go to the website of the Australian Bureau of Statistics and you can buy packages on anything in terms of data if you have the money. But, of course, each organisation has its own perspective on what it thinks is the

best indicia or the key indicants we should be using to make judgements about success or otherwise. Surely, in addition to great cooperation and sharing of information, a movement towards—if we can get to this—some broad consensus about what are the indicators or markers we should be looking at. We can get another beautiful program off the shelf and generate a whole lot of other stuff, but at the end of the day there are 20 things that we are going to be looking at and essentially we have all got to buy into helping to ensure that that data is maintained, replicated and then tested over time.

Dr REIMER: Sounds great. When do we start?

The Hon. GREG DONNELLY: So we are not looking at a histogram today and another one tomorrow and saying, "Yeah, but".

Ms McKAY: There are two different types of data that we can often get confused in. One is around community, which is what you are talking about in terms of indicators, and one is data about what the services are doing and if the clients are better off and what I was talking about before. There are lots of indicators already out there but often it is difficult to access them at a local level. So it is not even necessarily that that data is not there, it is often not released.

The Hon. Dr PETER PHELPS: Do you mean by government?

Ms McKAY: Yes. For example, we can get the data on the percentage of children who are now in out-of-home care at a State level and we can get data on the percentage of families deemed at risk of significant harm at a State level, but it will not be released at a local level. So essentially we strongly believe in collective impact and part of that is about—

The Hon. GREG DONNELLY: Is it won't or will not be?

Ms McKAY: We do not know why. We are actually doing a little bit of advocacy. Part of what we are saying is, "Why isn't it being released?"

The Hon. Dr PETER PHELPS: That is a very good question. How do you localise services if you do not know what the problem in the locality is?

Ms McKAY: That is exactly right. This is actually a huge issue. We do a lot of work with communities and our members around this and it comes up all the time. We do not have the local data. An excellent piece of data is the Australian Early Childhood Development Index—I think it has now changed to census. That is fantastic. I do not know if you know about that measurement? It measures how children are doing in their development in five different developmental areas and you can have a look at nearly every suburb. That is really great data but we do not have that on lots of other levels. It is probably out there but it needs to be released. Something they have in Victoria is called Community Indicators Victoria [CIV] and it is through Melbourne University. They actually have like a database of all the indicators and it is categorised into the communities so that communities can actually see what is out there. That is something that could be useful.

CHAIR: I am conscious of the time. I note that the Hon. Shayne Mallard has not as yet asked a question but I wish to make a brief comment first. This issue of data sharing is included in the terms of reference of this Committee and from my discussion with Minister Dominello about these terms of reference I know that he also recognises this as an issue. I want to reassure you that you are being heard and that we are working on it.

The Hon. Dr PETER PHELPS: You are not Robinson Crusoe.

The Hon. SHAYNE MALLARD: There is no doubt that there is demand for your services. You talk in your submission about collaboration and coordination. You also said—and I am paraphrasing here—that some organisations do not want to work with your organisation because they perceive that you are duplicating services they may provide. You spoke also about the concentration of services at one location at the expense of others. There is a structural issue here. As a peak organisation how do you establish relationships with other organisations? You talked about some of those being very informal, between individual service provider caseworkers. How have you established relationships and protocols? How have you communicated when you have identified a gap in services to the funding bodies—that is, the Government? "We have identified a gap here; it needs to be addressed." As a peak organisation do you let the Government know that there is an overlap

and a waste of resources in this concentrated area at the expense of the neighbouring area where there could be services?

Ms HOURIGAN RUSE: In response to Family and Community Services [FACS] localisation process, NSW Family Services [FamS] established a district reps program. We have had one of our members in each of the districts put their hand up to be our go-to locally. They are very well connected and respected within their local district, but we bring those 15 district reps together six times a year to talk to us—three face-to-face, three on the phone and then however many else we need—to really touch base around what is happening locally. Is it something that is just playing out in one particular district as a result of localisation in that concept of building local solutions for local problems or is it something that is more systemic across a range of districts? FamS as the peak is working to build relationships with the district directors. One of the challenges that all of the peaks are facing is that is a very different landscape for us to be working in.

Peaks have always had the relationship with a head office-type person. Localisation is certainly presenting some interesting challenges to the peaks. But we have worked very hard over the last year to get into all of the districts, to build those relationships with the district directors so that we could have those open conversations. We do not hold ourselves out as being an organisation that interferes in how relationships are playing out on the ground. But I can think of one very clear example where a service in a particular district came to us and said, "We know that the service down the road is not accepting referrals. That has been really problematic for us because we have waiting lists and we know that that is not working out." In those circumstances we would pick up the phone to the service and say, "Can we find out what is going on?" It is not our role to get involved in other people's contract management.

The Hon. SHAYNE MALLARD: Nor are you authorised?

Ms HOURIGAN RUSE: That is right. But certainly we would have conversations to say, "How is it going?" There are ways of us being connected. So we attend lots of local meetings, interagencies and—

The Hon. SHAYNE MALLARD: Would you feed that back to the FACS regional person? For example, would you confidentially feed that information about the dysfunctional service provider back to FACS?

Ms HOURIGAN RUSE: We have relationships where we can pick up the phone and say, "You might want to have a look at something." I certainly have no intention of putting FamS out there where someone is going to say that FamS dobbed on a particular service. Again, it keeps coming back to these relationships and we are working really hard to develop relationships in all of those districts where the district directors feel that they can come to us and say, "What are you hearing locally?" We can have those conversations. Our district reps are key in us being able to know what is happening on the ground.

The Hon. Dr PETER PHELPS: Do you believe that backbone organisations such as The Hive at Mount Druitt are generally applicable on a limited geographic basis? You would not have a statewide backbone organisation but do you see their utility in geographically localised areas to provide a centralised coordination for services within a particular area?

Ms McKAY: I think that you could have a backbone organisation that is at a statewide level as long as that backbone organisation is then going into a community and actually just building the capacity of that community to do the work. If a backbone organisation kind of sits itself in a community and they are not part of that community then that creates issues. For example, in the United States Dr Michael McAfee has the Promise Neighbourhoods—I do not know if you have heard of that but it is a collective impact initiative. They are the backbone for 60 communities across the United States. But they are not in those communities; they are just resourcing and supporting those communities to do that work. They have a set of indicators and outcomes and the communities' choose that. They are that kind of capacity building. I personally have a concern about a service just plonking itself in and saying, "We are now your backbone." I think it actually needs to come from the community and the community services within that and then the backbone can build that capacity. But I do believe you need a backbone to drive, coordinate and help to manage.

The Hon. SHAYNE MALLARD: If the service providers came out of the local community then there very much might be a direct service provider—which raises the issue I spoke about before with competitors and trust—with the kind of backbone that does not actually deliver on-the-ground services but is one step away and not seen as a competitor?

Ms McKAY: And that can be the case but I think that it can work in different communities in different ways. I think local councils can also have a role to play.

The Hon. SHAYNE MALLARD: We identified that.

Ms McKAY: A lot of them already have to do things like develop strategies and I do not think there is enough working together. Often you hear about communities doing their little work around developing a plan and then councils are doing their work developing a plan.

The Hon. Dr PETER PHELPS: And every service delivery organisation has got a plan.

Ms McKAY: And it is like, you know—

CHAIR: We do.

The Hon. GREG DONNELLY: My plan is bigger than your plan.

Ms McKAY: Yes, too many plans. I see that a lot and feel that there could be more work done in that area.

CHAIR: Thank you very much. We understand how busy you are and we appreciate you taking the time to come here to give evidence. It is really valuable and I cannot thank you enough for that.

The Hon. GREG DONNELLY: It is a very good submission too.

The Hon. Dr PETER PHELPS: What was the name of the statistics organisation?

Ms McKAY: Community Indicators Victoria.

CHAIR: We may have some questions to give you on notice. If we do, we ask that you provide answers to those within 21 days.

Ms HOURIGAN RUSE: Certainly. We would be very happy to provide any further information. And if you would like some information on Community Indicators Victoria we would be very happy to provide it.

The Hon. Dr PETER PHELPS: I want to look them up because as a Committee we often say, "We have recommendations but we would like to know things that have worked elsewhere." That seems like the sort of thing that gets to the nub of the problem, which is a lack of information upon which to make sound decisions on the basis of allocation of resources. If you have something that gets down to the micro-level of individual communities and subcommunities, that is a fantastic resource.

CHAIR: Thank you very much. We really appreciate it.

(The witnesses withdrew)

SUSAN GIBBESON, Manager, Social Development, Fairfield City Council,

KERRY ROBINSON, General Manager, Blacktown City Council, and

TONY BARNDEN, Manager, Community Development, Blacktown City Council, affirmed and examined, and

MARK TOUGH, Senior Minister, St Clement's Anglican Church, Lalor Park, sworn and examined:

CHAIR: Welcome to our inquiry. We appreciate you taking the time to give evidence. Would any of you like to make a short statement and following that we will ask you questions?

Ms GIBBESON: I would. Thank you for having me here today. Fairfield local government area [LGA] has been the most disadvantaged area in Sydney for some time. In 2006 Fairfield was the fourth most disadvantaged area in New South Wales and by 2011 this ranking worsened to become the third most disadvantaged area. Only Brewarrina in the Greater Darling has lower rankings. According to the Dropping Off The Edge report three suburbs in Fairfield are listed as experiencing severe disadvantage. Interestingly, two of these suburbs were not listed in the 2007 report and Villawood moved from being in the lowest 10 per cent of suburbs in 2007 to the lowest 5 per cent in 2012.

These statistics show that the level of disadvantage is worsening and the need for assistance is increasing. Disadvantage in Fairfield is persistent and widespread, with only two suburbs out of 27 having a socio-economic indexes for areas [SEIFA] index in excess of 1,000, meaning they have some advantage. Despite this level of disadvantage the community of Fairfield is engaged and active in working together to support themselves and their neighbours. Many organisations have been established over very many years and are embedded in the community. They are often based around specific cultural groups or neighbourhoods and assist in the settlement of new arrivals to Australia and also provide soft entry points for services to all people.

Between 2006 and 2011 approximately 12,500 people arrived from overseas to Fairfield. About 6,000 of these people were on humanitarian entrants and there are currently about 800 people on bridging visas with very little support at all and they are waiting for assessment. The local organisations are trusted by the community and accessible to all. These groups offer many services, often many more services than they are actually funded to deliver. In the last financial year council worked with 159 different organisations and ran five interagencies in an attempt to build networks, share information on services and coordinate programs and planning.

Despite this extensive work, additional resources are still needed to enhance coordination and improve the impact of services. Resourcing to facilitate backbone functions to provide centralised population level analysis of need, strengths and available services is one strategy that could be implemented. This could be expanded to a collective impact model for the area. Whatever strategies are introduced there must be sufficient funding for enough services in this area of high need and they must be robust, local and long term to address persistent and increasing levels of disadvantage in such a culturally and linguistically diverse community. Thank you.

CHAIR: Would anyone else like to make a short statement?

Mr ROBINSON: Thank you, Madam Chair. It is a pleasure to be here to present to the Committee, representing the largest local government area by population in New South Wales and the fourth largest in Australia. We have a current population of about 335,000 people and with the north-west growth sector over the next 20 to 25 years we will grow to in excess of 500,000 people. Our gross regional product is about \$11 billion. There are about 110,000 jobs within Blacktown to grow to about 180,000 jobs, so we are a very large council. There is currently about 2,000 employees within our organisation.

We are a very diverse city with both advantaged and disadvantaged communities. We have over 8,600 public housing households and an unemployment rate in some of our suburbs as high as 22 per cent. In other parts, in the newer release areas, we have combined household incomes of more than \$200,000, so there is quite significant diversity between the older areas and the newer areas. Our submission to you focused on two areas. Firstly, we strongly believe that local government can assist the State in evidence-based decision-making in planning. We are one of the few, if not the only, New South Wales council still producing a social plan. The

Local Government Act no longer requires council to produce a social plan but we have resolved that there is great merit in doing so and continue to do so each four years.

We use the World Health Organization's social determinants of health as our key planning framework. Our 2016 plan is being developed and is based on interviews with 2,200 residents and trend demographic and social data. Our social plan informs our delivery planning and is also used by our local organisations and agencies in their social planning. The second area of focus was that we believe that local government is well placed to facilitate local place-based partnerships. Our disadvantaged communities, particularly those in Mount Druitt, have been the focus of many well-intentioned New South Wales Government top-down partnership approaches, including community solutions, the C2770 board, community regeneration and One Place, One Plan. These partnerships are usually time limited to four years and involve periods of consultation, implementation and then the development of an exit strategy. This neither effective nor sustainable change is delivered by these top-down, four-year programs.

