Submission in Response to Productivity Issues Paper – Reforms to Human Services

UnitingCare Australia

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Contact:
Claerwen Little
National Director
UnitingCare Australia

UnitingCare Australia is the national body for social services in the Uniting Church in Australia, supporting service delivery and advocacy for children, young people, families, people with disabilities, and older people

Table of Contents

UnitingCare Australia

UnitingCare Australia is the national body for the UnitingCare Network, one of the largest providers of community services in Australia. With over 1,600 sites, the network employs 40,000 staff and is supported by the work of over 30,000 volunteers. We provide services to children, young people and families, Indigenous Australians, people with disabilities, the poor and disadvantaged, people from culturally diverse backgrounds and older Australians in urban, rural and remote communities.

UnitingCare Australia works with and on behalf of the UnitingCare Network to advocate for policies and programs that will improve people's quality of life. UnitingCare Australia is committed to speaking with and on behalf of those who are the most vulnerable and disadvantaged, for the common good.

1 Introduction

UnitingCare Australia welcomes the opportunity to provide feedback to the Productivity Commission on the Issues Paper related to Reform to Human Services released in December 2017.

This builds on the previous two submissions provided by UnitingCare Australia in response to the Productivity Commission's inquiry on introducing contestability and user choice to human services.

Reiterating our earlier submissions, we maintain the importance of understanding the difference between informed choice and empowered choice; the majority of community and family service and remote area clients are not empowered consumers - they are seeking to access these services because of market failure or lack of capability, they are not financially independent or highly mobile and they cannot shop outside the borders of their local market. Increased competition and user choice may not necessarily deliver benefits to these clients.

UnitingCare Australia also emphasises the fact that community and family and remote services are not homogenous. To ensure increased competition to benefit clients, providers and government there is much work to be done to understand the different service streams and delivery environments. We believe that this foundational work needs to take place, not least to agree what role Government will maintain in a human services market place, before increasing competition.

2 Social Housing

It is the experience of the UnitingCare Network that the effectiveness of the social housing system in improving outcomes for tenants varies across states and territories. Generally, tenants with high and complex needs receive priority for social housing and there is often a considerable waiting period. Many families and individuals are faced with unsuitable and unaffordable private sector housing options or homelessness. This highlights a need for better supply and use of transitional housing to revitalise housing stock levels.

Tenants placed in transitional housing should have access to necessary supports, such as case management, to assist them to secure more permanent housing in order to free up transitional housing supply for emergency and crisis placements.

Supports often extend beyond mere tenancy management and must be resourced accordingly. Community housing providers and the private market can each play a role in contributing to the social housing stock. Adequate measures however must be in place to ensure the necessary protection for tenants' rights. UnitingCare Australia believes that

housing is a fundamental right and employment incentives should not be a prerequisite for housing.

We support an active examination of the roles and responsibilities of governments and non-government providers, including who is best placed to provide support to households to sustain a tenancy, and to those in a position to exit the social housing system.

Case study

The approach taken in Ruby's Place and Junction Australia is one example of an approach that puts service users at the heart of delivery as it provides Case Management support for social housing to address the complex needs of service users (e.g. alcohol/drug/mental health/Disability support).

Ruby's Place
For a young person who is experiencing conflict at home, Ruby's Reunification Program can help the young person and their family establish a positive relationship, regardless of whether the young person is going to return home or find other accommodation.

It is for young people who: are at home but are at risk of leaving or being kicked out because of conflict; are staying in and out of home (e.g. might be spending some nights at home and some nights with friends, with extended family or elsewhere) or have not stayed at home for a while, but are not receiving an independent income from Centrelink and are interested in reconciling with home.

We take a broad definition of family – so we often work with young people and grandparents or other extended family members to reunify. Family counselling (for the young people and the parents or carers) is a mandatory component of the program.

As part of the program, the young person will spend some nights at Ruby's accommodation and some nights at home.

Ruby's accommodation provides 24 hour support and supervision.

Junction Australia (Adelaide)
Junction Australia is a trusted and leading independent provider of quality community support and housing services who aim to strengthen lives and communities across Australia.

Together we:
- Dynamically respond to identified needs
- Encourage and support people to thrive
- Provide vibrant and inclusive places for people to connect.

Our unique services and innovative approaches aim to:
- Empower and equip young people to live well in the community
- Contribute to the well-being of children and the safety and effectiveness of families and relationships
- Provide safe places for people to meet, work, learn and play
- Provide affordable and appropriate places to call home.

