

Name or Pseudonym

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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?

This depends on the policy objective and purpose and what you mean by partnership.

In terms of partnership, this should be inclusive of different CSOs working in the space (from small to large, from specialist to generic providers) to ensure the market is supported and developed. Inevitably only those that can afford to participate in such partnership will be involved - so how does government organise this in a way to ensure those with less resources are able to participate. How does government enable this partnership when it holds all the resources/power? See for example a research paper by Smyth and Bates identifying considerations for 'co-' activities. <https://anzsoq.edu.au/research-insights-and-resources/research/would-adopting-more-co-governance-arrangements-with-communities-build-public-trust/>

In terms of achieving outcomes for Australians, this starts with identifying need, and identifying how those needs may be met, what services already exist, and where there are gaps and duplication. Much like the commissioning cycle used by Primary health networks. See <https://www.publish.csiro.au/AH/AH21356> for an article on strengths and risks of commissioning model.

What I see as one of the key reasons why outcomes are not achieved by CSOs is the way government agencies contract services. This is touched up by many evaluation reports of services and also described and discussed in studies about commissioning. See for example <https://www.publish.csiro.au/AH/AH21356>, <https://doi.org/10.1111/1467-8500.12599> and <https://doi.org/10.1111/1467-8500.12540>. Key areas for improvement are the procurement process (timing), the overspecification of services (lack of opportunity to innovate or respond if model is not working for all or some of the client group), lack of administrative overheads (to establish systems to record outcomes), and contract duration (short duration and lack of notice for renewal impacting on staffing), management and controls used (toobureaucratic).

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?

Various agencies provide systems to support service delivery and enable reporting to the funder.

However, such systems often do not support program delivery or capture relevant information. For example, they may capture the national minimum dataset but not capture program specific information that may inform whether the program is working for a specific program or cohort. For a government and evaluation perspective, this means the service is not reporting relevant data to a program and its effectiveness is difficult to determine. For a service provider, this may mean using another internal system or process to capture this information (if is captured at all). Such systems are often not able to be modified in a timely way to capture additional information.

At the same time, overheads are often capped under the contract - often to around 7-8%. How is a CSO expected to have robust systems in place to capture and report client data in these circumstances.

The way data is captured and report needs to be reviewed more strategically and resources provided to either adapt state/national systems, or provide additional resources/tools to CSOs.

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?

Information is key. And not just information, communication.

Government needs to communicate with representative organisations and encourage them to provide routes of engagement to their members.

However, no doubt such representative organisations are also under resourced.

I would also value the experience of practitioners - service providers - who have a broad understanding of the cohort they are working with and what works, and what doesn't work.

2.1 What would adequate and flexible funding look like?

This would depend on the service.

This should be cognisant of fixed costs, variable costs, and better provide for overheads including data capture and things like clinical supervision, community advisory groups, and community engagement. A service does not just work on a unit cost for occasions of service. Resources are required to ensure service is appropriate to the cohort, staff are supported in service delivery, and referral pathways are communicated and established.

There should also be flexible funding for service improvement to allow for innovation. Ultimately, this may provide better outcomes and better value for money.

Here I would also emphasise the longevity of funding. Short term funding cycles create huge overhead costs for both government and providers - decreasing value for money. Build in review points instead.

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

As stated above

Contracts need to better provide for overheads including data capture and things like clinical supervision, community advisory groups, and community engagement. A service does not just work on a unit cost for occasions of service. Resources are required to ensure service is appropriate to the cohort, staff are supported in service delivery, and referral pathways are communicated and established.

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See also the PhD study on examining commissioning - see <https://opus.lib.uts.edu.au/handle/10453/150857>

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

I have no direct knowledge of this. However, I have observed CSOs competing for staff - if there is competition for staff, costs will increase.

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

No comment

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?

This requires better data capture, or drawing on the experience of a wide range of stakeholders to identify unmet need. Often unmet need is difficult to determine as if someone isn't using a service, how do you know what their needs are?

Perhaps think about consequences such as justice data (in terms of overrepresentation of cohorts in due to disability or other factors), hospital data (ED presentations), unemployment data, and other data collections. Look up and downstream.

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

Better systems of reporting as highlighted above.

All stakeholders (clients, CSOs and gov) need to know whether services work. But KPIs need to be meaningful to client, CSO and gov, and not harmful to deliver. Preferably negotiated. Some KPIs are meaningless. Others are ignored.

Ideally we would have standardised reporting. But as noted elsewhere in my submission, standardised data collections are not necessarily relevant to specific programs.

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

Minimum of 3-5 years. In my work as an evaluator, I often see programs funded for 6-12 months, or renewed for another 12 months two weeks before expiry. See previous references to <https://doi.org/10.1071/AH21356> for an example.

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?

9 months minimum. Again see <https://doi.org/10.1071/AH21356>

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

This would depend on whether the program is overspecified up front, or whether a separate component is required to enable innovation.

However, its inclusion is essential to improve and innovate - leading to better client outcomes and better value for money for the government.

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

No comment as not directly involved.

However, I would add that while financial acquittal is important for probity, so are the reporting of outcomes. Often I have observed the focus to be on acquittal processes rather than outcomes.

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?

When services are not working, or KPIs are not working, they should be reviewed and changed if needed. This should be through timely and joint negotiation.

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

Neoliberalism requires some market oversight. Due to the way services are contracted and renewed, markets rationalise over time (often with larger CSOs dominating the market). In social services this is concerning as small providers are often best suited to respond to the needs of clients in specific place or specific cohorts.

The NDIS is a key area where government has failed to provide market oversight. There are clear gaps in supports and services for specific (and often complex) client cohorts - often made more complex by place.

There are various approaches gov could use - such as intermediary models or encouraging proposals from consortiums. Whatever it does, it should monitor the market and be mindful of how its actions affect the market.

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

No comment

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

There is possibility through intermediary or prime provider models. Sometimes these work - often they don't.

More research is required to understand how to make this work and specifically how to stop this leading to further market rationalisation.

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

Place is complex - particularly when services are moving to online modes of delivery. See <https://anzsoq.edu.au/news/adapting-place-based-initiatives-hybrid-world/>

There is a cost to place based funding when taking a more collaborative approach. While this approach may increase equity for those within the place, they may create inequity with those outside of place.

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

Ensure all CSOs have governance/advisory groups as part of their governance arrangements.

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

I do not think there is sufficient evidence to determine this. How do you really determine unmet need with confidence? While looking at various associated data (for example ED presentations, contacts with justice system and other agencies) - really this is at the extreme and does not identify opportunity for early intervention.

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

That should be determined by the community led group. See Maranguka for the perfect example.

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

Impact of contracting and transaction costs and its impact on all parties.

6.2 What other solutions or changes could also be considered?

Further research on the impact of contracting and the costs of contracting on both gov and CSOs

6.3 What does success look like?

For consumers, Equity, improved wellbeing, improved socio-economic participation.

For services, stable operating environments (funding, staffing), adequate resources to deliver rather than relying upon goodwill (donations or staff goodwill).

For government, better outcomes, reduced cost of commissioning processes in government, sustainable market to deliver, AND ensuring safeguards are in place.