I am here with my community development manager, Mr Tony Barnden, and his represented council in these partnerships. We have also participated in a range of bottom-up place-based partnerships, including The Hive in Mount Druitt and FOCUS in Lalor Park. These programs have been driven by the local community and its organisations and have been effective in engaging communities and creating change. I understand that you have visited The Hive in Mount Druitt and met with David Lilley the project coordinator. We are also joined today by Reverend Mark Tough, the chairperson of FOCUS, Lalor Park, who will share his experiences in that project.

We believe local government is well placed to bring together communities, and State and Federal agencies to address social issues. For example, we established the Blacktown Emerging Communities Action Plan, with 34 agencies to support the integration of some 5,000 Sudanese refugees into our city. We are currently developing a similar strategy for the Syrian refugee community which is due to arrive in Sydney. Local government has the capacity but not the resources to facilitate place-based partnerships. We do not have the expertise or interest in addressing every social issue within the city but there are many issues where, if appropriately resourced, we think that council can be one of the most effective agencies for delivery of social change and we thank you for the opportunity to present to you today.

CHAIR: Thank you, Mr Robinson. Mr Tough, did you want to make a statement or do you want to head straight into questions?

Mr TOUGH: No, I am happy to head straight into questions.

The Hon. Dr PETER PHELPS: I would like to kick off with a question to the councils. Part of the problem you face is a problem not of your own making but a problem of the making of the State Government and the decision to have large-scale centralised social housing in concentrated areas which, whatever the intention at the time, has inevitably over a period of time and as need for social housing has devolved to people in greater and greater levels of social disadvantage essentially ghettoised social disadvantage in particular areas. Have you looked at the Minto redevelopment and the proposed redevelopment for Claymore and do you have views on moving away from a centralised approach to a salt-and-pepper approach to social housing within a broader mix of private housing?

Ms GIBBESON: I will answer that first. I am aware of those projects and in fact in Fairfield we had the Bonnyrigg Living Communities program, which was an excellent program that looked at intensifying public housing in Bonnyrigg Estate. It was the first public-private partnership which pre-dated those other projects you were talking about. It was very good. It had inbuilt and funded community development programs and social enterprises. It integrated training and employment opportunities and it was very, very good.

As you will be aware, that partnership has now collapsed and has been taken over by UrbanGrowth NSW so a lot of the community development and enhancement side of it, the social development side of it, has lost some of its intensity due to the reduction in funding. As to the rest of our LGA, while in the post-war development period there was a huge amount of public housing, from what I understand, a lot of it is no longer public housing—although public housing is about 10 per cent of our households—it is not in the same sort of estate presentation. We have a huge number of people—the number is quantified in my paper—also on Commonwealth rent assistance. We have a mix of social housing and very poor people in private housing. There are problems with that because they fall outside some of the Housing NSW programs that support lower income

households. I support de-intensification of estates, but in Fairfield it is not estate driven. The strategy undertaken in Bonnyrigg was excellent.

The Hon. SHAYNE MALLARD: What about Blacktown

Mr ROBINSON: I have said to Minister Hazzard that one of the greatest social problems in Western Sydney is the aggregation of disadvantage in estates. It is a significant and ongoing problem, despite divestment strategies. I have a strong view that the State ought to spread social housing through all communities. I know that there is an argument of nonsense in that, in saying that there should be public housing in Vacluse, but I think that it is fair that social housing is distributed across all communities. There would be significant social advantage from that.

I have an insight into the estates that is somewhat different from my role as the general manager in that I am a director of Link Housing, a community housing provider. I see from my work in that area how the aggregation of disadvantage is significantly problematic and worsens the problem overall. Prior to being the General Manager of Blacktown City Council, I worked for UrbanGrowth NSW, or its predecessor, Landcom, for some 12 years and was responsible for writing the development agreement for Minto with Housing NSW and Campbelltown City Council. I also did work on the feasibility of the redevelopment of Claymore. The outcome delivered in those salt-and-pepper approaches is a significant gain but there also needs to be a broader view of spreading social disadvantage across the whole of the community rather than just concentrating on dropping down by two-thirds those estate areas. The Minto development has been exceptional in social outcomes and returns to the State. It has been very positive.

Mr BARNDEN: I will add to that. The good example, for me, is the Lethbridge Park area in Mount Druitt. The New South Wales Government spent about \$15 million on renewing the three- or four-storey walk-up units. They house predominantly single males in their late twenties or early thirties who are ex-prisoners with drug and alcohol issues. The units have one and two bedrooms, even after the redevelopment. We have supported Housing in developing engagement strategies through a food kitchen, employment programs and work for the dole programs in that area.

The difficulty is that there are no role models. When everyone in that community is of a similar type, it is hard to do leadership development. We tend to work within communities using a strength-based approach to try to build the capacity of local leaders, communities and people such as Mr Tough and his team so that we are in a position to sustain that work. We know that government is not able to sustain it long term. When there are concentrations of people living in public housing, it is hard to do leadership development.

CHAIR: Thank you. I was talking to a taxi driver last night who came out of social housing. I am sure you have heard a million stories like his. He said that when he moved out of social housing and looked at his neighbours and at how well he was doing it made him more determined. He is working 14-hour shifts to support his children. The evidence is there to support everything you are saying.

The Hon. SHAYNE MALLARD: Congratulations on Fit for the Future. I know Fairfield did not make the cut.

Mr BARNDEN: We did not either.

Ms GIBBESON: We are financially fit.

Mr ROBINSON: We proudly failed six of the criteria.

The Hon. SHAYNE MALLARD: This is not an inquiry into local government. I am a creature of local government and I see the work that councils do on the social side that is underappreciated by the State. There is the opportunity to better coordinate services to your communities through the local government area. Someone said to me that they use local government boundaries for reporting, unofficially, because it is a common boundary within which to assess communities. We talked about that yesterday.

I congratulate you on continuing your social plan. In Blacktown and Fairfield there must be hundreds of service providers, government and non-government. How do you connect and communicate with them and tie that into your social plan? How do you feed that back up to the State to identify gaps and overlaps and to obtain efficiencies for your communities?

Mr BARNDEN: Once a social plan is adopted, we start planning for the next social plan. We have 330 to 350 organisations within Blacktown. We normally hold a workshop at the beginning and invite all the agencies to participate. We ask them to run many of the consultations and focus groups so that they have ownership of and a belief in that process.

The Hon. Dr PETER PHELPS: Did you say 330 to 350?

Mr BARNDEN: Organisations, yes. They could be church groups, Scout groups, funded organisations—probably only a fifth are funded. There is an incredible community spirit.

The Hon. SHAYNE MALLARD: Rotary and those sorts of groups.

Mr BARNDEN: Those sorts of groups, yes. We then undertake a consultation process. Some of it is online, but we tend to do interviews with people. We visit all the organisations, community events and festivals. We interview each organisation and find out what is working and not working for them and what emerging issues are on the agenda. We synthesise that with the data. We then consult with the sectors and ask: "Does this match where you are at?" Council then adopts it and we do two things within the community sector. First, we hold an annual conference that is attended by 150 local workers. It has a budget of \$3,500. There is not much money to deliver that. We choose a theme from the social plan and use that as a way of engaging people and developing dialogue on an issue. Many community organisations do not have the opportunity to attend a conference, so we provide that opportunity, to give them focus and to steer them.

We also hold a series of forums on key issues where we bring partners together and say, "This has been identified in the social plan. What are we going to do about it?" As an example, we identified in the last social plan that there was a gap for grandparents. Many grandparents were being asked to care for their grandchildren, there were complex issues involved and the grandparents were not coping. We pulled together 20 agencies for a day and said, "How do we work together?" Some services were set up and they applied for funding together and then delivered them.

The Hon. SHAYNE MALLARD: Did you fund that or did they apply for State funding?

Mr BARNDEN: They applied to the State Government and other agencies. We oversee the ClubGRANTS program, which allocates \$400,000 or \$500,000, but that is not enough to spread across the whole area. The State Government entities, through Family and Community Services, are involved in our planning and use the planning in their allocation of resources. It is also used by a number of agencies when they do their strategic planning. Within council we use the information to inform our four-year and annual planning processes so that key actions do not necessarily sit in the social plan but in council's integrated planning approach. It is often not our team, Community Development, that implements them; they might be implemented by other teams across the organisation.

The Hon. SHAYNE MALLARD: Fairfield has a different model, I imagine.

Ms GIBBESON: We do have a different model. We use the integrated planning and reporting framework. Our community engagement process within that is extensive. We do surveys, online and paper based, across the entire community. We make sure that we have a representative cross-section according to each suburb and demographic so that we get a broad view of the issues. That goes into our community strategic plan. We see our community strategic plan as being the community's. It is not council's agenda; it is directly fed from the community. To further inform that, we also hold forums with stakeholders to identify issues. Council runs five very large interagencies on a number of hot topic areas. Those interagencies are consulted. One of the interagencies involves 100 organisations. We get a broad base there. In addition, we meet with stakeholders.

Our community strategic plan is then dropped into our delivery program and our operational programs. Clearly, it is not just the community services department that are picking up projects for that. We have a raft of frameworks across a number of key areas. They are in ongoing development. They include health, economic development and culture. We undertake a finer assessment of the needs and strengths in our local government area. That also feeds into our delivery plan. It is not dissimilar but it is different. We have invested heavily in the integrated planning and reporting framework.

The Hon. SHAYNE MALLARD: Would you touch on your relationship with the State Government.

Ms GIBBESON: We have a number of partnerships, ranging from formal and informal. The longest running is with the local health district. We have been in a relationship with them for 20 years, through a number of different formats. It started as a consumer forum. It is now a high-level strategic partnership. Our mayor and general manager and the head of population health attend. It meets biannually. There have been programs and projects and we have had very good outcomes as a result. We work together on key health issues. Health is a major issue for our area.

We had a formal partnership with Housing, particularly during the Bonnyrigg project. That has dropped off a little as the intensity of work for Housing has lessened. As with any local government, I sit on committees with the Family and Community Services [FACS] branch that is involved in regional planning for local government. We are funded to run Families NSW through three local government areas. We go from the informal officer level to high-level strategic partnerships.

The Hon. SHAYNE MALLARD: Thank you. Is it similar for Blacktown?

Mr BARNDEN: It is very similar. We operate both informally and formally. We pick up the phone and deal with hot issues as they emerge, but we also operate formally. As an example, we have recently worked with the FACS regional office to run partnership development programs. CommunitybuildersNSW, which funds most community organisations, is due to expire at the end of June. Many organisations in our city are not sure how they will be funded in the future. We have been funded by FACS to work with local agencies to build their capacity to enter into consortia and partnerships and to look at how they can sustain and understand their business. We work on issues in advance but we also work on hot issues. Another example is Doonside, where there is a high level of child protection issues. We worked with them to establish an interagency and a focus area in the Doonside community to deal with that.

CHAIR: Mr Tough, would you elaborate on Lalor Park. The Committee visited The Hive. I was really impressed with what it is trying to do. Would you give the Committee some information on that.

The Hon. Dr PETER PHELPS: Would you outline why you thought it needed to start and how it operates in practice.

Mr TOUGH: It started in an organic way. Lalor Park shopping precinct is surrounded by public housing. The police map shows hot spots of crime surrounding the shopping area. Our church is across the road from that. It has always been evident that there are issues in our area. Over a number of years, different people have come into Lalor Park, have seen that and have sought to act to overcome it. An example is a Church of Christ minister moved into the area and started a community café and from that a number of different programs emerged; a community garden formed. Different things like that happened. People within the community gradually noticed the need and took steps to try to address those things.

Focus really emerged around 2012. A lady named Vanessa Hall from the Entente Foundation had been working with corporations to try to help them build trust with clients and within their corporations. She decided to try to apply her principles to a community and through LinkedIn, apparently, decided on Lalor Park as the place. She got to know different people. A number of us were already working together; the churches in particular had quite a strong bond. Through the Trust Bus Project other agencies, such as those concerned with mental health, started sitting around the table. Lalor Park Focus now has police, council, schools, churches and other community groups coming together every couple of months to talk about the things going on in Lalor Park.

One example I shared was I was part of a working group established trying to identify issues by Focus in the block of flats across the road. We became aware that a gang was standing over people, extorting money for protection and doing over the drug dealers. At the engagement barbecue we had we were told there was a problem that needed to be dealt with. I asked the FACS housing people at a Focus meeting how things were going. The police person did not know anything about it because everyone was too scared to report it. Our group shared what was going on in the area and action took place with the gang now arrested. That is a positive outcome.

