Towards a more effective and sustainable community services system

Your feedback

The background to the Pathways listed below is outlined in *Towards a more effective and sustainable services system: A discussion paper*. These questions may be considered within the context of that information.

Improving outcomes

Pathway 1: Put people at the centre of service delivery

1.1 What barriers get in the way of putting people at the centre of service delivery?

- Current funding models focus on delivering discrete activities (episodes of care). They do not provide the flexibility needed to support integrated and holistic responses to complex need. Service users require better than a 'one size fits all' approach.
- Across the AOD sector, organisational processes/cultures have been shaped by the prevailing (state) funding model (see above).
- Tying funding to catchment areas limits treatment providers' capacity to respond to service users when they seek assistance outside their designated catchment.
- Across the AOD sector, current IT and data systems create significant barriers to the collection of meaningful service data and subsequent planning.
- Inconsistencies of approach amongst treatment providers (e.g. eligibility criteria for treatment programs, willingness/capacity to address complex needs) and across sectors (e.g. AOD, mental health, child protection, homelessness) restrict people's capacity to set their own goals. Too often, people are forced to meet the conflicting requirements of various services, rather than have services combine to support them to reach their desired outcomes.

1.2 What needs to change to put people at the centre of the system instead of focusing on programs?

- The stigmatisation of people who use AOD has a significant impact upon both whether people within this group seek treatment/support services and how they are treated when they do.
- Funding to support consumer participation in developing and planning service systems would assist both the system and the people engaged.
- If people are truly at the centre of the system, they must be allowed to select their own desired outcomes. If service funding predetermines the definition of 'success', this definition is prone to ideological or political manipulation, that has little to do with the impact of funded services for the people they serve.

1.3 What organisational approaches and workforce capabilities are needed to achieve this – in CSOs, in public service agencies or in government policy?

- No service should be able to refuse people access to AOD (or other) treatment services on the basis of their participation in Opioid Replacement Therapy.
- CSOs need a consistent framework (and level of expertise) for generic assessments of people's needs across a range of areas e.g. AOD, family, mental health, physical health,housing, forensic and employment/ education. This includes the recognition that a person's AOD use may not be the primary cause of concern in their lives.
- Increased capacity of generalist and specialist community workers to carry out AOD prevention and early intervention responses with their service users. And for AOD clinicians to understand and respond other sectors for intervention or referral.
- Better measures of organisational activity: beyond simply focussing on throughput to recognising the impact of complexity of service users' needs on service capacity and broad indicators of improved wellbeing.
- Improved cultural awareness amongst CSO staff and capacity for culturally sensitive practice including relating to indigenous clients.

1.4 What models of partnership and coordination would help create a more people-centred system?

- Investigate closer working relationships between AOD and the PDRSS (community mental health) services sectors.
- Develop multidisciplinary service hubs to increase accessibility of complimentary (and co-located) specialist services. This would not require the formation of a new overarching service provider, but support improved capacity to integrate specialist expertise in treatment planning.
- Need for recognition of the different conceptual models for drug treatment: medical model (addiction) vs bio-psycho-social model (dependence), and the capacity of both to contribute to sustainable AOD treatment outcomes.

Pathway 2: Focus more on supporting people to build their capabilities

2.1 Where would capability-building initiatives have the greatest impact on improving outcomes for people and families?

- While there will always be a need for therapeutic responses to people in crisis to reduce harm and support sustainable change, the greatest impact will be achieved via early intervention to prevent the onset or escalation of factors that contribute to AOD misuse. This places a clear emphasis on work with families, particularly those with young children. Family inclusive practice provides opportunities for treatment services to engage across the spectrum of AOD-related harms, from the earliest prevention work with infants to recovery-oriented services for parents with problematic AOD use.
- In addition to focussing on working with families, harms associated with AOD use should be addressed within a population health approach, recognising that these harms are experienced well beyond the lives of individuals directly affected.

