

Stronger Outcomes for Families

Discussion Paper

The Benevolent Society

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Contact:

Joanne Toohey

Chief Executive Officer

T: 02 8262 3400

E: joanne.toohey@benevolent.org.au

The Benevolent Society

Level 1, 87 Bay St

Glebe

NSW 2037

www.benevolent.org.au

Introduction

The Benevolent Society welcomes the opportunity to make a submission to the Department of Social Services (DSS), on the Stronger Outcomes for Families, Discussion Paper, June 2018.

This submission draws upon our staff and organisations' experiences delivering eight DSS funded child and families program in a wide range of communities across NSW and Queensland. The programs are:

- Personal Helpers and Mentors (PHaMs)
- Wheely Good Fun
- Family Mental Health Support Service (FMHSS)
- Kids in Focus
- Financial Inclusion/Saver Plus
- Communities for Children (CfC)
- Claymore Transition Program
- Child and Parenting Support

The Benevolent Society has consulted with our Child and Family practitioners, program and contract managers and policy advisors to gain an organisation wide view of the issues that we believe should be highlighted for DSS consideration.

This submission provides responses to the question's posed in the discussion paper. A broader issue for this inquiry and for future policy and program planning is what consideration is given to the overlap in federal, state and territory programs and funding. It is The Benevolent Society's view that there is a need for greater scrutiny of the alignment of federal programs with state and territory programs being delivered within existing state and territory child and family systems.

The Benevolent Society strongly urges the Australian Government to empower DSS to provide a clear line of sight on the overlap and interconnection of current national reform strategies for children and families. The need for a national overview and coordination of existing strategies provides DSS with the opportunity to take a leadership position on the whole system, moving the service response away from individual program or single community issues to the delivery of a coordinated whole of community service response.

Who we are

The Benevolent Society is Australia's first charity. We have helped people, families and communities achieve positive change for 200 years. We are a secular not-for-profit organisation with 1,615 staff and 658 volunteers. In 2016-2017, we supported more than 54,000 children and adults in 71 locations across New South Wales and Queensland. Our revenue in 2016-17 was \$ 108,454 million.

The Benevolent Society's work with children and families is guided at all times by a commitment to pursue the best interests of the child. We offer a range of services to families to help them thrive, such as parenting support and coaching, early childhood development programs, and specialist support when challenges arise. We provide services to vulnerable families where children have been identified as at risk, intensive case management programs, and a wide range of family support and out-of-home care programs and services.

In addition, we provide services which promote the health, wellbeing and welfare of women and their children with a focus on supporting women and children affected by domestic and family violence.

PRINCIPLE 1: OUTCOMES FOCUSED

- **Do these three outcomes encompass the most important outcomes for families and children that you see? Why/why not?**
- **Do the outcomes in your service or organisation align to the ones proposed?**
- **How long would it take for you to adjust your services to achieve these outcomes?**

The proposed outcomes would benefit from broader consideration of the parameters that define children and family, to include their position within a community, acknowledging the impact communities have on families and the relationships that exist within communities.

The outcomes outlined in the discussion paper, deliver a tunnel view of child and family that assists DSS to channel funding within a narrow set of funding parameters, which in turn limits the parameters for service delivery. To expand these conceptual limitations, The Benevolent Society would like to see the development of key indicators that demonstrate the role of community in measuring child and family outcomes. For example, the principles refer to a **safe and nurturing environment** –could this be defined at a family level and at a community level?

The outcomes are consistent with The Benevolent Society's outcome domains in our Resilience Outcomes Framework albeit at a high level of abstraction. The domains are:

- Increasing safety
- Secure and stable relationships
- Increasing coping and self regulation
- Improving empathy
- Increasing self efficacy

The Benevolent Society could make the required adjustment to achieve the DSS outcomes if resourced appropriately but would urge DSS to liaise with state and territories to ensure there is alignment with their program outcomes.

The Benevolent Society would also like to see an additional principle included that articulates its support for Aboriginal and Torres Strait Islander self-determination. A key principle underpinning successful service delivery to Aboriginal and Torres Strait Islander people and communities is self-determination of service need, design and delivery.

The Benevolent Society recognises that the best outcomes are delivered from community based work and is committed to:

1. Brokering to an Aboriginal and Torres Strait Islander Community Controlled Organisation (ATSIACCO)
2. Partnering with an ATSIACCO to deliver this service
3. Where an appropriate option is not available, deliver the work ourselves.