We come together as different people talking about things we are doing and looking at ways in which we can work together. We also run different events to engender community pride. Recently we ran a competition called "Lalor Park's Got Talent". The talent of the lady who won the adult section, the over-18s, and

who suffers with many disabilities and would never have been involved with something like that was identified by two housing officers who visited her property and discovered her talent. A number of things like that are going on. We have council involvement, FACS housing involvement but it is not top-down involvement telling us what to do. One thing I appreciate is the way in which different people from these agencies have worked with us. In some cases, they have taken on a place in the community even though they might not come from there. That has also been very positive.

The Hon. GREG DONNELLY: Roughly when did the initiative start?

Mr TOUGH: Around about 2012 was when the Trust Bus Project occurred. In terms of the Focus agenda, that started formalising around 2013.

Mr BARNDEN: A brief example would be a program in Lalor Park called "Walk the Talk". It involves a group of 10 or 12 people who are in a walking group providing letterbox pamphlets. If they see a garden needing maintenance they leave a letter to say: "Did you know people in our neighbourhood will mow for you?" If someone has a great garden they will leave a packet of seeds and a thank-you note saying we really appreciate the garden. They report graffiti to council so that we can immediately respond. They report vandalism to Housing NSW. This initiative not only has physical activity and community building but also is efficient for council and other organisations. It is an example of a partnership project when people working together with little support—and I would encourage you to think about how to support community groups to do this important work—can achieve some really great things.

Mr TOUGH: As far as I am aware the Walking the Talk program is now rolling out to Doonside and I believe the person who ran the Trust Bus initiative is going to Orange in the next little while to talk with people there.

CHAIR: You talk about community pride and through programs you have fostered that with terrific results.

Mr TOUGH: The night that Lalor Park's Got Talent took place was soon after the two murders in Kennedy Parade in Lalor Park, the grandmother and young boy. On the Saturday following that there was a fête run by the local preschool in the park across the road from the shops attracting hundreds of people. Lalor Park's Got Talent was on that night. Part of the success was the community saying: "*Daily Telegraph*, you are saying bad things about us but there is a lot of good here". That is one of the things we are trying to promote.

Mr BARNDEN: Whilst social plans tend to focus on deficit, we focus on strength. If you look at the strengths of a community you can use the strength to overcome the deficits.

Ms GIBBESON: I feel quite torn when I sit in forums like this sprouting statistics on Fairfield because it sounds so terrible. Like Blacktown, Fairfield is actually a really happy place. The community is tremendously strong. We work with 159 organisations and there are probably another 150 smaller or different types of organisations that are not in our immediate ambit. Last weekend we had a children's day in our new adventure park and youth centre. There were thousands of families of all religions. The diversity is huge and the area is fun. People are not depressed; they have a level of resilience that is good. We have to remember that because the stats look horrible.

The Hon. GREG DONNELLY: We must search out the positives to get the complete picture.

Ms GIBBESON: Yes and part of it is because people like council and the different community groups are out there constantly doing things.

CHAIR: We have heard a lot of positive stories, too.

The Hon. GREG DONNELLY: Mr Tough, can you tell us approximately how many hours a week you spend on your work with this initiative? I am sure there are extra hours in the weeks leading up to a meeting.

Mr TOUGH: There are and in the weeks leading up to Lalor Park's Got Talent I had to get in a number of other people to preach for me so I had time to organise it. In an average week I connect with people in the community and it is hard to quantify that. The people at church will tell you when Lalor Park's Got Talent was

on my whole world was that for four or five weeks. Before meetings it does not take long to prepare. We have terms of reference but there is an informality about it. It is basically a networking thing bringing together different people to talk so the meetings are for a couple of hours every couple of months. On Monday I will be part of a working group meeting with people from housing, police, council and others. That will take a couple of hours so I may have two or so hours of meetings a month. Depending on the week there could be a couple of hours where I meet with different people.

The Hon. GREG DONNELLY: This might be an odd question but it would not be the first time I have asked one. We have seen individuals associated with communities, who might be associated with council or operating independently and who clearly have an almost palpable enthusiasm—such as Mr Tough who has an enthusiasm and a drive. Without being cute that requires a certain type of person—one with a vision and personality. Are we good at identifying those people? I do not mean we could do that in a mechanical way by listing criteria to tick off, but rather how do we recruit these people when they emerge organically? These people ignite interest and activity. Are we good at encouraging them or could we do more to deliberately source them by telling them they have a role in the community?

Ms GIBBESON: I have seen in Fairfield community leaders emerge and come out of the community. They are supported by the community. They are leaders with vision and skills. With limited resources we respect and assist those people and we resource them as much as we can so that they can strengthen their leadership.

Mr TOUGH: As I think about Lalor Park I think about some people who have been significant and who have actually come into Lalor Park but not with a Messiah or God complex thinking they are better. Often they have moved into the area. One person I am thinking of is the fellow who started the café. He lives in one of the roughest streets in Lalor Park with his young family. He has demonstrated his commitment to the area and he has great credibility. At the carols last year when he got up to speak a noisy, bustling crowd was suddenly silent. He was not a local but came to Lalor Park with the express aim of serving.

The Hon. Dr PETER PHELPS: Did he say he was going to start a café or did he do so because people were saying they really would like to have a café? Did he have the intention of starting a café or was it a response to a need of people there?

Mr TOUGH: I think he determined that there was a need for a community space for people to come together and associate. He thought a café was a way of facilitating that. By background he is a carpenter not a barista but he has picked up those skills. Lalor Park is unique in some respects in the way it was set up with its shopping centre area. The café has added life to that area. The shopping centre lends itself to bringing people together and the café has facilitated that.

The Hon. Dr PETER PHELPS: That is interesting because the activist ladies at Claymore said, "We have a bottle shop but we really would like a café".

The Hon. GREG DONNELLY: I remember that clearly.

The Hon. Dr PETER PHELPS: They do not want a café per se. They want a safe space to meet communally.

Mr BARNDEN: We started probably about five or six years ago a leadership development program in Mount Druitt with about 30 to 40 people involved in resident action groups. We found they were used to adversarial-type processes when we wanted them to build relationships. It is interesting you talked about bottle shops because in Mount Druitt we have 30 supermarkets, each of which has a bottle shop and the bottle shop is about 50 per cent of the size of the supermarket. We found it was easier to provide support to the resident action groups about their issues rather than develop them as leaders and throw them to the world. We have also found that it is important to have mentors. A lot of community leaders have great ideas but cannot navigate the system, so we find if you can connect a mentor with a community person there is—the word I would use is "authentic". If people are true to themselves, that works quite well.

The Hon. Dr PETER PHELPS: One of the things mentioned yesterday was the lack of a map of exactly what services are provided in a particular geographic area. Do you feel your councils could hit 90 to 95 per cent of knowing exactly what services are provided in particular geographic areas down to a suburb level?

Mr BARNDEN: Probably not. I would know all of the services that operate and we would have information about the services, but their catchments and their programs vary quite considerably. Often when we are beginning to work within a place or a neighbourhood we go and start talking. For example, the hive you talked about is now spending a lot of time talking to local schools and preschools to understand what happens. While we might have a service directly that describes where it is at that does not tell you how the service is operating or whether it has a waiting list. Once we know an area we do that. We would not be able to describe it in the level of detail you are asking for.

Ms GIBBESON: We would not be able to describe it to the level of detail you asked for. The Fairfield community is organised geographically but it is also organised in different cultural groupings. There are so many organisations delivering services that are not funded. We would know virtually all the organisations and general services that they are delivering but our knowledge would become less the higher the level of intervention, the pointy end.

The Hon. Dr PETER PHELPS: Would you be confident of knowing all of the funded organisations?

Ms GIBBESON: Yes. But, in Blacktown we would not know what their criteria are, their targets or their limits because it changes. I have to say that with the big shift in change in funded services there was mass confusion because nobody knew exactly who was delivering emergency relief. Nobody knew.

The Hon. Dr PETER PHELPS: One of the things we heard yesterday was the need for service mapping because they literally did not know what was available. They could not say with any degree of certainty what services were provided at that particular location?

Ms GIBBESON: Yes.

Mr TOUGH: At our last meeting we resolved our focus is to put together a document of some kind that maps that out, which is made available to residents in Lalor Park, whether electronically or hard copy, so people are aware.

Ms GIBBESON: There are links.

The Hon. Dr PETER PHELPS: Would it be useful if, as part of a contractual relationship with the Government, NGOs indicated the geographic area within which they are working and the services provided in that area for subsequent publication on a State Government website which you could extract from to create your own service directory?

Mr BARNDEN: We would have access to that information already. We have an online directory and once a year we contact every organisation and say, "Please update your material". When you go into this online directory you can use the words "homelessness, Rooty Hill" and it will give you the list of every funded organisation and non-funded organisation from a geographic point that takes you all the way out to 10 kilometres.

The Hon. Dr PETER PHELPS: Presumably you have done that using your own resources?

Mr BARNDEN: It is a program that operates in most councils, the Links Database. Most councils participate in that.

Ms GIBBESON: We have that.

Mr BARNDEN: The same database would give you information for all of Western Sydney.

The Hon. SHAYNE MALLARD: Is that intranet or external?

Mr BARNDEN: It is external.

Ms GIBBESON: You access it through all of our websites. It does not have the fine grain level of information you need and because funding is shorter term and things are constantly changing it is a fluid situation. There is still a huge amount of work bringing it down. In Fairfield what tends to happen, because of

the language issue—I do not know with other communities—is that a lot of the referrals are done word of mouth. When an organisation disappears or changes their funding, or whatever, people do not find it because of the trust level. You cannot underestimate the trust level. When big national organisations are suddenly coming in providing those services people do not trust them. Our community has a lot of trust issues with government. That is why the local is so important.

The Hon. SHAYNE MALLARD: We learnt at the hive that the community is well informed. The first question they asked was, "Who is funding you?" They had suspicions around the different relationships they have had with funders before.

Ms GIBBESON: Absolutely.

CHAIR: Thank you very much for your time. I want to thank both of you for your detailed submissions. We appreciate that and it is fantastic information that the Committee will use when it works towards its recommendations. I know how busy you all are and we have valued your time today. Thank you for coming.

(The witnesses withdrew)

(Luncheon adjournment)

JANE SANDERS, Principal Solicitor, the Shopfront Youth Legal Centre, and

PATTY McCABE, Social Worker, the Shopfront Youth Legal Centre, affirmed and examined:

CHAIR: Would either or both of you like to make a short opening statement? If you do so, afterwards we may ask you some questions.

Ms SANDERS: We have decided that I will make a really brief opening statement. As you would know from our submission, the Shopfront works with young people who are homeless. We are based in the inner city but we work all over the Sydney metropolitan area. We are doing an increasing amount of outreach. As we have said in our submission, we are thinking about community not so much in a geographical sense but in the sense of a particular disadvantaged community of homeless young people. Having said that, we recognise that there is great social disadvantage concentrated in certain geographical areas.

I know that the committee has been out to Bourke, which is really exciting. Hopefully you got to hear about some of the justice reinvestment that is being done there. That would have to be a pretty good example of good local service coordination. We are not focusing on a particular geographic area but on a particular demographic. We would really like to emphasise—given that we are a legal service and most of our clients are involved in the criminal justice system as victims, offenders or both—the apparent lack of coordination between Corrective Services NSW and other services in the community. I am referring particularly to the lack of a seamless transition between custody and housing. That is highlighted in some of the case studies that we have put in our submission.

If there is one thing that I would put on my wish list—one thing that I would like to fix—it would be improving coordination between the housing system and the correctional system. There is none at the moment. There are certainly some really good individual parole officers who know a lot of service providers, work well with them and refer clients to them. There are some, but very limited, accommodation services for people exiting custody—programs like Rainbow Lodge and other halfway houses. Housing NSW is the worst offender here. The policies of Housing NSW and a lot of community housing organisations who sublease properties from Housing NSW are such that you really cannot apply for housing from within custody and you lose your housing if you are in custody. So if there was just one thing we would like to emphasise as a glaring lack of service coordination—and something which could be fixed—that would be it.

That is my opening statement. It is by no means exhaustive but is one of the things that are in most urgent need of addressing. You would have to have lived under a rock not to know how overcrowded and overflowing our prisons are. You would also have to be very naive if you did not understand that large numbers of people in our prisons are not there because the seriousness of their offences justifies it. There are people who need to be in prison for a period of time; there are a lot of people who do not need to be there and who ought not to be there because their offending is low level. With proper accommodation and a proper transition from custody to the community those people would not be in prison. They are taking up space and costing the Government huge amounts of money. Particularly in the light of the overcrowding of our prisons, the need for better coordination between the outside and the inside is urgent. It is not just a pipe dream. It is not something that we should aspire to do in a few years; it is something that really needs to be happening now.