2.2 What could the system do better?

- Provide adequate supports (e.g. housing, primary health, trauma, harm reduction services) to prevent or reduce the impacts of individual or family crises which typically lead to crisis engagement with AOD treatment services.
- Seriously address causes of poverty and disadvantage as a key drivers of need for community services.
- Develop an appropriately structured (and resourced) AOD harm prevention strategy (as has occurred previously with HIV).
- The current Victorian AOD reform process has a limited focus on prevention. This needs to be undertaken at a whole-of-government level, with genuine collaboration across government departments and involve AOD agencies. The Federal Government's 'drugs are bad messages' is not supported by the evidence from public health campaigns and does not engage the target audiences.

2.3 How should one balance the need to support people's immediate needs with the imperative to build their capabilities?

- Basic triage principles apply – address immediate needs first, then respond to broader needs once people have achieved a level of stability. Broader needs require the development of an appropriate strategy (see 2.2), immediate needs require immediate action.
- Capacity-building requires a holistic approach, with a broader focus on wellbeing, rather than expecting isolated interventions to achieve sustainable outcomes.
- Treatment services should be able to work with people at earlier stages of their experience of AOD harms (i.e. before crises develop). This requires improvements to treatment accessibility and increased capacity of service providers to engage in outreach/community development activities.

2.4 What would need to change in the system to make it easier to manage the trade-offs?

- Having clearly identified, long-term public health goals that can be measured at a population level.
- Providing a suitable level of basic resources (e.g. housing) to prevent the recurrence of individual/family crises and provide real support to the sustainability of treatment outcomes.
- Flexibility of service funding to enable appropriately tailored service responses to complex needs e.g. Multiple and Complex Needs Initiative (MACNI) panel.

Pathway 3: Develop place-based approaches

3.1 Where are place-based approaches already being applied successfully in the system, and what factors make them successful?

- The community health model provides a good basis for developing locally-responsive service hubs, but requires more effective integration of specialist services to provide a more holistic and comprehensive approach.
- The Atherton Gardens model in Fitzroy provided a great example of a holistic and locally-focussed response that provides direct benefits to its community. However, much of its success was due to factors specific to the community it served and the model is not necessarily easily replicable in other locations.

3.2 What changes are needed to align people-based and place-based approaches in the system?

- People amongst the most vulnerable and stigmatised within our communities (e.g. those experiencing AOD harms) must be guaranteed a consistent quality of care and access to support. Consistent specialised (and evidence-based) service responses should be retained for particular target groups (regardless of place-based variations) to ensure the maintenance of service standards and accessibility, particularly by the most vulnerable.
- Greater structural support for consistent clinical governance (and co-ordination) within and across service sectors.
- Need for careful definition of 'place'. To be truly responsive, place-based approaches should be possible below the level of Medicare Locals, which cover too great an area/population to promote genuine innovation.

3.3 What roles should different stakeholders (for example, CSOs, public service agencies, local government, community advocates) have in delivering effective place-based approaches?

- Public service agencies can contribute to reducing the multiple (federal, state, local) levels of management and reporting for treatment services. The compliance costs for much program funding are too high.

3.4 What are the main risks of using flexible, place-based approaches in the system and how can they be mitigated?

- There is a clear risk that people with complex needs will be sidelined (as has been seen in the employment services sector), with service providers choosing to focus on those requiring less work to achieve a funded outcome.
- While flexibility is important, it is essential that services for the most vulnerable remain evidence-based and not subject to local politics or ideology.
- There needs to be adequate monitoring of place-based approaches to ensure that they are meeting recognised standards.
- Community sector reforms need to be carried out at a broad level, not just in one sector, ensuring that new approaches are integrated with other service systems e.g. health, education.

Pathway 4: Recognise and reward good outcomes

4.1 How realistic is it to re-focus the community services system around outcomes?

- A focus on outcomes can be productive as long as there is an appropriate process for determining what those outcomes are and how they are measured. They must be driven by established evidence, not cost cutting, political interests or ideology.
- If we are to have a people-centred system, people using services must be able to decide on what their desired outcomes are.
- For appropriate outcomes measurement, we need increased capacity to conduct longer-term research into the impacts of services on people's lives. Current data collection systems do little more than indicate demand and throughput. There needs to be considerable new investment in evaluation of established and emerging service models, including place-based approaches.
- Systemic limitations on service outcomes (e.g. the impact of ongoing severe shortages of affordable housing, access to acute mental health services) need to be recognised in any assessment of service effectiveness.