Fundamental to Junction Australia's rapid growth and effectiveness has been the development of an integrated service delivery approach where strong partnerships and linkages have been forged with key Government and non-government agencies, philanthropic bodies and businesses across South Australia. This integrated approach has included provision of an increasingly diverse array of targeted social support services and the establishment of Junction & Women's Housing as a leading provider of social and affordable housing.

At Junction Australia, we firmly believe that by working together, we can take steps that enable people to navigate their way from 'Crisis to Connectedness'. Our clients are supported to overcome barriers, access opportunities and pursue their hopes and dreams.

Allocations of social housing in emergency and crisis situations allow little room for user choice. A crisis driven and reactive system causes stress on not only the tenants and their families, but on the community and the social housing system. Moving away from a crisis driven system will enable increased user choice and better use of the social housing supply.

Case study

The Shared Social Housing pilot project commenced in July 2015, as a partnership between Uniting and Capital Community, to explore the support for people with disabilities to have a greater level of choice and control when they seek shared accommodation. A Housing Facilitator role was established to undertake the facilitation and matching process.

The Housing Facilitator's responsibilities included:

- advertising vacancies and supporting people with disabilities to choose a new housemate;
- supporting individuals to select and apply for suitable shared housing, funding, support providers and tenancy management; and
- support planning with relocation and support connections to facilitate this.

Enquiries were made to the Housing Facilitator regarding housing options, housing vacancies and finding housemates to fill vacancies. The Housing Facilitator had discussions with people with disabilities, their families and their supporters to find a way forward or to inform about the options available, as well as discussions with current residents in homes with advertised vacancies.

Once a match with a household or preferred housemate has been made the Housing Facilitator then refers clients to the appropriate services to allow for the decision to live together to be enacted. Exit of the program finalises when the individual moves to their new home.

3 Commissioning family and community services

UnitingCare Australia strongly supports the commissioning of services against outcomes measurement.

Case study

Wesley Mission Victoria (WMV) recently developed an Outcomes Framework to provide the architecture to better understand individual client outcomes and cumulative cohort outcomes with a view to enhancing service experiences and to improve our evidence base. This evidence of what works, for whom, and why, is critical to building the body of knowledge to direct government priorities and funding allocation decisions, and for our advocacy work.

The Outcomes Framework seeks to enable all people to:

- 'Be' (safe, healthy and live free from abuse);
- 'Thrive' (have the skills needed to live independently to thrive and to participate in education, training and employment); and
- 'Belong' (have healthy relationships, to have a sense of identity and culture, to have a sense of place and belonging, and to exercise their rights to make informed choices).

The Framework provides a structure and a common language for our work across all service delivery areas. It also helps the organisation to:

- work better with each client to understand the areas of their life that are important and to understand how these change over time;
- track these changes or outcomes;
- understand the impact our services have on outcomes for our client groups and the wider community in which they live; and
- inform our advocacy work on behalf of disadvantaged clients.

The Outcomes Framework was co-designed by a range of Wesley Mission clients and piloted to ensure that it captures the domains of performance that matter to their clients:

Under an outcomes driven funding allocation model, outcomes can be weighted depending on their likely impact on overarching service objectives. These thresholds could become more ambitious over time e.g. the proportion of the budget that is at risk might increase.WMV also has a Service Commitment Charter that describes the outcomes being sought from a client's perspective for a high-quality service. In addition, the WMV Quality Framework is directed towards maximising outcomes and satisfaction levels for clients, their families, carers, our staff, volunteers and stakeholders.

The desired level of quality is achieved through an integrated system of policies, procedures, registers, manuals and guidelines to direct consistent, sustainable and competent practice. Processes are designed to ensure quality is planned, monitored, reviewed, controlled, and integrated into all our systems. The framework is designed to align with WMVs mission and values of hope, compassion and justice.

Evaluation plays an integral role in ensuring quality service provision. Arrangements which can provide greater levels of confidence in the quality of services are those which are underpinned by evaluation processes that actively engage, and seek contribution from, users. The evaluation must be evidence based using models such as the NEWPIN Social Benefit Bond Program Evaluation Framework (which has been applied in Burnside UnitingCare, NSW 2014).

Services which have been developed using co-design principles and processes have the potential to alleviate the inefficient rework of solutions by drawing on customer insights and perspectives at the outset. Under this model consumers become the joint developers of program interventions, rather than being just the target of such programs.