CHAIR: Ms McCabe, do you have anything to add?

Ms McCABE: I found that in the juvenile detention centres you can get access to help. I worked with the Juniperina Housing and Support Program. We had access to the young people so that we could work on their applications, but not the adult prisoners. There is a really big difference between juvenile facilities and the adult facilities, where you cannot help and you cannot really communicate with the prisoners—you just have to wait until they are out before you can help.

CHAIR: Ms Sanders, I am really keen to keep to the reference of the inquiry. The inquiry is not looking at some of the things you were talking about such as the numbers of people who are in jail but who should not be in jail. That is out of our scope. You have brought that issue up so I would like to take you up on it. Are you saying that because of the lack of service coordination, in terms of communication, that people are reoffending and ending up back in prison? Are you saying that there needs to be better service coordination? I see you are nodding your head. How do you see that as happening? What are the barriers and what are the solutions?

Ms SANDERS: I am not just saying that people are reoffending due to lack of service coordination, although that is part of it. There is a case study in the submission called Harrison. I predicted that unless he was properly supported he would face a bleak future of being homeless upon his release and almost inevitably returning to prison. Guess what has happened since 18 August, when this submission was made. He was released on parole. He was released into temporary accommodation—a boarding house. That only lasted him a few nights. He was homeless and missed a couple of appointments with his parole officer, was breached and returned to custody. So people are not even necessarily reoffending. Their parole is being breached and revoked because they are not keeping in contact with parole officers or because they are failing to adapt to lawful community life.

CHAIR: How does that relate to the service coordination that the inquiry is looking at?

Ms SANDERS: There really is no coordination between Corrective Services, which runs the correctional centres, and agencies which provide accommodation, including Housing NSW. Ms McCabe spoke about one important thing. Non-government agencies might provide housing or social workers and case management to help place clients into accommodation. It is incredibly difficult to get access to clients in custody easily. You can go and visit, of course, but that is not always easy and it is not always quick. It is incredibly difficult for clients to make phone calls, to participate in assessments and to complete forms. There are services and programs officers inside the prisons. There are welfare officers—although the number is dwindling—who, in theory, can facilitate some of these things but they are really overworked and under-resourced. There is a great degree of doubt as to how far their roles extend, where their roles end and where the parole officers' roles begin.

There is an incredible lack of coordination. One of the problems is the policy of Housing NSW. If you are in one of their properties and you are in custody for more than three months you lose your housing unless there are exceptional circumstances and you can negotiate to keep it for a bit longer. Understandably, Housing NSW does not want to have properties sitting vacant for long periods of time—we have a housing crisis—but that has to be balanced against the risks and the problems that will occur when somebody is released from custody; they no longer have a home to go to and are homeless.

CHAIR: You are saying that we need all those people to be communicating to work out a plan that is best for the person.

Ms SANDERS: Definitely. There needs to be a bit of a policy shift. Also, if you are on a waiting list for public housing your place on that waiting list gets put on hold if you go into custody. You do not get thrown off the list—I do not think that you get put to the bottom of the list—but your application gets deactivated and you sit there in limbo. When you get released you have to reactivate your application.

That lack of coordination also extends to drug and alcohol rehabilitation programs. The Drug Court program is fantastic. It is an example of coordination. There is the court, the prosecution, Legal Aid, Drug Court clinicians, quite a few community-based rehabilitation services and NSW Health all on board. There are often some community housing organisations there as well. All those organisations collaborate to get the person into the detox, rehabilitation or housing programs they need. It can be done. The evaluations that have been done of the Drug Court show that the outcomes in terms of reoffending are better for Drug Court participants. General health and quality of life outcomes are better.

The costs compare well to the costs of keeping people in custody for extended periods as opposed to being in the community. That is an example of how it can be done but unless you are fortunate enough to be within the Drug Court's catchment area and within the criteria, which are quite narrow, getting into a rehab program or any form of housing—long-term, stable or any form—from within custody, is incredibly difficult and it does not need to be.

The Hon. GREG DONNELLY: Thank you for coming along today. My questions are not to do specifically with the service you provide. You will probably have some insights gleaned from dealing with clients—that might be the way to express it—and the issue of the overlap and multiplicity of services that are available to assist particular cohorts, either generally across the State or perhaps within a particular community itself, geographically based. Time and time again we have heard the story of services in some instances competing with each other directly, although that was never intended to be the case, and of difficulties of people who particularly need those services just not really having an awareness, let alone a connectivity, to them. I am

wondering, in the context of all the good work you do with young people, could you elucidate on anecdotes or experiences or general feedback you have had dealing with young people who have come to see you in this whole question of services and how they are able to utilise them? It is an open question, but deliberately so.

Ms McCABE: It is a good question. I have not found services competing; I have found collaboration mostly. I guess the institutions that are there where young people might come through—our cohort coming through—is where we capture people in need and then introduce them to services. So in terms of awareness, here is an example from this week—I will keep it fresh.

I am working with a young man who was at Housing NSW in Parramatta. He was acting very loudly and erratically. He had been in and out of housing, was homeless, had no success and he is 24 so he has been doing this for a few years. He was identified by an outreach worker from a service that Housing NSW Parramatta connects with and in the course of a discussion it was discovered that he was representing himself legally and it was not going well. So this outreach worker referred this young man to the shopfront. Via that process, it was apparent that he needed investigation for a possible intellectual disability. That was pursued and done. It was picked up that he had an intellectual disability.

I then started working with him. I was able to introduce him to services. He had never had counselling. He had anger management issues that he identified that were causing him a lot of trouble but he had never had a counsellor before. He did not know he had an intellectual disability. You explain that to someone carefully and explain how that might be impacting their life. He knew he had two very serious physical disabilities and he had based his housing application on that but it was declined because he could not really fill out the forms properly. But he did not know that.

So through lack of awareness of services, by his behaviour in Housing that day, by a worker being there to pick him up and link him in, that is sometimes how people are found, by their behaviour. And a lot of people avoid that behaviour but when you go towards that behaviour, you actually discover what is behind it. At the age of 24—he is 25 next week—he is getting his first services and we are able to appeal his priority housing application and take a very personal approach with him. So that is an example of somebody who was not aware but who became aware at the upper end of our age group.

As far as overlap, we work with Sydney Youth—

The Hon. GREG DONNELLY: Before you go on, that seems to be a tragic example, that he has got to that age and it is really the first time or if not the first time, it is the first time where he has really been engaged with thoroughly, to get to the nub of the problem.

The Hon. SHAYNE MALLARD: He bumped into a worker. How did that happen, was it just a coincidence?

Ms McCABE: No, that worker is there probably once a week for a couple of hours.

The Hon. SHAYNE MALLARD: It happened to coincide—

Ms McCABE: He was there enough to be found. He is well-known in this office, I have since discovered.

The Hon. SHAYNE MALLARD: They referred him to the worker, do you think?

Ms McCABE: Probably. They say that they will refer to the worker.

Ms SANDERS: I think that is how it happens. I think that the staff at Housing NSW identified that there was obviously something going on and I think got the outreach worker to pick him up. It is sometimes the case and I think it may have been with this client. Although I do not know him well, I know a bit about his circumstances. It is sometimes the case that families try to work with these young people, try to access services, try to keep the young person at home. Things break down, for one reason or another, or the young person wants to live independently, as most young people at some stage do and then they are out on their own having, to some extent, been protected from the world or had their family as intermediary.

So sometimes that might explain how somebody can get to that age without being engaged with any services. But a lot of services that people rely on, including Centrelink, Housing NSW and the like, perhaps of necessity, tend to be quite bureaucratic. You do not necessarily have the personal, individual attention. So much of their services now are provided by call centres or sometimes perhaps online. You are not necessarily getting face-to-face contact where the staff can pick up that this person might be having some difficulty.

In relation to young people and awareness of services, some of the young people we work with have been in the system—should I call it that—for quite a while. They have been around a lot of youth refuges, they have been homeless for a while, they have been to Centrelink, they have been to Housing NSW, they have been in juvie, they have been involved with DOCS and Family and Community Services and they do know a lot of services that are around. Some of those young people are quite sophisticated service users or they become that way, but I think they would be a real minority. I think there are quite a lot of kids and young people who know there are services out there but how to actually advocate to get the best service for themselves is very difficult.

The Hon. GREG DONNELLY: Ms McCabe, I apologise, I interrupted you. You were about to go into some comments about the overlap.

Ms McCABE: We work with a group called the Sydney Youth Homelessness Hub which we have put forward as a good example of coordination because we meet twice a month, there is a Sydney group and a Sydney South group. The services that are member services—maybe up to 15 services—meet and coordinate and we can get very specific with clients, whether it is co-case managing their needs or just sharing ideas about what would be a good next step for somebody. Those meetings are regular. There is also the brokerage money that is managed by that group which is very helpful, because that is really the only money that all those services—some have little amounts—but we tap into that pool with application forms to meet the needs of our clients. In that way it is very collaborative. I certainly have not seen the competition.

When you say "a service", a service might be one person. There is the Beaches Outreach program with one or two workers so you cannot really call that "overlapping services", when it is one person. It might sound big, but it is actually very small and it needs that interrelationship with other services to refer back and forth. A lot of clients of the shopfront come from those services which could be very small or larger. I do not see overlap or anyone not wanting to work together, especially if they are geographically bound or bound to their site. And I make the point about outreach in the submission that that allows for better coordination when people can talk and get out.

The Hon. GREG DONNELLY: It has come through, at least implicitly if not explicitly, from some witnesses that as there has been this movement towards—I am not being political here—this is about the general trend towards involving non-government organisations [NGOs] and engaging them across years. There is some tension when tenders come up for taking on a particular project or whatever the case may be and engaging in a contract. So perhaps the word "competition" is not the ideal word to use but certainly, a degree of friction or interaction from time to time which could be problematic.

Ms SANDERS: I think certainly we could say, particularly during the Going Home Staying Home process when NGOs had to tender for all the services, there was a lot of fear around that process. It was unknown, new and I think there was quite a bit of competition or competitiveness then, because a lot of small, community-based NGOs felt that they were fighting for their existence. I do think there may have been some unhealthy competition around with fear and distrust but I think we are coming out the other end of that now. In some areas we are still working out who is providing what service. But now that those services are up and running and embedded in the community, I think we are definitely back to collaboration. I think the natural instinct and culture of NGOs is to collaborate.

Ms McCABE: We see the benefits of where the funding went and introduce our clients to that. So it is all about finding the service for the client and wherever that service is, we will find it.

The Hon. Dr PETER PHELPS: I would like to pick up on something Ms McCabe said. You mentioned, as part of the Youth Homelessness Hub, you case manage. As lawyers, everyone case manages their clients, but in relation to the Youth Homelessness Hub, by "case manage" do you mean one person there is assigned to look after a person in their holistic sense, not just their legal issues but also health, substance abuse, housing—a range of issues? If so, how does that allocation of case management take place?

Ms McCABE: Sometimes it is who they were introduced to first. I case manage for shopfront clients so I can do that range of activities and where that leads. If, for instance, a member of the Youth Homelessness Hub looks after young parents, you can co-case manage with that person looking after the needs of that person as a young parent or impending young parent while someone else is looking after their legal needs, or managing their court support. Sometimes there is a range of issues. Some of the services have education on-site so they might be handling that part. But if they pick up that that person has a need beyond what they are doing, that is where we can also collaborate and discuss. Usually there is a lead case worker with someone or, if that person is changing services, there is a hand-over between people. There are lots of times when communication is important. But how they find the original service is often by age profile, a needs profile. If they are about to become a parent, that is a different category of life stage need, whether they have legal issues or not.

The Hon. Dr PETER PHELPS: If I can go further, the hub arrangement surely value adds to your normal work as a case manager for a legal issue, by providing you with access to a whole range of other streams of benefits?

Ms McCABE: Yes.

The Hon. Dr PETER PHELPS: Is it an additional responsibility, above and beyond your normal responsibilities in managing your client or are you being burdened additionally by case managing a range of issues or is it a multiplier for your initial arrangement with your client?

Ms McCABE: I would say it is a multiplier because it is the vein we go to to get information and to share information. To get the financial resources you apply to that hub, you make a case for your client on what their need is. So it is an important place to tap into knowledge and resources for that client's needs and also to share advice from the wealth of experience. But there are quite a few inter-agencies and you pick out the ones that are most useful to you and your clients. For us it is two meetings a month. I go to one and my colleague goes to the other and it is important collaboration time. So no, I would not consider that a burden.