4.2 Where in the system is an outcomes focus most, or least, appropriate and feasible?

- To be effective, outcomes must provide a valid measure of individual and broader outcomes. Outcomes measures need to consider the impact of complex needs on people's capacity to achieve established outcomes and include rewards for services that demonstrate their commitment to working with complexity. Measures need to be sensitive to where people are starting, not just where they finish.
- Outcomes measures must focus on services' capacity to meet people's needs, not ideologically-driven objectives or government needs to reduce costs.
- Emphasis should be placed on developing effective (and consistent) therapeutic processes, within individual service providers and across service networks. If good processes are in place, good outcomes will follow. Currently, the AOD sector lacks such a framework of consistent practice. This needs to be established before the sector can jump ahead to outcomes measures. We need to get the basics

right first.

- As recent experience within the UK AOD sector has demonstrated, the introduction of an outcomes focus has the potential to increase the vulnerability of evidence-based service models to ideological and austerity pressures. The UK example has resulted in significant damage to the capacity of service providers to provide meaningful, individualised responses to client need, increased 'gaming' of the new system by service providers and, most importantly, reduced effectiveness of treatment services for their consumers.

4.3 To what extent is it possible to provide better measures of the outcomes of government expenditure on services (for example, assessing the social returns on public investment)?

- It is possible to develop better outcomes measures when they are focussed on people's own goals, are evidene-based and sensitive to systemic barriers to change and supported by rigorous evaluation.
- Outcomes measures (and subsequent recognition of service providers) will need to acknowledge the impact of broader systemic factors (e.g. access to housing and employment) on achieving social returns.

4.4 If there was better data on outcomes, what would be the most effective ways to recognise and reward positive outcomes?

- It is essential to ensure that clients with complex needs are not excluded within a new service system. Incentives should be available to services with demonstrated commitment to engaging and providing appropriate service responses for people with complex and interrelated needs.
- The definition of service outcomes would need to support this process. Completing an episode of treatment is not an outcome.

4.5 How would an outcomes-focus foster (or potentially hinder) innovation and/or sharing of best practice?

- Service targets should not impede the delivery of quality services, with the subsequent focus on throughput, rather than outcomes. Service funding should provide flexibility for innovation and holistic responses to complex need. This could incorporate a model of 'core' + 'flexible' funding to encourage service providers to develop best practice models.
- Service funding could include incentives for recognising the development of best practice models and encouraging service providers to share their learning with other services. This should include ongoing commitment to evaluation (including long-term outcomes evaluation) of emerging and established practice models.

Improving how the system is funded

Pathway 5: Consolidate government funding programs

5.1 What are the major benefits for CSOs or service users of consolidating program funding?

- Reduction in reporting and compliance costs for CSOs, allowing existing workers to focus more of their time and effort on service delivery. Efficiencies of scale provide opportunities to redirect existing funding to service delivery (and create additional capacity within the sector) rather than corporate systems.
- Simplification (and improved consistency) of eligibility criteria for services – making it easier for people to navigate the Victorian service sector.
- The potential for increased opportunities for the development of innovative approaches.

5.2 What are the major challenges or risks associated with consolidating program funding?

- Consolidation brings with it the risk of promoting uniformity of programs and/or the potential loss of specialist (or 'niche') expertise in working with specific groups or issues. This includes the potential loss of localised service responses that have strong linkages with their target communities. The loss of such expertise/services could significantly affect service accessibility and effectiveness for the people and communities concerned.
- If consolidation is accompanied by a bureaucratic approach to the administration of funding agreements (focussed on funder needs, rather than consumers' needs), this will limit the capacity of service providers to develop localised and innovative service responses.
- While reduced reporting costs will be welcome, it will be important that monitoring of funded services ensures that money is spent where it needs to be and not redirected away from serviced delivery.

5.3 Are there types of services that consolidated program funding would work best or poorly for?

- Standard service models (e.g. counselling programs) would be suitable for consolidation. Services targeting groups experiencing specific disadvantage, marginalisation or stigmatisation (e.g. Aborigines, CALD communities, asylum seekers, injecting drug users, families affected by AOD use) must be protected to ensure the service sector's capacity to engage with these groups. Any move towards a 'one size fits all' system will fail to meet the needs of people within these groups.

