

Co-ordinating Service Delivery

Questions

How effective are the current arrangements for coordinating service delivery in remote and discrete communities?

Are there examples of service duplication or service gaps in remote and discrete communities?

What could be done to improve coordination?

Which factors impede effective coordination of service delivery?

Do those responsible for coordination have sufficient delegated powers to fulfil their role effectively?

Are there examples where coordination is done well? If so, how?

Is there anything else you want to tell us that you think is important about service delivery coordination? Please expand.

Current coordination arrangements are not very effective. This is due in large part to the gaps and overlaps between state and commonwealth agencies and funding programs such as health education police. These agencies work largely in silos with authority located in mainstream regional or state offices.

These factors limit the flexibility of service providers policies, service delivery models and resources to more effectively respond to local needs in culturally appropriate ways. In addition the constant movement of government personnel means that government officers do not have time to develop a deep understanding or engagement with the community or funded services. PICC has been allocated 12 contract officers in the past 7 years.

One advantage of a service provider such as PICC is our ability to pull together disparate funding sources to provide integrated, effective and culturally appropriate services with a common objective. One example is in early childhood services where commonwealth funded early childhood coordination services are integrated with state and self-funded primary health, family support, early education and disability services. The service mix may adjust over time as funding availability and government priorities change, but families and children continue to receive a package of targeted and flexible services that meet their specific needs. Where services are not available through PICC, we assist with referrals and advocacy with other Palm Island or Townsville based services.

Another example is our primary health service that draws on various government, philanthropic and university funding sources and services as well as Medicare and other fee for service income to provide a wide range of primary and ancillary health services, training opportunities for health care practitioners and support to access specialist services in

Townsville. We believe that this level of coordination can only be achieved by a local service provider such as PICC that has local engagement and community trust as well as effective networks with a wide range of funding and service provider players.

The integration demonstrated by the PICC model has many benefits including multiple entry points for clients, staff having a deep local knowledge including historical knowledge and how this impacts on the community, efficient and effective referrals system and innovation opportunities to name a few (see PICC Integration Statement attached) However, with integration, there are concerns that consumers may not get adequate choices in a service system dominated by one organisation. PICC is well aware of this issue and considers it to be a necessary consequence of a fully integrated system with many benefits. To mitigate this issue, PICC has implemented the following:

- recruitment of staff across services is representative of the family groups on Palm Island
- community representation on the PICC Board
- consultation with the Elders Advisory Group to guide service establishment, development and reform and to provide advice on local issues such as any community groups take-up of services or other issues of accessibility
- a system of robust, effective and immediate referrals of clients who decline to receive a PICC service
- participation in a strong community network of services on Palm Island so that interagency knowledge is maintained
- a comprehensive and accessible complaints and feedback system
- development of policies which directly address this issue including service delivery and HR policies such as Code of Conduct and staff contracts
- training of staff in areas of confidentiality, ethics and managing conflicts of interest
- staff are restricted in their access to data – staff, with the exception of management, are only able to access the data of their particular service

Examples of service gaps include dental services for those who do not have healthcare cards and are therefore not eligible for public dental services, practical assistance for people wishing to establish small business enterprises.

Duplication is rife in the health service industry, for example DET funds PICC to assist in the operation of a Primary Health Service. Queensland Health is currently establishing a duplicate Primary Health service on Palm Island.

Other Issues:

- Limited co-ordination between Commonwealth and state government at local level – e.g. early childhood; health; employment; economic development;
- This is in part because neither government delegated authority of funding flexibility to regional offices. Past efforts to co-ordinate e.g. negotiating tables; Palm Island Partnership (Circa 2005) were time limited initiatives that lacked substance and follow through.
- Service level co-ordination – DV network, DATSIP facilitated meetings etc.
- Factors impeding co-ordination – competition for funding; influence; community politics

- Role of local councils as gatekeepers impedes access to information within communities.

Response, management, prevention and early intervention

Questions

Are there priority service areas that you think should be assessed?

- Health service delivery
- Child safety (reforms underway)
- Corrective services
- Police
- Economic development and employment

Can you provide examples of service delivery that is working particularly well? Do you think the lessons learned could be useful for service delivery elsewhere?

PICC service delivery especially local employment and staff development; integrated services; scale to enable supportive management; efficient administration and service infrastructure; flexibility in staffing service responses especially early intervention and emergency response eg DV, family crises, deaths, natural disasters etc)

Do you think sufficient attention is given to early intervention and prevention? How effective are current preventative measures? Are there impediments that hold back the implementation of effective preventative measures? How could these be addressed?

- Improvements in recent years e.g. Family Support Hub (now Family Wellbeing service); primary health;
- Need more emphasis on crime prevention and early intervention (Community Justice Group underfunded)

Could existing services be used to better leverage economic opportunities for remote and discrete communities? To what extent might this compromise service delivery or have other unintended consequences?

- PICC has demonstrated opportunity to increase local employment – but costs more initially for training, mentoring, supervision and lower productivity. However longer term benefits to individuals, families, community and service delivery make this cost-effective.