The Hon. Dr PETER PHELPS: Following on from that, it is still an additional amount of time which you would not normally do under a siloed arrangement where you would say, "I am going to deal with this person's legal issues". Is there an argument that you should be compensated for the additional time? Or is it of such utility that, in fact, that additional time makes up for what you can do for that person?

Ms SANDERS: It is time saved, it does.

Ms McCABE: Yes.

Ms SANDERS: Things like, for example, the amount of time I, as a lawyer, might spend waiting around at court hoping my client turns up or on the phone trying to get them into a rehab program because the magistrate has said, "You go to rehab or I am going to put you in jail" or organising a range of things, even just trying to keep in contact with the client so that I can get instructions from them on their legal matters. The amount of time that a lawyer would spend on those sorts of things, if the client is not being properly supported and case managed is huge. I know as a lawyer—and I have been with this service for over 20 years now—that it has really been in the last five years that we have had social workers and we have had access to this youth hub. It was called the Inner City Youth at Risk Project until about a year or two ago—a similar model. It has made an enormous amount of difference. It means that we can actually access more easily services for our clients. We know that they are going to be case managed. I can be more of a lawyer and less of a would-be, wannabe pretend social worker.

The Hon. Dr PETER PHELPS: Because you have access to real social workers?

Ms SANDERS: Who do it much better than I do!

The Hon. Dr PETER PHELPS: I do not want to push this too hard. Everyone recognises that collaborative work produces better outcomes but people say, "We are not actually funded for it. We do not have the ability to divert resources from our core business towards collaborative work." My view would be—and you can argue for or against it—that the multiplier you get from being collaborative, even if you are not additionally funded for it, more than makes up for the time that you spend away.

Ms SANDERS: I think in most cases that is right. I would say for our service that is certainly true and I think I would speak for a lot of other people in the services. I think there may be some services though, particularly very small community-based non-government organisations—for example, it might be youth refuge accommodation that needs to have staff on site 24 hours a day because they are dealing with vulnerable 15-year-olds—to be able to take a staff member out, even one staff member, to attend an interagency meeting, to go to a Sydney Youth Homelessness—

The Hon. Dr PETER PHELPS: You would have to close it.

Ms SANDERS: You would have to close the services or kick the kids out or put on another staff member dipping into a budget that you do not have. I do think there is something in that for some services—they simply cannot spare the staff or the time to do it. But I think mostly, yes, a collaborative approach certainly does have a multiplier effect. It saves time and costs, and it leads to better outcomes later on.

Ms McCABE: These are young people with complex problems so they sometimes need complex service arrangements. It is not just as simple as one person doing something. But I would choose carefully which interagencies I would go to because there are numerous.

CHAIR: When you talk about the Sydney Youth Homelessness Hub and the collaboration and interagency approach, one of the constant themes in this inquiry has been the sharing of information and the issue of privacy. The Committee has heard a lot of the evidence that people will perhaps not share information appropriately under the proviso that they think it is confidential information. It sounds as if you are being really collaborative, working together and saving time. Do you have any issues with information sharing at those forums?

Ms McCABE: You can say almost everything without saying the person's name and identifier and get all the information you need back without ever revealing their identity—in most cases.

CHAIR: Information sharing works for you in this setting?

Ms McCABE: There are certainly times with a young person that you have to explain that these agencies will know their name if they need to apply for money. So that is a consent process that we have to take them through.

Ms SANDERS: In many cases our clients will readily consent to us sharing information with other services if it is explained to them why they need it, if they know it is not going to be abused and that it is going to be used within their services for their benefit. I think there may be some resistance to information sharing if there is a perception that that information might end up falling into the wrong hands or if there is not a clear reason or purpose for wanting that information.

CHAIR: It is evident that with your legal background you are able to do that really successfully but a lot of others are not.

Ms SANDERS: That is true.

The Hon. PENNY SHARPE: A lot of the issues in this inquiry have been about place-base management and essentially millions of services going into an area, lots of overlapping, competition and lack of coordination but in a very geographic space. Your submission made me think about the issues around very disadvantaged communities and people going in and out of them, particularly if they have been in and out of custody. I am interested in their exit points. In your submission you talk about Juvenile Justice doing it better. I believe they do it better. Is that because they are properly funded? Is it because it is a cultural issue? What is it that Juvenile Just gets right that clearly Corrective Services is not getting right? Is it just a matter that it needs more planning and assessment as people exit custody or are there other things at play?

Ms SANDERS: I think it is a cultural issue. I think it is partly also a funding issue. Juvenile Justice understandably because they are dealing with kids—you would probably know this better than I do in terms of staff to detainee ratios and the like—have more staff per detainee in juvenile detention centres. They also have got more emphasis on rehabilitation, so much better access to health care, counselling, education and the like. Obviously because a lot of kids in juvenile detention are of school age they have educational programs. I think it partly is to do with resourcing and staffing, but it is also to do with culture and the fundamental principles of

Juvenile Justice where rehabilitation is paramount. Of course, rehabilitation is an important aim of the adult correctional system as well and a lot of adult correctional centres do have very good programs.

There is the compulsory drug treatment program out at Parklea or has it moved to Windsor or are they now in both? There are other programs that are run within a custodial setting but to access those programs or to access any programs is often very difficult. It is often left to the inmate to try to negotiate their way through that. I have lost count of the number of clients who tell me, "Yeah, well I filled in a form or I put my name down. That was a month ago and I am still waiting to see someone." So I think it is partly staffing and resourcing levels but I think also in large part it is cultural as well. The Corrective Services adult corrections I think, rightly or wrongly, have much more of an emphasis on security perhaps than Juvenile Justice does.

The Hon. PENNY SHARPE: But there are people in the jails who are tasked with doing post-release case management.

Ms SANDERS: Yes.

The Hon. PENNY SHARPE: Is that just woefully inadequate or is it—

Ms SANDERS: I think so.

The Hon. PENNY SHARPE: That is predominantly the issue. I am interested in the lack of coordination between themselves and parole. We have probation and parole officers everywhere. People who are leaving on parole are allocated an officer with a series of obligations that go with that. Is there disconnect there as well, so never the twain shall meet? For example, someone is leaving, there is a welfare officer in a jail, they just kind of do their best, they get thrown out and they have to meet their parole officer in the first week or whatever.

Ms SANDERS: The parole officers theoretically do meet with this. If the person has been sentenced, the end of their non-parole period is coming up and there is a bit of lead time, then it is the task of the parole officer to go and meet with them in custody, discuss what their needs are and then help them in the weeks leading up to their release on parole. Frankly, I have observed—and I do not like to say this—that the quality and culture of parole and probation officers really has declined or has got patchier. There are some really good probation and parole officers around who are very much for a collaborative approach. They want to get help from whatever non-government organisations there are or existing service providers, whoever they can.

They understand that part of their role is to assist the inmate or offender who is under their supervision in the community with housing and all sorts of other programs because this is a person who is disadvantaged and vulnerable and cannot do it for themselves. They do take a social work approach, if I might say that. But there are an increasing number of parole officers—and I am trying not to personalise this because I do not think it is a personal issue; it is a cultural and a training issue perhaps or a recruitment issue—who do not seem to have that approach or the skills and those underpinnings.

The Hon. PENNY SHARPE: Is it a lack of systems within the services? Part of it is culture but the fact that you can get such a variable response from individual parole officers suggests to me that there actually are not very clear systems in place about what we are trying to achieve through someone coming out and reoffending.

Ms SANDERS: I think that might be the case. Corrective Services would probably disagree with me because I know that they are doing a lot of work on this concept of through care and trying to make sure that a person is case managed in custody throughout their sentence and then when they are released from custody as well. It is not like you go into jail, you go into some sort of black box, you are chucked out the other end and then a parole officer picks you up. I know they are trying but I do think perhaps there is a bit of systemic problem: the fact that you get such a variation among parole officers.

There are some who—and we dealt with some of these parole officers—will come and visit the inmate perhaps a month before their release and then they will ask them, "Okay, so where are you going to live?" The inmate will say, "I was hoping that you could help me with that." The parole officer goes, "Oh, really?" They just do not know what to do, which I find really surprising. There is a real lack of systems in place and this goes back to my original point: lack of coordination between Corrective Services and housing providers. I think a lot

of probation and parole officers just do not know what to do and where to go to try to place a prisoner into housing. The best they can do often for people like Harrison—

The Hon. Dr PETER PHELPS: Surely they would have a checklist?

The Hon. PENNY SHARPE: That is what I am trying to get at.

The Hon. Dr PETER PHELPS: Obviously there is not.

The Hon. PENNY SHARPE: That is very disturbing. I have one more question. How does the coordination in place work for people from all over the State who are returning to their home community? Can you give me a good example? A bad example I assume is that you have no contacts and you just get out the phone book.

Ms McCABE: An example of how you start helping someone who is leaving custody to find housing?

The Hon. PENNY SHARPE: Whether there are good examples of communities that have got their acts together. For example, some work is going on in the Aboriginal community at Bourke. It is fairly clear that you can ring up Maranguka and say, "X is coming back. They are out of custody. Can we start the process?" Is that a good example? Is that regular? Or is often far more hit and miss than that?

Ms McCABE: I would say that sometimes it is really linked to the day that you get out as a service. You cannot even ring on a person's behalf; they have to be the one to ring. So you are trying to book something temporary, otherwise it is visiting, getting temporary accommodation, having your ID in place, having your Centrelink set back up and then you get your housing started. There is nothing quick about it. If it is a young person you are looking for transitional housing, you do not maybe mention that they are coming of custody in your referral because that is not always an attractive feature. So you have to massage it and do your best to get somewhere.

The Hon. PENNY SHARPE: Obviously there is not a clear recognition of the people who are actually existing Corrective Services or Juvenile Justice and the risks to them in terms of further reoffending or just falling more into a more expensive system.

Ms SANDERS: I do not think there really is. I think the example Ms McCabe gave earlier about the Juniperina housing program, which is linked with Juvenile Justice and provided by an NGO, was a great example of a program that does recognise those difficulties.

Ms McCABE: And you are allowed into the facility to work with the young person before they come out as much as you need to. I had pretty much unlimited ability to schedule appointments and be with the client.

The Hon. PENNY SHARPE: So like a lawyer really in terms of access?

Ms McCABE: Yes. I found it very accessible to work with the young person. I still did not always have the answers but was allowed the time to work with them and find them housing hopefully on their release but that is the juvenile system. But that is what it took. It takes many meetings, phone calls and applications to find something. It is no waving of a wand on the way out.

Ms SANDERS: I think I should clarify what I was saying about parole and parole officers seemingly being unable to find housing. I think part of the problem is there is no seamless transition. Parole officers, who you would think of all people would be able to find somebody some housing on their release, are not necessarily in any better position than anyone else because they are having to deal with Housing NSW or community-based organisations that provide housing and all have their own criteria, some of which will assess clients in custody and accept them straight from custody and some that will not.

Some parole officers are better than others in their ability to negotiate the systems and know what is going on and where to find the services that do exist but for a lot of it, it is a real systemic thing that there is not that coordination. I know that Corrective Services have been trying to fix this over the years. For example, they opened some accommodation facilities called COSPS—I do not even know what that stands for but you know it; you have heard of it—but then those were not very popular because they were often on the ground at a

correctional centre and people did not really want to stay there. They have just got out of jail; even if it is on the other side of the fence they do not really want to be living at the jail.

Also, local communities were not particularly happy with prisoners or ex-prisoners being in these facilities so Corrections instead decided that the better way to do it was to redeploy the funding they were putting into COSPS to use it as brokerage to basically purchase accommodation services for clients exiting custody. I have not actually seen how that is working in practice, if in fact it is.

The Hon. SHAYNE MALLARD: When I was working on a by-election I visited the CRC at Broadway—we have not mentioned them today—but they are providing a service to inmates transitioning through the process out of prisons, and particular families. You did not mention that at all. It has been around a long time, since 1950.

Ms SANDERS: Yes, shrinking funding. It was a tiny service to begin with.

The Hon. SHAYNE MALLARD: We gave them some money at the last election.

Ms SANDERS: Well keep it coming. They are an example of a good service model but absolutely tiny. In terms of the accommodation that they are able to offer prisoners on release, I do not know how many properties they have actually got access to now but it was always a very, very small number. We have had clients trying to access those properties; there is a very long waiting list. Part of the problem also is that not everybody exiting prison or juvenile detention has a long orderly lead time. A lot of people who are trying to get out of jail or getting out of jail are people who have been bail refused for some time. They are trying to get out on bail and one of the things, if not the only thing, stopping them is lack of accommodation.