5.4 What is needed to minimise the impact and maximise the benefit of consolidating program funding?

- We need to ensure that the elements of current systems that have been demonstrated to work well are preserved and built upon.
- The development of consistent and effective systems for data collection and an ongoing commitment to evaluation of program and system outcomes.
- Funding models must allow service providers scope to plan, implement, review and share innovative practice that contributes to improved consumer outcomes.
- The retention of specialist AOD services i.e. specialist services not being subsumed by large generic programs that lack the expertise and experience to respond to acute and complex needs.
- Scope for services that work with marginalised and vulnerable groups to undertake targeted research and public advocacy to challenge stigma and disadvantage.

Pathway 6: Adopt different funding models

Client-directed funding

6.1 How far should client-directed funding be extended beyond disability services into other areas of community services (for example, aged care, community mental health, access to training)?

- Client-directed funding has obvious benefits in some areas, but there is a need for clear, consistent criteria for who would be eligible for such funding and how it could be used.
- It is essential that services are held accountable for how they attract client-directed funding and the quality of services they provide under such a funding approach. There is a real risk that high quality services would be lost, with client-directed choices informed primarily by price alone or influenced by unrealistic (or exploitative) marketing by for-profit services. Publicly funded AOD treatment services would be particularly prone to such an approach. It is essential that service quality, accessibility and collaboration (together with their contribution to sustainable treatment outcomes) are retained as the key determinants of program funding.

6.2 What information and support is required for people as they move to client-directed funding?

- Without overloading people with unnecessary information, they should have easy access to clear measures of providers' service quality, accessibility and collaboration with related services. It is essential that there is real transparency about how client-directed funding would be spent and what are reasonable expectations to have about service outcomes.

6.3 What is the best way to manage the trade-off between giving an individual flexibility to make his/her own decisions and ensuring they use funds for their intended purpose?

- It is essential that, where appropriate, people are provided with expert advice to support the development of a treatment plan that is based in established evidence of effectiveness and that ensures people are not put at risk by their treatment choices. This is particularly relevant to AOD treatment options such as withdrawal and opioid replacement therapy.

Outcomes-based funding

6.4 In what areas is outcomes-based funding most appropriately provided?

- In whichever areas outcomes-based funding is provided, the most important factor in its success will be how outcomes are defined. If they ignore individuals' goals (outside of a narrowly defined range) and focus primarily on service throughput – as is now the case with the UK 'payment by results' funding model for AOD treatment – they will not provide benefit to the people using community services. In such circumstances, outcomes-based funding has the potential to do real harm within the lives of vulnerable and marginalised people.
- The UK approach has created a system within which abstinence from AOD is predetermined as the only acceptable treatment goal (regardless of people's own goals) and outcome measures based on non-representation for treatment effectively enforce barriers to re-engagement with treatment services (regardless of people's actual needs). This should not be repeated in Victoria, or anywhere else in Australia. Our service system should prioritise enabling timely access to services when there is a clear need for them, particularly those services that can prevent the escalation of concerns to the point at which an intensive, crisis-driven response is required.

6.5 Are there areas in which outcomes-based funding is unrealistic?

- It depends more on how outcomes are defined and whether they recognise systemic and individual barriers to their achievement. In the area of AOD treatment, the sustainability of treatment outcomes can be heavily dependent upon external factors in people's lives (e.g. housing, employment, relationships, physical and mental health, discrimination) over which service providers have little control. Even the most robust treatment outcomes can be quickly undermined by the influence of such factors.
- In the context of AOD treatment, consideration must be given to the chronic, relapsing nature of AOD dependence and the need, for many people, of regular episodic use of appropriate services over an extended period to enable long-term change. The imposition of arbitrary, ideologically-driven outcomes (such as abstinence) that do not recognise the reality of the recovery process, or that continued use (while using evidence-based harm reduction strategies) is a legitimate choice for some people, will not allow service providers to tailor individualised responses to individuals' needs and goals.
- Outcomes-based funding should be introduced when there are clear, attainable and evidence-based outcomes that can be achieved within the context of a particular service type. They should not be so limited as to be almost meaningless (and prone to manipulation e.g. program completion) but should not be so broad that they cannot be reasonably attributed to program participation. If outcomes measures are too narrow, they provide little value. If they are unachievable due to systemic factors or individual complexity, service providers will be held to unreasonable expectations that will, presumably, have an impact on future service funding.

