

Name or Pseudonym

[REDACTED]

Email

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1.1 What would a partnership between CSOs and the government that achieves outcomes for Australians being supported by the community sector look like?

Adaptability of supports to CSO services across metro, regional, and rural areas. Tailoring the partnership to reflect the needs of the individual service to better support the needs of their unique client demographic. Government acknowledgement that a 'one model fits all' template style of service/funding design is not adequate.

1.2 How can CSOs and government streamline the sharing of information, particularly through utilising technology to effectively engage, distribute, share, influence and inform in a timely and efficient manner?

In my experience the sharing of information has generally been quite good due to the use of emails, video conferencing, and digital reporting methods.

1.3 How can government ensure the community sector, including service users, and those not able to access services, have an opportunity to contribute to program design without imposing significant burdens?

Digital surveys, needs analysis, approaching and encouraging CSOs to advocate on behalf of the needs of their communities and barriers present for those unable/ineligible to engage in support.

2.1 What would adequate and flexible funding look like?

Clear breakdowns of funding
Enabling CSOs to adjust (with consultation) grant parameters to better engage and support those who would otherwise not receive a service. Rural and Regional service users are often disadvantaged due to decreased availability of transport, unstable/inadequate internet for telehealth appointments, etc.
Reflecting to include costs associated with linking and

2.2 What administrative and overhead costs are not being considered in current grant funding?

Provision of necessary infrastructure to accommodate client needs. E.g, grant funding to support neurodiverse clients but not having adequate funding to provide a comfortable, low-stimuli environment (dimnable lights in consult/waiting rooms, etc.)

The costs associated with having digital client information systems to manage files. Several organisations in regional, rural, and remote locations are still using paper files to manage client data due to inability to invest in digital services.

Costs associated with assertive outreach and client engagement. In smaller communities there are fewer avenues for receiving referrals, thus, requiring a more pro-active approaching of integrating within the community.

2.3 How are rising operational costs impacting the delivery of community services?

Ongoing CPI rises have impacted our ability to invest in the upskilling and ongoing professional development of our staff. This is largely due to the inability to adequately predict and account for these rises over long term grant funding. This impacts employee satisfaction and staff retention, thus reducing capacity to provide a service within grants.

2.4 What have been your experiences with and reflections on the supplementation and change to indexation?

As above, losing staff due to decreased capacity to invest in professional development opportunities.

2.5 How can CSOs and the department work together to determine where funds are needed most to ensure equitable and responsive distribution of funds?

Conduct a needs analysis.

Encourage CSOs to advocate on behalf of clients/populations that may otherwise be excluded from

service provision.

Individual approach for individual communities.

2.6 How can government streamline reporting requirements, including across multiple grants, to reduce administrative burden on CSOs?

Offer regular meetings with funding bodies and CSOs to clarify any enquiries and provide support/flexibility based on location where needed.

3.1 What length grants are CSOs seeking to provide certainty and stability for ongoing service delivery?

3-5 years

3.2 What timeframes should the government aim for, at a minimum, to provide final outcomes on grant variations/extensions before the current grant ceases?

6 months

3.3 What funding flexibility do CSOs require to enable service delivery and innovation?

10-15%

3.4 What flexibility is required by CSOs in acquittal processes to support and encourage sector innovation?

Increased flexibility to accommodate local and community based factors such as supporting regional services to office a more versatile and 'generalist' approach to meet the needs of service users and adapt for shortages of availability of staff/qualifications.

3.5 How can government improve the variation process, with consideration that CSOs must demonstrate alignment with the grant agreement and provide evidence of value for money outcomes?

As above, increased flexibility to accommodate local and community based factors such as supporting regional services to office a more versatile and 'generalist' approach to meet the needs of service users and adapt for shortages of availability of staff/qualifications.

4.1 How can the government ensure opportunities are available for new and emerging organisations to access funding?

Offering select tender opportunities to new and emerging organisations

4.2 What programs, supports and information are already available for smaller CSOs to help build capacity of the organisation? Are these working?

I'm not aware

4.3 How could larger CSOs support smaller CSOs? What are the barriers to providing this support?

Partnership and collaboration of services, contracting staff from smaller CSOs where appropriate.

5.1 What is your experience with and reflections on place-based funding approaches?

In my experience it works well.

5.2 What innovative approaches could be implemented to ensure the grant funding reaches trusted community organisations with strong local links?

Surveying local populations to determine service/support needs and identifying of most trusted/community centred services.

5.3 Which areas do you consider have duplicative funding or gaps you think need to be addressed, and what is the evidence?

Gaps - Regional clinical mental health. Many services provide a 'generalist therapeutic counselling' program, and there are state-based services to support acute mental health risk and management, however very few services are able to offer clients a mental health/clinical approach outside of costly private services.

Considering the significant impact of poor mental health on all other socio factors, it is alarming that so many struggle to find specialised clinical support that is both accessible and affordable until their wellbeing decreases significantly.

Having an accessible (self refer) service in which clients can receive support from accredited mental health professionals with the aim of responding to mild-moderate mental health needs. I feel the headspace program works very well for youth, having a similar service aligned to meet the needs of adults would be very impactful in regional communities.

5.4 Where there is a community-led change initiative, could shared accountability to community and funders (government) strengthen service delivery?

I suppose? What would the community held accountability entail? This would need to be reflective of both the needs and capacity of the individual community.

6.1 If any, what are the problems or challenges you think have been overlooked?

Adult mild-moderate mental health.

Services for neurodiverse adults seeking support to explore diagnosis

6.3 What does success look like?

Improved wellbeing for all