They are probably people whose offences or alleged offences do not warrant a custodial sentence so they are people who should probably be in the community with bail conditions while their court proceedings are still pending or they may be people who have been bail refused for most of their court proceedings. Their case eventually gets finalised, they may get convicted and sentenced but the court thinks, "Okay, you have done enough time. I am going to sentence you to time served or whatever and your non-parole period is going to expire in two weeks time and you will be eligible for release." That does not provide for a very orderly transition so things like the CRC housing model do not really accommodate that.

There used to be bail houses. There was a place called Jabiah out near Blacktown. I do not know if it even still exists—probably not—but that was really good. That was for Aboriginal young people particularly and that was great because it was supported and supervised environment aimed at people who were on bail. They would take people directly from custody because that was their role. More things like that would be great.

CHAIR: Thank you to both of you for coming and for the incredible work that you do. We really appreciate it and we really value your time. Thank you for your submission and your peak studies as well. It makes it very real.

Ms SANDERS: Thank you for listening.

CHAIR: If Committee members have additional questions the secretariat will provide those to you. I ask that you provide answers to those within 21 days.

Ms SANDERS: Thank you.

(The witnesses withdrew)

JUANA REINOSO, Chief Executive Officer, Cabramatta Community Centre, and

MORLAI KAMARA, Community Development and Policy Officer, Cabramatta Community Centre, sworn and examined:

CHAIR: Thank you very much for coming to our inquiry. Would either of you like to make an opening statement and then we will ask questions?

Ms REINOSO: First of all, thank you for the opportunity to come and speak today. I have prepared a short statement. Cabramatta Community Centre—we often refer to it as CCC—is a not-for-profit organisation that has been operating in south-west Sydney for over 30 years. We provide a holistic approach to service delivery and we have different stream of services. We have children services that comprise a preschool and an after-care service. We have youth services that have a combination of homeless services and programs for young people including activities, drug and alcohol programs and young family programs. We also have an aged care and disability service that has packages for the elderly and services for people with disability such as respite and social support.

We have a community engagement service that runs several neighbourhood services in south-west Sydney and we do activities to promote community harmony and community engagement within the various groups within the community. We also have the Migrant Resource Centre, which receives funds from settlement services to work with newly arrived migrants and refugees to provide settlement services. Fairfield local government area [LGA] is considered one of the most culturally diverse communities. Over 50 per cent of our residents speak a language other than English and around 144 languages are spoken by community members.

Fairfield has the third lowest disadvantaged score in Australia with two of its suburbs—Cabramatta-Lansvale and Fairfield—rated amongst the most disadvantaged in Sydney according to the Bureau of Statistics social economic indicators. Our programs and services are aimed at addressing the challenges that residents of this community face. In our submission we focused on three main points: identifying the needs of clients, providing coordinated services for our community and the barriers to effective coordination and how this impacts our clients and communities.

Just to summarise the three main points: for us the engagement of clients and the general community through a thorough consultation process is critical in our area, especially with the new arrivals to Australia. There are different communities coming into the area. Establishing trust and rapport with the community through culturally appropriate processes is the mechanism that we use for our work. We tailor our services to try to meet a responsive approach to the needs that they present. We are also focused on providing coordinated services. This is a challenge for all organisations that are funded through government.

Having provided services for over 30 years we have established quite a wide network and we work a lot with both non-government and government organisations in the area. We have tried to implement coordinated approaches through interagencies and networks or committees that focus on different issues depending on what is critical for our community at the time. We have found this to be quite effective in providing a coordinated response, especially in such a challenging area.

In terms of the barriers to effective coordination, what we find the most challenging is the changes that are always happening in terms of reforms. They mean that services are not always continuous and it takes time to build rapport with community and it takes time, especially in our area, for communities to know who provides what service and with reforms in changes it is hard for even providers to know who is still funded, who is available and who we can refer to. These are critical links that are formed over years and we find they can be lost over a short period of time through reform.

The area of social services is very complex, especially for our new arrivals trying to understand how that works and navigating the system can be quite challenging. One of our aims is to make that as easy as possible. So building relationships and having networks with other organisations are crucial for us. I think that summarises our submission. Thank you.

CHAIR: We have actually heard from your council; we had a representative from Fairfield council earlier.

Ms REINOSO: Susan Gibbeson came today, yes.

CHAIR: It is a very diverse area, rich in many different things.

Ms REINOSO: Yes, it is.

CHAIR: It looks like your CCC does quite a bit of coordinating and referring people on. I note that you talk about providing brokerage and emergency relief to people suffering domestic violence. In that example do you then go out and broker that or do you send someone to the appropriate place and then fund it? My interpretation of your submission is that you are doing a lot of coordinating already?

Ms REINOSO: That is right. In that example of the domestic violence program we have funding from the Department of Family and Community Services and there is a component of brokerage within the funding. We try to work with women who sometimes do not have the ability to be referred on to other services. We work with services that are culturally appropriate to meet the needs of these women so the brokerage comes actually from within our funding.

CHAIR: Okay. You mentioned that you are already referring people to different places. The Committee visited The Hive at Mount Druitt. You may be aware of it. It is an organisation that is acting as a backbone. Do you feel that, through the CCC, you are able to meet the needs of most of your community, or are you in need of a different referral organisation? Do you see your organisation as doing that already, and is it successful?

Ms REINOSO: I believe that we do that already. Our organisation provides diverse services. Most organisations tend to focus on one area, whereas we provide services from birth to death. We have extensive links with many providers. We are located in Cabramatta and 10 other sites. Everyone knows the organisation and the building. It is an iconic building that has been there for more than 35 years. We are a place that people will call to find out where to go. Other organisations also call us to ask about services to refer clients to. Being established in the area allows us to provide that service to the community and to other service providers. In answer to your question, we see ourselves as able to do that at the moment.

The Hon. PENNY SHARPE: You reference in your submission the drug and alcohol interagencies. They have been successful in many places. How many government funding contracts does your organisation manage?

Ms REINOSO: That is a very good question. Off the top of my head, we have more than 60 programs.

The Hon. PENNY SHARPE: Would that mean 60 different contracts?

Ms REINOSO: No. We have one funding deed with the Department of Family and Community Services [FACS] and under that we have several program level agreements for each program that we run. It is complex.

The Hon. PENNY SHARPE: Yes.

Ms REINOSO: I spend a lot of time reporting to departments. There is duplication in reporting because we have to repeat information for each program that we run. I note that the Department of Family and Community Services has in the past year tried to streamline that, and it is getting better.

The Hon. PENNY SHARPE: The one funding deed is very good news.

Ms REINOSO: Yes.

The Hon. PENNY SHARPE: You have 60 programs and multiple sources of funding with different compliance requirements. Suppose the amount of money you receive were managed under one agreement and your organisation said, "Out of this amount we will deliver these programs and we will report at the same time." Have you ever been able to quantify how much more money you would have at a program level if you were able to do that and did not have to spend so much time on reports?

Ms REINOSO: No, we have never done that study.

The Hon. PENNY SHARPE: Do you think it would be a significant amount? Would you have more money for clients?

Ms REINOSO: Yes, we would, but we have not undertaken a study of that to be able to provide you with accurate information.

The Hon. PENNY SHARPE: The buckets of money are tied to specific programs. Is there enough flexibility in your funding arrangements to meet the needs of your clients, or are there gaps that you wish you had brokerage money on the side to be able to fill?

Ms REINOSO: Strict criteria apply to each program or service that we provide. Because we receive both State and Federal funding, we have to be careful that clients who are receiving one type of service through the State do not also receive the federally funded service. For example, we provide home care packages through the Department of Social Services. We have to ensure that the clients who have access to those programs do not also access programs under the community home support program, which has been recently split into both Federal and State funding. It is complicated for the staff who are trying to deliver that program.

The Hon. PENNY SHARPE: And for the client, I imagine.

Ms REINOSO: Clients do not understand why they cannot access multiple programs that provide different types of support. They are not really interested in knowing which service is funded by the Federal Government and which by the State Government. They just want to be provided with a service. Explaining to them why we cannot involve them in several programs proves challenging.

The Hon. PENNY SHARPE: In your submission you make the point that keeping up with the plethora of constantly changing available services is a challenge. That was raised yesterday too. My colleague explored how to keep the list of services up to date. Perhaps your contracts could require you to make available online information about what you provide and when and in what locations. The Committee does not want to recommend that organisations keep databases that become impossible to update. Do you have any suggestions about how best to do that?

Ms REINOSO: Given the way services are funded at the moment, a database could not simplify something so complex. The view held by many services is that government prefers organisations to put in for tenders as consortiums. There has been a trend lately for services to join up and provide tenders as consortiums. That can lead to people subcontracting. Even though one organisation is delivering the program, it could have five or six different subcontractors. People would know that organisation X is delivering the program, but the subcontractors that are delivering it in different areas might not come up in a directory that lists the funded organisations.

The Hon. SHAYNE MALLARD: You talk about that in your submission. Earlier today representatives from Fairfield and Blacktown councils referred to the LINCS public database that they use. They contact all the service providers and update it annually. I am sure it is not perfect, but it seems to be heading towards the model that the Committee discussed yesterday. Are you familiar with that system?

Ms REINOSO: Yes. Fairfield City Council has it on its website.

The Hon. SHAYNE MALLARD: It is higher level than the model we are talking about.

Ms REINOSO: It is complex to navigate because a person needs to know exactly what category their issue falls under.

The Hon. SHAYNE MALLARD: They told the Committee that one could key in "homelessness" and it would list the providers of homelessness services in the local government area.

Ms REINOSO: That is right. It lists the lead agency, not necessarily the organisations that are delivering it on the ground.

The Hon. SHAYNE MALLARD: There is a real drive to make this information available, regardless of how hard it is. The default position under the Government Information (Public Access) Act 2009 is that the

contracts should be public and searchable. That would allow academics to check whether they are efficient, as well as allowing people to find services. It should all be in the public domain.

Ms REINOSO: Yes, it should.

The Hon. SHAYNE MALLARD: The Migrant Resource Centre has not appeared before the Committee. I am sure you have had direct experience with that organisation. I did at Liverpool. You would be familiar with the concept of an organisation acting as a backbone, a hub, directing people to other services. Have you had engagement with the Migrant Resource Centre at Fairfield and Cabramatta?

Ms REINOSO: Cabramatta Community Centre has a Migrant Resource Centre [MRC] within it. Mr Kamara sits under that service. I think you referred to the Liverpool Migrant Resource Centre.

The Hon. SHAYNE MALLARD: Yes.

Ms REINOSO: There are 11 MRCs in New South Wales.

The Hon. SHAYNE MALLARD: How does the MRC relate to other service providers and direct migrants and refugees to services?

Mr KAMARA: At the moment there is a consortium of organisations. There are 11 MRCs across New South Wales. There is an MRC forum for the State, which we use as one of our platforms to share learning and think about how to do referrals and engage in different policy and advocacy issues. On top of that, there is the national settlement platform, which involves the MRCs and other organisations under Settlement Services International that are now delivering the settlement services program for the Department of Social Services. That is another layer or forum that we use to talk about referrals and how our clients can access services that we might not provide. We have those mechanisms in place.

The Hon. GREG DONNELLY: I want to return to the management of knowledge and information about services. I will pose a hypothetical question to you. The starting point is that the CCC has been in existence for more than 30 years. It is well established and professionally run. It is well regarded by the community. If, next Monday, both of you went on long service leave—

Ms REINOSO: That would be very nice.

The Hon. GREG DONNELLY: If you both went on long service leave for eight weeks, how would that affect your organisation? Would the people who deal with all those who come in seeking services and referrals be able to access the information and specific details necessary to assist people? I ask the question partly tongue in cheek. It seems to me that, from the evidence the Committee has received from a number of organisations, the key people walk around with the knowledge in their heads. At the operational level, if the key people were not there, I wonder how robust your infrastructure would be. Would the organisation be able to continue its work?

I ask the question for this reason. If small organisations like yours, which have been doing this work for some time, have to work so hard to keep information up to date, how do they cope? How do they manage information and do their job of providing guidance and assistance and direction to people? It is a rhetorical question, but perhaps you could explain how it is done at the CCC and provide your observations on how other organisations do similar work. How do they keep the information up to date?

Ms REINOSO: I would consider CCC to be a medium-sized organisation. We are fortunate to have a structure that allows the organisation enough staff to support its work. If Mr Kamara and I decide to take holidays next week, the organisation will continue to provide services.