- Other economic opportunities – e.g. local enterprise and social enterprise receive very limited policy or funding support.

Is there anything else you want to tell us that you think is important about response, management, prevention, early intervention or economic development? Please expand.

PICC proposed a better use of the residential service (Safe House) when not fully utilised by the target group which is restricted to referrals from Child Safety Services and children under departmental intervention and/or orders. From time to time the Safe House would be empty or carrying some vacancies. PICC suggested alternative uses for both staff (who were rostered on regardless of placements in residence) and the vacancies. It was suggested that the empty beds be utilised for prevention and early intervention services such as respite placements and that staff be redirected to similar activities such as supporting the Playgroup and Night Café programs. An email was sent to the Regional Office of the Department of Communities regarding this issue however to date no response has been received.

Other Issues

Questions

Are there actions that the Queensland Government could take to expedite the resolution of land tenure issues affecting service delivery in remote and discrete communities?

- Government could provide long term leases on government controlled land and /or buildings to NGOs such as PICC to support quality service delivery. Lack of suitable facilities is one of the prime constraints on service delivery. Positive examples are purpose built facilities for women's/DV; CFC; Child Safety safe house and government owned buildings.
- Care should be taken to not rush into free-holding DOGIT land without full considering the long term consequences. 99 year leases provide benefits while allowing the community to maintain some control over land use.

Are there any other issues not directly covered by the terms of reference that have a significant effect on service delivery? Please expand.

Governance

Good governance is important for effective service delivery. It provides the foundation to allow effective decision-making, make clear roles and responsibilities and help ensure that information is passed between service users, providers and funders.

To understand the effectiveness of service delivery and how it may be improved, we are interested in:

- The extent to which the division of roles and responsibilities between the Australian, Queensland and local governments is appropriate for service delivery in remote and discrete communities*
- Whether the current delegation of decision making powers regarding service delivery is appropriate*
- The extent to which communities and individuals are able to use local governance arrangements to voice their preferences, concerns or needs*
- Whether government services, programs and institutions are well-governed and what could be done to improve things*
- What things are impeding or helping to improve governance in Indigenous organisations involved in service delivery*
- The extent to which community level governance is effective in influencing and improving service delivery and what could be done to improve things*
- The extent to which government decisions have eroded or developed local governance capacity*
- Whether existing governance arrangements are effective and efficient, and what should change*

Roles and Responsibilities

Questions

Is the existing division of roles and responsibilities between the Australian Government, the Queensland Government, and Indigenous bodies ideal? If not, what changes would improve outcomes and what are the implications for Queensland Government service delivery?

Does the system of shared roles and responsibilities result in significant cost inefficiencies? Is there evidence of other problems?

Is there evidence of benefits from the system of shared roles and responsibilities?

Is governance improving?

Questions

Which governance issues are the most important to achieve improved outcomes?

Are there some simple things that could be implemented that would improve governance in the short term?

Longer-term, what should be the governance framework going forward? How complicated would it be to implement and what impediments would need to be overcome?

Are the factors that are important for Indigenous community development the same factors that are important for economic growth and raising living standards in the broader community? What differences exist? How do these relate to governance issues?

How does local governance capacity influence the effectiveness and efficiency of the delivery of programs and services?

Which factors support a strengthening of governance at the local level and why?

Are there examples of government policies that have had the unintended consequence of eroding governance capacity at the local level? Has this limited the ability of programs and services to achieve their objectives in an effective and efficient manner? How?

Where there have been policy failures, is the nature of the failings ad hoc — no common theme or repeated cause of the failings over time — or systemic? If systemic, what are the causes?

Are Aboriginal peoples and Torres Strait peoples over-governed? If yes, what actions could be taken to address the problem? How does it impact on the effectiveness and efficiency of service delivery?

Are policy learnings reflected in the day-to-day design and implementation of policies that impact on Indigenous governance? If not, please provide examples.

*Is there anything else you want to tell us that you think is important about governance?
Please expand.*

Strong local governance is the most important factor impacting on improved outcomes. State and Commonwealth government 'public governance' is inevitably problematic because of the short term nature of government policies, funding commitments, planning and coordination mechanisms. Strong local government and local NGOs are essential as community advocates to influence government planning and resource allocation decisions, plan and implement services in ways that meet local needs and hold government service providers to account. Strong local governance as demonstrated by PICC on Palm Island enable on-the-ground coordination of disparate funding sources, resources and expertise in pursuit of long term objectives. They also provide the ability to adjust service delivery responses to address changing or emerging needs.

Longer term, governments need to develop capacity for 'network governance' in order to address 'wicked problems' such as Indigenous disadvantage. This is an ability to really engage with other stakeholders in policy development and service delivery. This enables all the available expertise, knowledge and resources to be applied in a coordinated manner and shares responsibility for the problems as well as power to make change. Such approaches are proposed in range of complex and difficult policy arenas but are particularly appropriate in Indigenous affairs where aspirations for self-determination and the legacy of past state policies has entrenched a lack of trust in the state by Aboriginal and Torres Strait Islander communities.