Consortia-based funding

6.6 What is needed to make consortia work effectively and to ensure accountability? Does government have a role in the creation of consortia?

- Consortia need clear clinical governance frameworks that ensure consistency of service delivery and co-ordination across all member services.
- Consortia need appropriate allowances to develop and embed organisational governance frameworks and other co-ordination systems. The clear preference for consortia within the Victorian AOD sector reform process means that there will be a number of new partnership arrangements in place in the near future. As with any new initiative, these partnerships will take time to establish themselves and this will have an impact on their capacity to meet service targets and other measures within funding agreements. Funding agencies need to recognise this and allow consortia to prioritise the implementation of these systems during their initial establishment phase.
- Government can support the timely formation of new consortia by providing current and accurate data on projected service demand (and other relevant issues) within designated regions or catchments. The absence of this data is an impediment to effective planning by prospective consortia members.
- There is a clear role for government in consortia formation in regions where they may not exist, or are struggling to overcome geographical, cultural or other challenges to provide consistent, evidence-based services to people within their communities. Government is clearly responsible for ensuring reasonable service access for all Victorians.
- Consideration should be given to the physical infrastructure needs of consortia-based services, particularly the value of service colocation in supporting improved accessibility and co-ordination of holistic responses to complex needs.

Area-based funding

6.7 How can one manage the risk that an area-based funding approach generates, specifically that communities may have different approaches and different outcomes?

- All approaches should be held accountable clear minimum standards relating to service quality, accessibility and co-ordination. Government has a clear role in defining those standards within service specifications and monitoring providers' adherence to those standards.
- All providers must be required to undertake regular quality accreditation (using recognised frameworks). The costs associated with this requirement should be recognised within service funding agreements.
- While innovation should be encouraged, it is essential that different approaches are evidence-based and not unduly influenced by local politics, ideology or prejudice that reduce the availability of apporiate services for vulnerable and marginalised community members.

6.8 What is needed to deliver best practice (including building capabilities) between communities?

- Competitive tendering has a clear impact upon the willingness of service providers to share best practice. Given the resources required to develop innovative approaches, and the 'competitive advantage' that such approaches afford service providers, it is understandable that they are reticent to provide free benefits to their competitors. Once the recommissioning of Victorian AOD treatment services is complete, this issue needs to be addressed.
- Government has a role to play in promotion of best practice examples through requiring services to be evidence-based, commitment to evaluation funding and support for the expansion of innovative models that are demonstrated to be effective. Government can also support best practice by investing in effective models for clinical supervision, the development of key resources such as practice guidelines and ongoing workforce development within and between service sectors.

Pathway 7: Explore the range of social finance opportunities

7.1 Where is 'social finance' currently being used successfully in Victoria and what characteristics influence success?

- The example provided is not necessarily a good model for the community services sector. It relies on high payments by service users and does not directly address the needs of most community services clients. ReGen is unaware of current 'social finance' models that could be successfully applied within the AOD sector.

7.2 What opportunities and challenges might arise from the range of social finance initiatives that are emerging?

- Bonds or asset-building strategies could have a clear benefit for CSOs in providing start-up funding for loss-leading projects (that could not otherwise be established by service providers with limited reserves) or for infrastructure projects to support service integration (e.g. service hubs). This would need further investigation.

7.3 What should be the role of the government in facilitating further uptake of social financing?

- Lead the establishment of relevant funding models.