The Hon. GREG DONNELLY: Uninterrupted?

Ms REINOSO: Yes. A few years ago, our then chief executive officer [CEO], Jan Collie, retired. She had been the CEO for more than 30 years. She saw it grow from a neighbourhood centre to an organisation a bit smaller than it is now. We needed to invest time and resources in ensuring that the structure of the organisation allowed for the change of staff. When organisations are small, it does happen that the person leaving the organisation takes with them the knowledge and history of the organisation. We consciously invested time and

resources in putting in place a structure in the organisation that would allow for anyone to step out and someone else to step in and be able to run the organisation. That is something that is not often looked at by services such as ours and our colleagues because we are on the ground and really focused on delivering the actual service to clients.

The Hon. GREG DONNELLY: Yes, that is what your intention is.

Ms REINOSO: It is sometimes about putting aside and seeing the importance of having those systems in place where the organisation will continue to function, and the knowledge of how to run services and best-practice models is documented so that other people can perhaps start new organisations or programs with already tried models. It is about funding bodies recognising that the funding they provide cannot be 100 per cent focused on the service delivery but they need to invest in organisations to make those.

The Hon. GREG DONNELLY: Your organisation on a daily basis has people coming in off the street and questions are asked to identify a facility offering a good service. That service has opening and closing times, contact details et cetera. Is all that managed electronically? In other words, can the person giving the advice access all this information electronically? I do not want to criticise any service because most organisations fail in trying to keep databases fully up to date, given the rate of change. If your records are not kept electronically, do you have a paper-based directory that your advisers or consultants have to consult or do they have to look at the website? Please explain how you do it.

Ms REINOSO: Sure. In terms of programs dealing with emergency relief that a lot of our clients come for, it is paper based and the staff working within those programs update the information. Recently we had a change of provider in our area for the Emergency Relief Program and it took quite a long time for the new provider to provide details so there was quite a significant time when we could not refer clients.

The Hon. GREG DONNELLY: That must be very frustrating.

Ms REINOSO: Very frustrating because clients get very upset, and understandably so, when they are in financial hardship and there is nowhere to go, and they take it out on the staff that cannot assist them.

The Hon. GREG DONNELLY: What was the difficulty in providing you with that information?

Ms REINOSO: In the Fairfield LGA we used to provide the Emergency Relief Program along with the community network. We did not receive funding in this round; it went to another organisation and that organisation took several months to establish partners to provide the service within our area. For those several months they were trying to build relationships and our funding organisation would subcontract. Through that period we could not refer people to any service. It was devastating. We do not have an electronic database to gather all that information. To develop databases is quite expensive and we do not have those resources.

The Hon. GREG DONNELLY: If you think about organisations like yours, it would appear to be worthwhile to develop a database management program for the NGO community to manage information. I know a lot of money would go into its development but it would be a useful tool, would it not?

Ms REINOSO: Yes, it would.

The Hon. GREG DONNELLY: I know everyone has propriety knowledge of what they use and I do not want to interfere with that, but in terms of seamlessness across organisations—

The Hon. SHAYNE MALLARD: Even the Government has not got that right and fortunes have been spent on all the different systems.

The Hon. GREG DONNELLY: I am daydreaming and should get back to reality.

The Hon. Dr PETER PHELPS: In your interactions with what might be called unfunded local community, ethnic, national organisations, what is your relationship with them? Do you feel confident that you are aware of what services they provide for people? How often would they be a point of reference for people coming in with issues?

Mr KAMARA: We have very close ties with those specific organisations in our areas of operation. We work with them closely, so recently when there was a shift in Federal government funding policy to favour consortiums instead of smaller organisations, a lot of ethno-specific organisations in our area were not successful in getting funding for their activities. They were not funded to do any activities but we—

The Hon. Dr PETER PHELPS: Did they have their own private resources to continue on?

Mr KAMARA: Normally they do not have so they all relied on funding from the Government. When that funding was cut a lot of them became a bit inactive. They could not continue to provide the services they used to provide to their communities but we are mindful of their unique role in the community in terms of their local knowledge of the particular circumstances of their communities and so on. We worked with members of our consortium to ensure that some of the ethno-specific organisations were still running for a few days on funding we received from the Department of Social Services. For instance, the Vietnamese Community in Australia (NSW Chapter) did not receive funding for what they have been doing for many years but we are working closely with them to ensure they are open three days a week to provide services to the Vietnamese community because we know that role was quite significant.

The Hon. Dr PETER PHELPS: Does that indicate that perhaps these organisations have become too reliant upon government funding? Presumably the majority of them were started by new migrants or people who realised there were no ethno-specific services and decided to provide those services.

Mr KAMARA: That could be one way of looking at it but the reality of the situation is there could be some assumptions that, for instance, the Vietnamese have been around for over 30 years so they are supposed to have been settled and well established. There are challenges within those communities even though they have been here for such a long time. If you look at the unemployment figures in the Fairfield area, for instance, you will see very high numbers of Vietnamese community members being unemployed, so even though they have been here for such a long time there are still critical settlement issues that have not been resolved. Those are some of the factors that might be impacting some of those ethno-specific organisations.

The Hon. Dr PETER PHELPS: I am thinking about the mutual and self-help societies that existed in settler societies such as the United States and Australia for literally centuries. You can look at the Fenian societies that go back to the 1830s and 1840s and continued on for 150 or so years as community self-help organisations within a system where there was essentially zero government assistance but because ethno-specific organisations were recognised as important the wealthier members of the community saw it as their philanthropic duty to keep these organisations going. They branched out into education, housing, work referral programs and a range of things which they managed to do without government assistance. My concern is that you are telling me these organisations to a large extent fold after a withdrawal of government funding. Is that not an indication that government funding has been too important to their continued existence? A community organisation with no support from the community it purports to represent is not really a community organisation at all.

Ms REINOSO: I can speak about Cabramatta where there are a few associations that do not receive government funding and just rely on donations from within the community. For example, the Vietnamese Elderly Friendship Association may sometimes apply for small grants to do particular projects but its existence is through people who volunteer their time to run the organisation and it receives donations from within the community or events to raise funds. These organisations are successful because they rely on the community that supports them. It is very much about culturally significant events that they promote. They do not focus on actual social needs, so providing staff to do social work for the community because that requires that person being managed through an established organisation rather than an organisation focused on the cultural development of the community.

CHAIR: Thank you very much for your evidence today. We value your time today and the time you took in writing your submission. If there are further questions, please ensure that they are answered within 21 days.

(The witnesses withdrew)

DIANNE JACKSON, Chief Executive Officer, Australian Research Alliance for Children & Youth, and

ROSS BEATON, NSW State Convenor, Australian Research Alliance for Children & Youth, sworn and examined:

CHAIR: I welcome our final two witnesses to the final day of this Committee's hearings so no doubt the questions will be very pointed. I am not trying to set you up.

The Hon. GREG DONNELLY: It all comes down to you!

The Hon. Dr PETER PHELPS: You can flee now if you want to!

CHAIR: Would you like to make an opening statement?

Dr JACKSON: I will do that on behalf of both of us. The Australian Research Alliance for Children and Youth [ARACY] is a national not-for-profit organisation focused on getting the best evidence of what works into policy decision making and into grassroots practice. ARACY congratulates the Committee on its efforts to improve service delivery coordination in complex communities. It is our experience that there is both an appetite for this change amongst service providers juxtaposed with a number of barriers which prevent this in the current sector landscape: namely, the need for statewide approaches to governance mechanisms and shared population level outcomes and measurement.

Key to any improvement will be a central mandate, working concurrently with local collaboration that enables flexible and responsive service delivery, rather than a focus on programs. This will require flexible funding models that enable the necessary infrastructure for holistic collaboration and coordination. A focus on place-based approaches that utilise a sound universal platform is critical, as is attention to issues of privacy and workforce competence which enables proportionate targeted responses to need. Further, there needs to be recognition of the need for dual investment in targeted interventions, along with universal systems that lock in the long-term gains of these interventions. We know that the return on investment for prevention and early intervention is consistently greater than costly remedial responses.

Ultimately, there is an urgent need for systems thinking and for building capacity to think and work in this way. That is, under a common vision using an outcomes framework, supporting and monitoring evidence based practice, and creating continuous improvement cycles that include attention to implementation fidelity. Also, integral to true reform is the need to recognise the fundamental importance of co-design with the families and communities that use services. Based on clear research evidence, it is ARACY's view that there is a compelling need to establish the infrastructure for an intelligent system that underpins shared and consistent practice within an ecological approach to child and family wellbeing.

The Hon. Dr PETER PHELPS: We agree. Thanks.

Dr JACKSON: Good.

The Hon. Dr PETER PHELPS: The word "research" in your title tends to indicate a need for quality pre and post program data. Someone mentioned earlier to us Community Indicators Victoria. Are you aware of Community Indicators Victoria, which is a data system?

Mr BEATON: I am aware that other jurisdictions have developed sets of data around particular outcomes and Victoria pushed ahead with that. I think in New South Wales we have done that around particular programs without doing it at a population level or population outcome.

The Hon. Dr PETER PHELPS: I do not want to have a leading question. Surely the right to analyse areas of social and the particular nature of the social disadvantage, would be to have good consistent cross-jurisdictional data? In other words, data from different departmental organisations, which is able to be compiled in geographically discrete areas, but is also able to be aggregated and disaggregated based on the particular departments that they came from. Surely that is the fundamental building block for any analysis of disadvantage beforehand and any successive programs or evaluation of success afterwards?

Dr JACKSON: I absolutely agree. That is our position, what you stated there. It was interesting to hear the last part of the last evidence and the question you asked about being able to do this at the grass roots

level. What does it take for organisations to generate the data and utilise it in a cycle so we are able to measure the effort to the outcome? You have a population level outcome but what does it take to measure effort at the grass roots level to know that you are shifting an outcome?

Mr BEATON: That is the importance of data; it focuses people on outcomes rather than services.

The Hon. Dr PETER PHELPS: That is a consistent problem. Everyone reports back on what they have delivered. They report back on money spent and deliverables delivered but no-one reports back on the outcomes and more importantly outcomes in terms of perceived benefits by the recipients themselves or the community in which the recipients are being handled.

Mr BEATON: That is an issue. I have worked in Government and non-government situations. The outcomes that we want to see happen are contributed to by a number of government departments and a plethora of non-government agencies. What people do not want to be measured on are outcomes that they cannot control or have attributed to them. But, we have to get past that.

The Hon. Dr PETER PHELPS: Why would you give money to people who are not prepared to be held to justify the outcomes delivered?

Mr BEATON: There is a level of that.

The Hon. Dr PETER PHELPS: There is an old saying that you should not judge an organisation by its intentions but by its outcomes. Why is that not the fundamental premise of every government contract?

Mr BEATON: There are two levels of outcomes. There are outcomes that we should hold people accountable to. Often the outcomes we want to see, say employment, depends on the mental health service working, depends on the VET (Vocational Education and Training program) working, it depends on a whole range of things.

The Hon. SHAYNE MALLARD: It is interrelated.

Mr BEATON: What we say is that they should be shaping their service delivery to achieve that employment outcome for that parent and the test of whether they are getting there is does the person have a job at the end of our service. The reason they will not be held to that is because so many other players are contributing. We would say that we need to drive towards the outcomes regardless of how we manage the attribution.

The Hon. Dr PETER PHELPS: The only outcome you know you will be able to achieve is the one where you have a pre-existing data set that can tell you what is the quantum of disadvantage before you go into an area. Unless it is done consistently by measurement across individuals and geographic areas it is playing darts in the dark.

Mr BEATON: That's right.

The Hon. Dr PETER PHELPS: Soap box removed.

Dr JACKSON: We agree.

The Hon. SHAYNE MALLARD: I will build on that. You talked about an intelligence system and Dr Phelps spoke about data collection, reporting, analysis at the beginning and outcomes. We had people talk about that today. The Western Sydney forum talked about high level employment data and education outcomes to see how it is working. How would you design such an intelligent system? We are sick of hearing this from each other and in the inquiry, but service mapping is a big black hole where no-one has a grasp on the services in their communities anywhere, in government either. We are grappling with that. This would fit into that, how would you design that and make it work?

Mr BEATON: I suppose one of the problems that the researchers found is there is no set design for an intelligent system. The nature of an intelligent system is that it is responsive to data and the community shapes itself to that. As you would acknowledge, there is a cost to coordination. You only coordinate around what is worth coordinating around. What we would want to see is what you have described: a good system of data

collection that tells you what are the outcomes that would change things for this community; what are the services that we need to marshal to deliver that; and, how do we provide the governance at a local level so we can keep moving funding, services and staff according to our objectives rather than according to how we define our service as a deliverer of X or Y.