Shared governance is difficult to implement because of the nature of government policy and budgetary processes and the entrenched culture of top down and centralised decision-making within government. It is also difficult because of the divergent interests and views within Indigenous communities. However, PICC has demonstrated that with time, good will and persistence, effective intercultural governance can be achieved.

Funding

Questions

What are the consequences of a heavy reliance on grant funding (flexible and/or tied forms of funding)?

- There is limited flexibility to use grant funding for purposes other than those stated explicitly on the service contract – purposes which may better suit community need particularly emerging need
- Any issues raised in relation to a particular service agreement tends to “spill over” into other service agreements held by the organisation and funded by the same Department
- Grant funding can be ceased at any time government priorities change despite the service being useful to the community and the community having expectations the service should continue. An example of this is the redirection

of funding for a general Family Support Hub to a more specific Family Wellbeing Service – this led to some individuals missing out on much needed services as their particular target group was not included in the new service model.

- The organisation maintains a heavy administration, finance and compliance burden for each grant

What impediments are there to Indigenous councils reducing their reliance on grant funding?

If economic development is a critical factor underpinning growth in own-source revenues, how can existing programs and services better support development?

There are very limited or no opportunities for existing programs and services to better support economic development due to inflexibility of service contracts. Any benefits would be co-incidental, for example, a training program may be useful for staff of a social enterprise (who could attend at no extra cost).

For Indigenous organisations, is the current level of flexibility and control over spending appropriate? If not, why and what reforms should be considered?

Flexibility and control of funding could be improved to allow for emerging need and priorities for the community. For example there may be an unexpected temporary need for youth crime diversion programs. Currently there is no way to meet this need without flexibly using grant funding.

Are there ways in which greater user choice could be introduced into remote and discrete communities?

Ideally, all remote communities should enjoy choice of service provider. However the provision of a range of services across a range of organisations is not viable in a remote community of under 3000 residents. PICC provides choice by assisting service users to access services in Townsville, by the provision of free or reduced cost transport.

Is there anything else you want to tell us that you think is important about the funding arrangements? Please expand.

At times it is clear that funding bodies place more emphasis on funding compliance than on actual service delivery outcomes. Often compliance issues raised with the organisation are of a minor nature such as a query over the percentage allocation of funding to individual cost codes within a service budget. Responding to such queries is time consuming and repetitive, and the requests are often generated by Department staff with limited understanding of the operations of an NGO.

Evaluation

Questions

Do the current reporting requirements associated with grant programs provide useful information to policy makers, service providers and communities, If no, why?

The usefulness of current reporting requirements and the data they generate is limited due to their narrow, generally quantitative focus. There are no mechanisms to gather data about service outcomes, and there are no longitudinal evaluation frameworks. In addition funding bodies often request data which outside of the normal reporting guidelines. This must be manually collated and is time-consuming.

The reporting requirements are particularly unhelpful for organisations such as PICC as they do not capture the broad nature of the work and the outputs/outcomes achieved as a consequence of the organisation working holistically within the community. Such outcomes include economic benefits, HR outcomes, social capital building which benefit the community in general.

What approaches to evaluation of services and programs funded by the Queensland Government are currently adopted?

Do evaluation procedures follow best practice principles?

Do traditional approaches to program evaluation work in the context of service delivery in remote and discrete Aboriginal and Torres Strait Islander communities?

Is evaluation being used as a tool to monitor and improve service delivery? Are policy learnings reflected in the day-to-day design and implementation of policies that impact on Aboriginal and Torres Strait Islander peoples? If not, please provide examples.

Are current evaluation approaches transparent enough?

What could be done to improve the culture of evaluation and make it more useful for driving improvements to service delivery?

What indicators should be used to measure progress in remote and discrete Aboriginal and Torres Strait Islander communities?

Is there anything else you want to tell us that you think is important about evaluation? Please expand.

Most state government grant programs have a multitude of reporting requirements that mostly focus on compliance with funding conditions rather than the impact of services. Reporting includes:

- Activity output reports, eg clients assisted with various services
- financial reports - quarterly acquittals, annual audited financial statements
- licensing or accreditation audits of quality and compliance

This information is of limited usefulness to PICC other than to monitor service usage and for budget management. We understand that it is easier to collect information on outputs (what services are delivered) rather than outcomes. This is because outputs are easier to quantify and outcomes are notoriously difficult to quantify.

Few grant programs have planned evaluation of outcomes at service or program level and funding levels limit service provider's ability to undertake independent evaluation. AT PICC, we attempt to regularly review services and adjust service delivery models accordingly.

Much information about outcomes eg. children admitted to state care, is collected by government and should be shared regularly with service providers such as PICC to monitor outcomes at a community level.

Rather than ad-hoc program specific evaluations, regular (3-5 year) cycles of evaluation are needed that evaluate a package of programs directed to a specific problem or outcome, for example, early childhood, family wellbeing. These need to be more collaborative with service providers and other stakeholders and focussed on continual improvement. Such evaluations could review available good practice evidence and act as educative tools that facilitate program and service development.