The Benevolent Society supports the development of a principle that clearly identifies DSS's commitment to self-determination. This principle should underpin increased support for funding and resources to build the capacity of Aboriginal and Torres Strait Islander communities and organisations to tender for, administer and deliver child and family programs to Aboriginal and Torres Strait Islander people.

FUNDING

- **What do you think about splitting funding based on needs?**
- **Do you think the three proposed streams are the best way to achieve this? Do you have a different idea for how the funding could be split?**

- **If you are a service provider would the three streams proposed above provide sufficient scope for you to provide services to families and children in the community /communities that you operate in? Why/why not?**
- **If you are a service provider, how long would it take you to adjust to a change in funding streams?**

It is not clear from the discussion paper if splitting funding into the proposed streams will improve service provider's ability to operate or achieve better outcomes for children and families. The key question for any funding consideration must be where can DSS have the most effective funding impact and deliver the best outcomes for children and families?

Families want services that are based on their needs rather than on a particular funding stream. Good service delivery means moving through those service categories seamlessly in a place based approach that does not require families to continually change providers when they move from one funding stream to the next. It is more useful to consider that families need access to a continuum of services that can be stepped up, or stepped down according to family needs and situation. This continuum can be delivered by a single service provider or by a range of service providers. It has been our experience that changing service provider, because of imposed conditions such as eligibility criteria often creates the impetus for families to disengage from services. When resources are not allocated to support the seamless transition between streams, families can falter and disengage. By splitting the streams, services may find they are providing one service to a child or family who also receive other services from multiple providers. This is an inefficient use of funding and requires better coordination to be both more cost effective for government and deliver better outcomes for children and families.

The proposed funding streams do not tackle the barriers that the funding environment has created and continue the siloed, programmatic approach that limits holistic, whole of family and community approaches. Streaming can become exclusive, with families who do not fit the criteria unable to access the help they need. For service providers, the application of criteria tied to streamed funding is confusing and frustrating for clients and can lead to them giving up seeking help.

The Benevolent Society also notes that targeted services in this paper implies a blending of secondary and tertiary services which is not helpful for service design or delivery.

The Benevolent Society believes all DSS funding should be contained within a single universal funding stream allowing state and territory governments to administer child protection and secondary and tertiary streams. This would focus all DSS funding on prevention and early intervention services and provide compatibility with state and territory funded services, not duplication and over servicing. A process to safeguard service delivery and ensure there was no retreat from the full suite of service obligations would be needed to maintain all governments remain accountable for outcomes for children and families.

In addition, all state and territory and DSS place based-funding should be pooled to allow fully integrated service design and delivery based on community, family and individual need.

The Benevolent Society would like to see DSS use its significant evidence base to identify communities and projects that would benefit from longer funding investment (7-10 years), to deliver concentrated, sustained investment and effort. A key benefit of this longer commitment is the ability of service providers to retain skilled and experienced staff over the life of the investment. Staff continuity is a significant factor in building community trust and rapport with the service provider and achieving a partnership with clients and communities.

- **If you are a service provider what has been the easiest funding process for you to participate in? Why?**
- **If you are a service provider what has been the most difficult funding process for you to participate in? Why?**
- **Would you support allowing consortiums to apply? If you are service provider, what time frame would you need to be able to apply in a consortium if you elected to?**

In The Benevolent Society's experience funding processes are highly variable, often complex, time consuming and administratively challenging. There is little consistency in funding requirements across departments or jurisdictions and often within departments themselves.

A key concern for our organisation are the narrow timeframes that constrain our organisation's ability to produce suitably detailed and considered tenders. A greater timeframe can facilitate innovative program design, co-design and a more informed consideration of the most appropriate measurement and evaluation frameworks. The Benevolent Society considers a month to be a reasonable timeframe for tenders where no partnerships are required.

A staggered approach, or tendering national programs by geographical regions, one region at a time rather than all regions at the same time, would give providers bidding for multiple regions the opportunity to develop a quality response for each region, including proper local partnership discussions. In a world where more consortia approaches, both formal and informal are encouraged and expected, a staggered approach can provide more time for large cross-regional, regional and small local providers to work together to develop better place-based tender responses.