Improving how the system operates

Pathway 8: Change 'who does what' in the system

8.1 What needs to change to make current roles and responsibilities more seamless and effective?

- We need to ensure the removal of silos between and within service sectors. This should be modelled by PSAs. Service co-ordination should focus on people's needs, rather than organisational or systemic barriers.
- Funding consortia (as opposed to individual service types) will help remove current obstacles to service co-ordination.
- Service accessibility needs to improve. People should really only need a single access point to the community service system. 'No wrong door' should be a reality. To access services in related service sectors (e.g. AOD and mental health), people should only need to be assessed once and should have a single case manager to support their treatment planning, engagement with appropriate services and provide post-treatment follow-up.
- There needs to be appropriate resourcing for work with vulnerable and marginalised groups, who require more intensive, co-ordinated responses to support the achievement of meaningful outcomes. Resourcing should include incentives for service providers to work with these groups.

8.2 What additional roles could CSOs play in policy design, and what benefits would this bring?

- CSOs are already actively involved, but participate without appropriate recognition of the resources required to maintain their involvement (e.g. the time of staff required to be taken 'offline' to respond to this discussion paper) and the impact this has on their capacity to carry out the activities for which they are funded. As recognised in the recent VAGO report on the Victorian AOD sector, there have been more than 30 inquiries and consultations conducted in the past 15 years. CSOs have consistently contributed time and resources to participating in these processes with little tangible benefit to the sector or people who use AOD treatment services in Victoria.

8.3 How should government's role in service provision differ by program, service need or geography?

- As stated previously, government has a clear role in ensuring the accessibility and quality of community services in Victoria. In regions where this is affected by logistical, cultural or other issues, there is an increased onus on government to take a lead in the development of appropriate local responses.

8.4 Are there any parts of service provision which government should not transfer to CSOs?

- Government must retain its statutory responsibilities, particularly in relation to those services working with the most vulnerable and marginalised members of our community. These responsibilities cannot be transferred to CSOs.

8.5 As roles change and/or new stakeholders enter, what challenges will this create?

- The challenge of greatest importance to consumers will be to maintain the accessibility, quality and co-ordination of services during any transition period.

Pathway 9: Make the system more collaborative

9.1 Where does increased collaboration have the greatest opportunity to improve outcomes for people and their families?

- For people with complex and interrelated needs, greater collaboration has the potential to dramatically improve the effectiveness of 'wraparound' services in providing mutually reinforcing interventions.
- Collaboration must be focused on finding the most effective response to people's needs. Consortia service models and funding will support this.

9.2 What are the barriers to having greater and better collaboration in the Victorian community services system?

- As mentioned previously, the practice of competitive tendering imposes a significant and ongoing limit on the willingness of CSOs to collaborate.
- Siloed approaches by PSAs promote siloed service systems, with clear implications for service users. Policy and practice needs to be consistent across PSAs. A 'whole of government' approach needs to be a reality, not just rhetoric.

9.3 What can government do to improve collaboration between public sector agencies and CSOs, and where would it make the most difference?

- Provide incentives for genuine collaboration and sharing of best practice. This will have the greatest impact for CSOs addressing complex needs and the people who use their services.

9.4 To what extent can public service agencies and CSO providers become partners (or 'co-producers') in the design and delivery of government programs and services?

- CSOs already have an active voice but as experts should lead the discussion on what works on the ground for service design and deliver (see 8.2) and the appropriate innovation (that, sometimes, may fail) to support that. Government (as the prime funder of CSO services) will (and should) always have the ultimate power to decide on how public resources are allocated based on a clear policy direction.

Pathway 10: Make the system more effective and efficient

10.1 What is the scale of the benefit you would expect from reducing ineffectiveness and inefficiencies in the current system?

- Without quantifying the scale of benefits from consolidation, ReGen has a clear expectation that savings will be retained within the sector and redirected to increasing capacity for service delivery.
- It is important to recognise that while there are savings to be made, there are additional costs associated with the management of consortia and ensuring the consistency of practice across larger organisations. These costs should be recognised within funding models.
- It is also essential to recognise that the Victorian AOD sector has been significantly underfunded and has been in dire need of new funding for some time. This longstanding concern means that the sector's capacity to produce substantial savings from efficiency measures is minimal. However, there are funded services that are inefficient and do not provide the level of service required. Improving the consistency of AOD assessments and service co-ordination has the potential to unlock significant improvements in sector capacity.