The Hon. SHAYNE MALLARD: And sensitive to the local place issues?

Mr BEATON: Absolutely. It needs local governance to do that. You are responding to the data that tells you are we getting where we need to go but also responding to changes on the ground and changes in the service system landscape.

The Hon. SHAYNE MALLARD: Two different suburbs can have different priorities. They might start out the same but one might be working and another might not be working elsewhere. You need to be flexible enough to adjust to that from the data?

Dr JACKSON: An overarching road map of where you are trying to go: population level outcomes for the whole State, centralised governance of that, but the ability at a local level to be responsive and flexible which addresses what you are talking about for each population. I have seen in my work experience micro examples where this works but you also see the example of what pulls it apart. If you take one LGA [local government area] or suburb and that is the quarantined area you are looking at, you might have good will around people coordinating themselves, but for the most part it is never funded so that infrastructure governance building is organisational system change at a local level. That is the only way to get people to think differently about this stuff and to have outcomes. There is a whole lot of front-end work before any of this happens.

The resourcing is not there in a government contract. The contract gets you to deliver the service but not to build that aspect of it. You can be really good to a certain degree but you hit a system ceiling at some point. It might be around privacy, where you cannot share information with one another or have collaborative case management across service systems because X cannot share with Y. It is some of that fundamental system stuff that disallows the local responsiveness. I am sure you have heard all this today about the competitive funding environment driving what it drives compared to our philosophy or intent around collaboration. There are all of those sorts of things playing. It is an over-arching vision and strategy but then investing in the ability of the service system to work in the way we want it to work rather than just saying go away and do it and not be cognisant of the fact that it is nigh on impossible to do what you are asking us to do without putting other big changes in place.

CHAIR: Just following on from that. In Bourke yesterday there was a fellow who has been working with children's services for a long time and is with the police youth club at the moment and he actually said that although the competitive tendering—the majority of people have said what you said in terms of you create an environment that is not conducive to non-government organisation philosophies. He said that it had driven people to collaborate. He was one of the first people to say that. What came out was that there was an expectation that the Government expected collaboration to gain the funding contract and it had made people work together that previously weren't. I am struggling with it. I understand completely what you said about the culture of organisations that provide the services and having to compete. I am from a small rural area and people worry about bigger organisations coming in, but in terms of that it does have a positive effect.

Dr JACKSON: I couldn't agree with you more. I know Bourke quite well. In other communities I do agree with what you have just said in terms of it driving the onus from Government to get people to collaborate drives that behaviour. It creates new better environments for working together, but as you move from that point along you still hit these barriers that do not let it completely develop. That would be one thing that I would say. The other thing I would say is that this is where the data measurement comes in.

We need to move to a place where we are very clear about not doing what we do not know works, not hoping it works or saying we have anecdotal information and we think it has worked for the last 20 years, but it hasn't changed anything and we do not actually know. There is no clear return on the investment made there. We must get to a point where we have a system that supports the measurement at ground level but also expects it. In New Zealand, which you may or may not know about, in their human services they now have as part of their funding contract a requirement to collect and measure data in a certain way towards outcomes and they use a specific mechanism to do that. I do not think that is the wrong thing to do.

The Hon. SHAYNE MALLARD: It is uniform across all the contracts?

Dr JACKSON: They have done all this streamlining in Government and it has not been an easy task. It is driving a different way of thinking. You move away from "how many bums have I got on seats today" to "did all the children sitting on those seats actually have a positive shift in their development", or family, or someone has a job. Until we get to a point where we put structural expectation around it we will not get anywhere.

CHAIR: Shifting from an occasion-of-service output model?

Ms JACKSON: Yes.

The Hon. PENNY SHARPE: I would like to ask you about the coordination between Government agencies, because I agree completely with you that the key that unlocks a lot of service delivery is in the population aims. For example, we know that the number of kids we get to preschool will make a fundamental difference to long-term outcomes. I remain extremely concerned about the silos within departments such as Health, Education, Corrections and Juvenile Justice. You are very familiar with all these things. Have you got some examples of where they have been able to break through the silos—where there are some good examples of collaboration at the population data level that have reshaped the way those departments are measuring their own outcomes?

Mr BEATON: My first instinct would be to give the example of Families NSW, before there were mega departments that brought people together. There was an effort to articulate some population-level outcomes for the zero-to-eight age group to drive collaboration across health; child protection; Ageing, Disability and Home Care [ADHC]; disability and education to achieve those outcomes. I point to that example because the central mandate was really important. Agencies are always trying to collaborate at a local level and on the ground at a district level, but without that central mandate it is done as a "choose your own adventure" thing rather than as something that is reported and accountable.

In that environment there was a flexible budget and a flexible strategy that could be designed at a local level so that people had a reason to come together and know that they could make a difference at their district level. The other, more recent examples are probably more limited because they focus on a particular place and a particular target group. I would point to a central mandate and the ability to collaborate locally and be flexible in what you deliver. That brings people together and helps them deliver.

The Hon. PENNY SHARPE: Does that mean that you can design the program response—the buckets of money—in a flexible way? Does permission need to be given at the central level so that people can respond and do genuine co-design at the local level?

Mr BEATON: I think that was important, was it not?

Dr JACKSON: In the era that Ross was talking about I was in charge of an organisation that was a service deliverer in that part of western Sydney. My experience from the other side is that it did happen. It probably did not happen as ideally as we might want, but it certainly was a big shift. It also created really good relationships between the NGO sector and the Government sector in a different way than ever before. There certainly was flexibility as far as we could see. Often responsive funding occurred because of that, within the parameters that could be shifted. The other thing—it is not really an example yet, but there are good intentions around it—is that at the Federal level the Australian Bureau of Statistics [ABS] is signing an agreement to share data across five Commonwealth departments, which will mean a whole different way of being able to utilise data at that level. I think that will be a very interesting space to watch.

The Hon. SHAYNE MALLARD: Does that mean they were not sharing data with Government departments before?

Dr JACKSON: Not like that—not in the way they intend to do it now.

The Hon. GREG DONNELLY: I have a couple of questions. Thank you very much for putting time into the submission. It is a very detailed submission and the references at the back are very helpful. My first question is perhaps seeking some reassurance. As I have listened to the witnesses at the various hearings, read the submissions and looked at other sources of information, I sense that there is a change that has been happening in terms of a realisation that things need to be done differently to try and meet hopes and expectations

about outcomes. Those expectations have been around for a long time—we can debate the reasons for as long as you like—but we have not been able to get the outcomes that we want.

Is this move towards a very pointed focus on getting outcomes being derived because Governments, of whatever political persuasion, are seeing the need—because of political pressures or straight-up budgetary pressures—to try and get a bigger bang for the buck? Is this focus coming from another level of intellectual debate which says—to put it crudely—that if we want to pick these people up from where they are, we need to do it differently? Is it a combination of both those things or are there other influences at play that are appearing to have some impact on current thinking, which is getting to a point, and perhaps beyond that point? That is my first point. I know it is very general and you may not be able to put your finger on it. Is my assessment right? What are your comments? How have we got to where we are today? Why are we here, today?

Dr JACKSON: I think it is a combination of everything you have just said. Certainly, Governments are looking to invest wisely with shrinking dollars, generally. There is a bigger impetus because people are seeing a widening of inequality in our society. We have been doing a lot of things the same way for a long time and we seem not to be shifting, although we have made a lot of investment. So there has been an intentional look at the outcomes we are trying to achieve, how we know whether the things we are doing are working, and what we need to change. Those are the first things.

We are looking at the other evidence which shows that if we do X, Y and Z we are likely to get this, so we had better do X, Y and Z and we had better invest in X, Y and Z. That is looking at outcomes instead of what is right in front of us. From our perspective we see much more solid evidence worldwide around the better utilisation of the universal system that we have. For the most part we have a good universal system in Australia and New South Wales.

The Hon. GREG DONNELLY: Could you explain what you mean by "universal"? I think we understand but could you answer that for purposes of the record.

Dr JACKSON: We have a pretty good early childhood and prenatal health system, with home visiting and that sort of thing. And, for the most part, we have a good universal childcare system. We have other sorts of family support systems. I am talking about all the things that people—you, I or anyone in the street—can access because they are citizens of New South Wales. We also have what we would call targeted services—the services that are provided for homelessness, drug and alcohol issues, mental health or whatever the need may be. What we are talking about in an intelligent system is being able to have the access through a universal system.

At any point—it may be the school system or wherever you happen to interrelate with a part of the system universally—you are probably going to be engaged somehow. But you then may be assessed as needing one of these other targeted interventions. So there needs to be investment in that. It is called "proportionate universalism". The biggest issue with that—Ross and I were talking about it before we came in, and I think the people who gave evidence before us were talking about it too—is that you can get to that point but then you cannot support the level of need with what exists. How that system flows through needs to be thought about if we are really going to change the outcomes.

Mr BEATON: As an example, if you look at child protection data and trends you see that we have not really made much of a dent on child injury and accident data as a hard measure of what is happening for children. Internationally that is pretty much true if the trend line for your nation is reasonably consistent. Between countries there are different trend lines. So if you have great investment in health and education, transition to work and support for families the data shows that you have fewer child protection issues. That trend line is reasonably consistent. Those countries that have less of that universal service system that Dr Jackson was talking about have higher rates, at a population level, of child injury and mortality.

When we look across the Western world, we find that what makes a difference at a population level, in terms of outcomes for people, is the universal investments—for example, in having schools that include everyone, not just 80 per cent of kids; having an antenatal system that reaches Aboriginal families and families who are reluctant to access services. That is why we talk about the universal system as the way to change population-level outcomes. Then the targeted systems save you from high-cost clients that persist in the system for life because they never really manage their mental health or drug and alcohol issues or cognitive impairment and behaviour issues—they just keep travelling on. In terms of cost to government at a population level you want great universal systems, and in terms of complex clients or clients with high needs who are going to have

high life-time costs you need good coordinated services. That is why we talk about proportionate universalism. You cannot just have a universal service system because you will still have your high-cost clients.

The Hon. GREG DONNELLY: It sounds like a philosophy.

Mr BEATON: It does sound like a philosophy, but is probably bean-counter driven.

The Hon. GREG DONNELLY: My next question leads on from that. Obviously data can be collected but it can be looked at in the raw sense of the number of bums on seats or whatever, or it can be put through a formula to create a metric or an index. In trying to address these things which are exercising our minds is what we should be looking at—in terms of the raw number or the indices—contested? Is there a consensus position about the key things to hone in on? We have heard, time and time again, about the whole question of reporting and the paperwork associated with contracts. All this information is being submitted. Presumably it is being looked at and some assessment is being made. I am wondering whether, above all of that, these key measurements are being made to establish what is happening to see whether we are moving in the direction we want. Is it a contested area?

Mr BEATON: ARACY, as you may know, has developed a thing called "the nest", which is a set of outcomes which it sees as the key things to aim for and to shift over time. I think that is the process that you are talking about, which is to ask, "What are the things that we need to change in order to get better population-level outcomes for the country?" We need to be looking at what we should be aiming for, what we need to do to get there and, through that, enable all organisations to align in their efforts.

Dr JACKSON: We referred to that in the submission. It uses the report card against the OECD data, where we have data sets in Australia. It is pretty robust in terms of what we know are the things that work. Some of the stuff that needs development and investment is looking at how we do that in a systematic, methodical way across a service system.

The overarching vision—and the population-level outcomes and the stuff that sits behind that—through a really robust process, is there for child and youth wellbeing—and what we should invest in. There are pretty key things that we know, in terms of early intervention and prevention, that we should be investing in. Mr Beaton has already mentioned those in the universal sense. We should not forget the other part of this. I have had people ask me why doing something with youth is an early intervention. Those people are the parents of the next generation, and that is the next population level of things that we are measuring. We have to do everything at the same time, but we probably should do more, proportionately, here.

CHAIR: Thank you very much. That was really a very extensive submission, with fantastic references. I am sure we have all been salivating about that information.

The Hon. GREG DONNELLY: That reference in your bibliography about what the New Zealanders have done, how they have unified the requirement with respect to those provisions, it would be great if we could have that.

CHAIR: A lot of that stuff they are doing in New Zealand has been successful in terms of social policy. Because we are in agreeance with so much of this, it has been very useful. Thank you for your valuable time, it is a big effort to come in here. We look forward to presenting you with a report that has recommendations we hope you will agree with.

Dr JACKSON: Thank you for inviting us.

(The witnesses withdrew)

(The Committee adjourned at 3.45 p.m.)