The Benevolent Society also has concerns with select tenders that do not consider out-of-region providers or have very limited criteria that work to exclude newer players. We would also like to see DSS ease the burden of risk that currently exists for some tenders, with a portion of the contract offered as an up-front payment and a further component paid for outcomes.

The Benevolent Society encourages DSS to develop a preferred provider register for the first stage of all funding processes, with the register holding the relevant compliance information needed for organisations to be approved to apply. The use of this register, would save DSS and service providers significant administrative duplication, time and administrative costs. The second stage of the process would be an invitation to tender for a specific grant with standard procurement and reporting processes. This streamlines the selection process for DSS, but also assists service providers to comply with requirements.

In addition, DSS must ensure their staff are fully trained and have knowledge and understanding of the contract process and the non-government sector so there is consistent knowledge and efficient, informed management of the funding and contracting processes.

Consortia

The Benevolent Society recognises the potential strength a consortium approach can bring to service delivery. Smaller organisations often bring stronger community understanding and access to partnerships with larger organisations. However, building effective consortia requires government to fund the activity that goes with building and establishing consortia. This includes defining a consortia approach, the development of a governance model and working with communities and service providers to understand the aim and the advantages of this approach.

There are concerns that the pursuit of consortia approaches can be used by the funder to set and meet partnership targets that may be arbitrary and not designed to improve outcomes. Additionally, big providers may use consortia as a mechanism to access Aboriginal and Torres

Strait Islander or other specialised funding, with minimal regard for the impacts on smaller, specialised providers.

Building consortia or working collaboratively is difficult and there continues to be a lack of real understanding of the key factors for success. Consortia must be considered as a means to provide solutions for the community not as a mechanism to simplify or consolidate funding. The Benevolent Society would like to see DSS consider how an independent broker could be established to negotiate and facilitate the capacity building required to establish a consortia. Barriers to consortia can include the loss of identity for smaller organisations and communities refusing to engage with organisations who they feel have lost their community identity. A key task for this role would be further investigation of the causes of barriers for families receiving cohesive services and how the collective or consortia approaches might breach those barriers.

A simplified reporting regime would also assist the stability and effectiveness of consortia. Requirements for each partner to report creates a further layer of complexity and difficulty for consortia to meet the administrative requirements of the funder.

The Benevolent Society would not support the imposition of timeframes as each consortia and its purpose is different and each potential consortia will have different capacities for development. Imposing a timeframe may rush the capacity building that is needed to form a successful consortia and risks a compromised result.

- **If you already supply services to Aboriginal and Torres Strait Islander communities what strategies do you have in place to transition funding to Aboriginal Community Controlled Organisations. How effective are these strategies?**

The Benevolent Society is committed to action that supports and achieves self-determination with our partner Aboriginal and Torres Strait Islander Community Controlled Organisations (ATSICCO's).

The Benevolent Society is a signatory to the Family Matters Campaign and the 4 Building Blocks that outline best practice for working with Aboriginal communities and ATSICCO's. The Building Blocks outline a process to build genuine support and mutual benefit that enables Aboriginal and Torres Strait Islander people to participate in and have control over decisions that affect their children. The Benevolent Society's approach is relationship based, recognising strengths in the partnerships require the respectful transfer of agreed capacity and culture, through formal agreements. These agreements are understood at the highest level through our Boards and Senior Management and aim to pursue innovation in genuine partnership to create change.

In addition, The Benevolent Society is a signatory to the Australian Council for Social Security's Principles for a Partnership-centred approach for NGOs working with Aboriginal and Torres Strait Islander Organisations and Communities. The Principles have been designed to guide the development of a partnership-centred approach between Aboriginal and Torres Strait Islander and mainstream NGOs in tendering for program funds and engaging in the delivery of services or development initiatives in Aboriginal and Torres Strait Islander Communities.

PRINCIPLE 2: TARGETTED SERVICE DELIVERY COHORTS

- **Which clients should priority be given to?**
- **How could we improve access to our services and improve outcomes for these clients?**
- **If you are a service provider, how long would it take you to develop the partnerships, approaches and service delivery mechanisms needed to service these clients?**

Priority should be given to clients with the highest need or who are most at risk of harm. The Department has the data and knows who these clients are now and should be prioritising funding to meet their needs.

The needs of children must be considered in all child and family programs, as set out in the National Framework for Protecting Australia's Children. The Benevolent Society has experienced the lack of child focus in the delivery of services to adult clients, that have compromised outcomes for children and indeed, placed them at increased risk of harm. All programs must consider the voice of the child and the impacts on the whole family in the delivery of services and the measurement of outcomes. The need for heightened considerations of child safety is a key, supported recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse and must be rigorously supported by governments and all service providers.