Case study

An example of a model that has led to better outcomes for users is Healthy@Home consortium of 19 organisations in the Brisbane and Moreton Bay area including Wesley Mission Brisbane, a Uniting Church agency. The primary aim of the program is to increase access to community aged care services to help older people to remain living at home and to maximise their independence in the community. This is achieved by focusing on the client and the outcomes they need, with an emphasis on wellness and assistance with connection to primary healthcare providers.

An evaluation of the program was conducted by Australian Centre for Health Services Innovation at the Queensland University of Technology. The evaluation found evidence of considerable service improvements for clients transitioning from the Metro North Hospital and Health Service to the Consortium and a cost saving to the Commonwealth Government of around 30 percent.

4 Human services in remote Indigenous communities

As the Commission has recognised in the Issues Paper, reform of human services in remote Indigenous communities does not necessarily equate to increased competition in the provision of services. New ways of providing services may also be a potential solution leading to improved services. For example, people accessing services may not wish to compartmentalise how they access services; a 'one-stop-shop' approach may be preferable to some people.

Access to language interpreters and the implementation of Government policy frameworks on the use and availability of Aboriginal languages interpreters is essential if consumers are to be able to make informed choices. Improved cultural awareness of service providers is also imperative to enhanced service delivery.

One strategy to enhance services is to employ people from the community and develop the necessary skills and capabilities of community members. Such people already have the requisite community connections, language, accommodation and credibility.

Service providers may overcome service delivery challenges through:

- co-location of services;
- shared resourcing of facilities, transport and travel, etc.;
- improved telecommunications, namely access to public phones and increased mobile coverage, improved internet speed and access (more computers to be available in public places e.g. community council offices); and
- collaboration with other services.

In one example three Family Wellbeing Centres were established across the APY Lands based on the principle that services would be co-located and act as a one-stop-shop. It should be noted that co-location in itself is insufficient – the other pre-requisites also need to be in place, namely culturally accessible, use of language interpreters and a sense of community ownership. Strengthening relationships and sustaining the provision of services over time should be prioritised.

The work of Western Desert Dialysis (the Purple House – located in Alice Springs) in provision of renal dialysis to remote community members and the NPY Women's Council (Alice Springs and working across Central Australia) are examples of services that are effective, culturally engaged and appropriately co-designed. However, there are many areas of services where outcomes are not being met, such as:

- Lack of community-based renal dialysis services in remote communities.
- Lack of appropriate response by health services to significant challenges regarding ear health and hearing loss. For example, approximately three in four children in APY

communities fail standard hearing tests and approximately one in three Anangu children have at least one perforated ear drum. The incidence of Otitis Media is also of great concern.

- Remote APY communities have the highest incidence of Trachoma (preventable eye infection) in the world.
- Lack of job opportunities for local community members. There is a need for greater focus on apprenticeships and training, leading to real jobs. This needs to be built into the employment policies of all government agencies and organisations that provide services or conduct projects in remote communities. This should also be linked to Government procurement policies, namely, the use of services and contracts with Aboriginal organisations and companies.

Improvement in commissioning human services in remote Indigenous communities requires a whole-of-government approach and cooperation between the different tiers of government. Other approaches to improving coordination of services may include:

- APY Lands Steering Committee coming together in the one forum quarterly. – needs Commitment to this from the government agency facilitating these meetings is required, along with active support to ensure their continuation and success;
- Use of Peak body forums to bring areas of common interest onto a consolidated agenda; and
- National Partnership approaches that lead to the consistent implementation of government-driven policy.

As with other sectors in human services, longer term approaches to policy and funding will enable greater stability and sustainability of services. Programs that include community based evaluation mechanisms are also more likely to lead to greater effectiveness in service delivery.

5 Summary

UnitingCare Australia supports reforming human services to achieve improved outcomes for service users. However, this is not necessarily achieved through increased competition. Increased user choice must be supported by relevant information and quality standards which will provide consumers with empowered choice.

We suggest that the continuum of care for family and community services is carefully mapped in each service stream and consultations undertaken to identify thresholds around what is in and out of scope for increased competition, and what good outcomes would look like for individuals, families and communities. We suggest similar action for remote services.

Queensland and Western Australia face the tyranny of distance and dispersed population, and cannot be easily compared with other states. Thirty per cent (1.4 million) of the Queensland population live outside of the south-east corner which has a high concentration of accessible services. Remote and rural Queensland communities have struggled when private operators have left because operations were not financially viable, with not-for-profits and Government funding urgently mobilised in response. In such areas, reform of human services must look at improving quality and outcomes as a priority, rather than competition.