In targeting those most at risk, DSS needs to understand the barriers to accessing services and provide funding that can breach these barriers and provide whole of family and community services. This is a high priority in areas of significant disadvantage including rural, regional and remote communities. A comprehensive understanding of existing state and territory services is needed prior to funding decisions to ensure there is no duplication of services already funded by state and territory governments and no continued funding of services that are failing to meet the needs of communities.

It is the Benevolent Society's belief that place based funding with a central pooled funding mechanism provides the best model for ensuring whole of community servicing.

LOCATIONS

- **What besides disadvantage should we consider in identifying possible locations for a place based approach?**
- **Are there any communities that you think are ready for a place based approach?**

In considering locations for placed based approaches, DSS needs to identify and understand the existing state, territory and local initiatives already underway, including the existing service architecture that may already be in place. Deciding and prioritising outcomes will assist in decisions for locations. In NSW and Queensland, the Department of Family and Community Services and Department of Child Safety, Youth and Women have undertaken significant data analysis of child and family cohorts with particular needs. This should inform any decisions made by DSS on the location of place or other based interventions in these states.

DSS is advised to look for whole-of-community outcomes as the key driver for placed-based funding rather than simplifying arrangements to maximise efficiency.

In The Benevolent Society's experience, for place-based interventions to work service providers and communities need the appetite for it and some existing architecture and governance models that can support collaboration. Crucially, communities need to want a place-based intervention and they need to be making the decision or at least be part of the decision making process. There needs to be strategic planning, to ensure the most disadvantaged people are heard in the process of building community consensus.

As both an observer and service deliverer in place based locations, The Benevolent Society has seen both the benefits and difficulties of partnership/consortia/place-based approaches. As a Facilitating Partner in the Communities for Children (CfC) model we have enabled effective collaboration between multiple partners and service deliverers to deliver outcomes for communities. However, as a service provider seeking to enter into partnerships under the same model, we have encountered barriers and obstruction to contracts and other partnership opportunities.

The Benevolent Society believes that must fund a neutral oversight body that is not competing for funding, can drive transparent procurement processes and oversee collaboration and the delivery of shared outcomes. Without this mechanism, place-based delivery can be mired in complex leadership, complex reporting, unclear and competing priorities, obstructive tendering processes and an exhausting and overwhelming administrative commitment that curtails creative thinking and innovation.

PRINCIPLE 3: DATA AND EVIDENCE DRIVEN EVIDENCE INFORMED PROGRAMS

- **What do you think is the minimum evidence that should be supplied to demonstrate that a service is supported by evidence while still enabling innovation?**
- **If you are a service provider, how do you know that the program you are delivering is making a positive impact on outcomes for family/children?**
- **If you are a service provider, would you be able to demonstrate that your services are supported by evidence? How long would it take for you to demonstrate this?**

DSS's requirement that 50% of CfC initiatives to be evidenced-based will significantly limit the number of programs service providers can deliver. Not all evidence-based programs are effective or appropriate for particular communities. This has been shown repeatedly across a range of mainstream programs that are not culturally appropriate for Aboriginal and Torres Strait Islander families. Similarly, we can point to examples of programs/funding that were discontinued due to lack of evidence, such as volunteer home visiting. The Benevolent Society is currently in a collaborative partnership with other service delivery agencies, Western Sydney University and a corporate partner to conduct a randomised controlled trial to establish the efficacy and effectiveness of volunteer home visiting (Volunteer Family Connect) to support vulnerable families. Preliminary data analysis has been completed, and there is now evidence that that Volunteer Family Connect is an effective intervention with multiple significance in both primary outcomes examined in the trial.

This project extended over more than 3 years, with private funding. Increasing the number of evidence informed and evidence based programs requires an increase in support for organisations to develop the skills and time to build the program logic and accrue data. One focus must be assisting information and skill sharing between different service providers to expand knowledge amongst service providers and increase the number of evidence informed and based programs.

The Benevolent Society would like to see DSS identify programs that service providers and communities know are working and delivering clear outcomes and provide support and investment to improve the process for getting these programs recognised as evidence informed. This would broaden the scope of the programs being funded, providing greater flexibility for providers and for families and increase the positive outcomes for children and families.

The Benevolent Society has employed a Results Based Accountability (RBA) in its Early Years Support Centres (EYCs), established in partnership with the Queensland Department of Education. The RBA approach includes both population measures, being results for all children as measured by improvements in the Australian Early Development Census and performance measures being results measured at the program/service level.

Whilst the pursuit of evidence informed or based approaches provides an opportunity for skilling up local organisations to develop program logics, it requires an investment over time to deliver. The risk is that if not supported properly, organisations cannot sustain the development and the appetite and momentum for doing it is lost.

MEASURING OUTCOMES

- **What does success look like for families and children in your community and/or service? How do you measure this? What changes do you expect to see in the short, medium and long term?**
- **Should there be consistent indicators and measures across Australia or should there be consistent indicators with different measures for different communities?**

At a minimum, consistent indicators and standardised outcomes measures for children and families across Australia should be adopted. This will support funders and service providers to better understand client populations and the key risks, strengths and vulnerabilities. These measures can then have a flow on effect in providing an evidence base for apportioning funding to those most in need.

The Benevolent Society believes that individually focused client measures should not necessarily be used to measure community strength and that additional work must be undertaken to understand how best to assess the needs of communities.

DSS needs to ensure that national strategies to measure outcomes are aligned and consistent with state and territory approaches and that conversations include the non-government sector. Lack of alignment risks both gaps and duplication in service delivery.

The Benevolent Society would like to see greater recognition from DSS that collecting, monitoring and reporting on client outcomes is time intensive and requires a significant commitment from staff, clients and management to support a data driven continuous improvement strategy. The Benevolent Society has made a significant investment in evaluation capability to measure and evaluate client outcomes at a system, organisational and program level. For smaller organisations this is beyond the scope of their capacity. If DSS is committed to collecting client outcomes at a national level, all service providers (small and large) will need to be supported in this transition. One option could be to develop a partnership approach between more mature organisations that have already transitioned to this outcomes-focused model to support smaller organisations that are at the start of their outcomes journey. The Benevolent Society would encourage DSS to consider funding a community of practice with frequent Q&A/learning workshops to communicate lessons learned, key pain points at both an organisational and client levels and other crucial development information.

There is a persistent need for standardised tools to measure outcomes and to use the data that is being collected to inform and help frame the service approach. The Benevolent Society has extensive experience developing tools to assess the effectiveness of services. As part of our Resilience Practice Framework, we have developed a suite of Resilience Outcome Tools to assess risk, vulnerabilities and strengths and have the evidence to deliver meaningful data. This provides better monitoring at a system, organisation and program level, and ultimately the design and delivery of better outcomes for families.

The Benevolent Society would welcome the opportunity to discuss outcome measurement with DSS and the proposed use of standardised measures. Examples of specific measures we use include:

- Child Neglect Index (CNI): a reliable and valid measure of the type and severity of neglect. TBS use the adapted version of the CNI, as developed by the Parenting Research Centre (PRC);
- Personal Wellbeing Index (PWI) - Adult: corresponding to quality of life domains;
- Kessler Psychological Distress Scale-10 (K10): emotional state for non-Aboriginal clients;
- Kessler Psychological Distress Scale-5 (K5): emotional state for Aboriginal clients e.g. used in the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS);

- Strengths and Difficulties Questionnaire (SDQ): behavioural screening; and
 - Parent Empowerment and Efficacy Measure (PEEM): assesses parenting practices in terms of parental empowerment and capacity to connect to informal and formal networks.
- **Would you be supportive of reporting on client outcomes through the Partnership Approach?**
 - **What tools and supports would you need to implement the Partnership Approach?**
 - **What support would you like over the course of a funding agreement to ensure your services remain supported by evidence and data to improve outcomes for families and children?**

Reporting on client outcomes through a partnership approach requires significant infrastructure and models of collaboration to be developed with service providers. For this to be considered, DSS first needs to fund and lead the development of processes and models of partnership that address a range of issues that arise from this approach.

A successful partnership approach to reporting on client outcomes must provide mechanisms for service providers to work collaboratively to discuss and design data governance models, information sharing, client outcomes' models and identify the gaps in the service system and service delivery models that need to be addressed. The Benevolent Society believes DSS is positioned to drive these discussions but must consider funding organisations to develop and respond to the issues presented by such an approach

A key question for further investigation is the infrastructure needed by services providers to build their capacity to enter into successful partnerships. This work must be funded and led by DSS with funding to explore and identify the key factors for partnership success and the risks for organisations and clients in this approach.

EARLY INTERVENTION AND PREVENTION

- **What early intervention and prevention services do you currently provide that help achieve the three outcomes proposed?**
- **What is preventing you from providing early intervention and prevention services to improve the three outcomes identified?**
- **How could government and service providers better balance crisis support with early intervention and prevention activities?**

A key challenge for early intervention and prevention work is that some communities are already beyond that stage. Often the service sector response to this crisis is to mirror the dysfunction in the community. In these circumstances, partnerships and collaboration between services is crucial to build a whole of community, wrap around response to entrenched disadvantage.

An increase in resourcing for universal and early intervention and prevention services is needed. Commonwealth funding should be targeted at universal and early intervention (childcare, education, health) with state and territory funding focussed at the tertiary or crisis end of the system.

A key difficulty in making the case for early intervention and prevention funding is the difficulty of providing measures of success, such as whole of population data and longitudinal studies.

Government must be better at framing and defining early intervention and prevention to provide clarity around funding and outcomes. Funding for early intervention and prevention services needs to continue across the continuum, with funding parameters and categories consolidated so there are not multiple conflicting reporting areas.

There is evidence of early intervention and prevention services not penetrating smaller, more isolated or discrete Aboriginal communities, where disadvantage is entrenched but instead being delivered in easy to service communities where the risk of harm and contact with the child protection service system is minimal. Mapping of all early intervention and prevention services is needed to ensure services are delivered according to geographic and socioeconomic need.

The rapid development of new suburbs and housing estates in major cities without commensurate services is contributing to and creating new areas of risk for children and families. Poor state and territory government planning has delivered isolated suburbs on the fringe of cities with limited access to the universal services families need. The lack of basic services means increased risk is hidden or dispersed as families have to travel to different locations to access help. For service providers, families presenting at services require more targeted services because the universal and early interventions services have not been available.

COLLABORATION

- **How confident are you that you have developed meaningful relationships with relevant stakeholders in your community? What could we do to help you develop these relationships?**
- **Do your existing referral mechanisms support families and children to access a holistic service response? What could be done to improve this process?**
- **What would Government do to support you to build these collaborative relationships and referral mechanisms?**

The Benevolent Society would like DSS funding to recognise and value service provider partnerships and stakeholder collaboration and to fund it as an outcome measure. The current models claim a focus on outcomes but continues funding based on outputs, ignoring the collaboration, partnership and innovation that service providers employ to achieve meaningful outcomes for children and families.

The Benevolent Society employs a range of strategies and mechanisms to engage and build relationships with the communities we are working in. Where a client is clearly best served by an alternative service, The Benevolent Society employs formal partnerships and referral protocols to ensure clients receive a seamless service response. Our integrated programs model has referral pathways to specialist providers in areas of: housing; employment; clinical mental health; disability service providers; and drug and alcohol services.

For those families who may not respond to traditional service models or who are unlikely to engage with services, The Benevolent Society uses a range of methods to begin a service relationship. These include:

- collaborating with other organisations providing services to increase capacity and leverage resources
- providing non-threatening soft-entry points to engage families
- offering incentives such as food or social activities
- making time for one-on-one relationship building
- providing services in universal locations
- providing information on services in universal locations
- recruiting workers and volunteers from the same target group as participants
- offering culturally appropriate activities.

The Benevolent Society uses our coalition wellbeing tool, a survey with coalition partners to regularly assess the health and effectiveness of our relationships. In addition, we are able to audit and evaluate our relationships on a one-to-one level with funded CfC partners. The Benevolent Society urges DSS to continue support for ongoing coalition work, such as the coalition wellbeing tool which is part of an Australian Research Council funded research project.

A further challenge for collaboration is accessing the information we need at a regional or community level to understand the service environment. This is vital in assessing need and gaps in service delivery and community capacity. Getting information on what is funded, locations, and negotiating the participation of significant partners can be unnecessarily difficult and challenging, and would benefit from DSS playing a leadership role to improve these conditions.

Building collaborative relationships is skilled work and needs development and support from DSS for the sector to build those skills. Rather than individual service providers working internally development, greater coordination or leadership at a more strategic level would deliver a wider distribution of knowledge and skills.