10.2 What parts of the system should be left alone, either because they are working well or because recent changes are still being bedded down?

- ReGen recognises the value of leaving recently established service models out of the current AOD sector reform process, although they could be extended in the process. However, it is essential that these services continue to be robustly evaluated for effectiveness and their contribution to whatever outcomes measures are established for the AOD sector.

10.3 What is the opportunity for improving operations through partnerships between multiple service providers, and what is stopping this from happening more frequently today?

- The current AOD reform process places a clear emphasis on the development of partnerships and consortia. The future of the Victorian AOD sector will be shaped by this process and the partnerships that are currently being developed.
- To support this process, government should consider the provision of funding to support the development of physical and organisational infrastructure that will be essential to the effective implementation of consortia-based services.

10.4 To what extent is a 'rationalisation' of Victoria's not-for-profit sector necessary? If so, in what form?

- ReGen endorses the five principles described on page 8 of the discussion paper. As long as the focus for any reform remains on achieving the best outcomes for vulnerable and disadvantaged people in Victoria, ReGen will be a willing and active participant in reform processes. If reform is simply an excuse for cost-cutting and removing service capacity, ReGen will oppose any 'rationalisation'.

Pathway 11: Use digital technology to empower people and CSOs

11.1 To what extent is 'e-government' a reality in the community services system?

- E-government is not currently a reality, but it has the potential to support systemic improvements for CSOs and the people who use their services. ReGen has a clear record of advocacy for the adoption of online approaches to enhancing service delivery and is committed to utilising digital technologies to improve the accessibility, effectiveness and co-ordination of our treatment and education services.
- The community sector has been slow to recognise and utilise the benefits of digital technologies. This is partly due to cultural factors and partly due to the lack of the expertise, resources and infrastructure to support this work.

11.2 How and where could digital technology be used to further empower people and families who use community services?

- ReGen's experience to date has demonstrated the potential for NBN-enabled e-health applications (such as the use of remote videoconferencing) to dramatically increase the accessibility of specialist treatment services for people and families, particularly those in regional and remote areas.
- It is important to recognise that digital approaches should not be seen as an alternative to established service models, but as an opportunity to remove potential access barriers for those services.

11.3 What is holding the system back from embracing digital technology in a much bolder manner?

- Given previous examples of attempts to establish digital systems within the community services sector (e.g. electronic health records), there is understandable scepticism within the sector about the likely success of any future initiatives. This scepticism is compounded by a cultural resistance to change and a fear of the potential risks to CSOs and their clients.
- There is a clear need for a strategic and integrated approach to providing appropriate education, infrastructure, resources, training on ongoing support to ensure the successful (and consistent) adoption of

digital technologies within the community services sector. It cannot be seen as a quick process. As with any cultural change project, it will take time and will need to build the support of the sector throughout the process.

- There is also a clear need for funded pilot projects to demonstrate the potential value of such approaches. ReGen is in the fortunate position of having secured funding for such projects, but the majority of its digital initiatives have been unfunded. If digital technology is a real priority for government, resources must be made available to support such developments. This can include flexibility within existing service funding to recognise online service delivery.
- Digital technologies (particularly social media and web 2.0 approaches) offer tremendous opportunities to promote increased transparency and empowerment of service users in the review of service providers and treatment outcomes. The role of consumer participation is viewed variably within different elements of the community services sector. Resistance to providing consumers with a greater role can limit the uptake of digital approaches within the sector.

11.4 How can government, public service agencies and CSOs together build the capabilities they need to facilitate increased use of digital technology for beneficial social impact?

- See above.

11.5 What are the trade-offs, challenges and risks associated with a greater focus on digital technology?

- The challenges for increasing the adoption of digital technologies by CSOs are addressed above.
- A risk is the common expectation that digitally-based services will produce significant cost savings. Such services should not be seen as replacing, but enhancing established service models. Savings are possible, particularly when planning service systems in regional and remote areas, but the emphasis must be on increasing accessibility, not cutting costs.
- Another risk to the success of digital initiatives is the potential lack of sufficient investment in embedding them into existing service systems. Even the best initiatives will fail if the sector does not identify their benefit and engage with them.
- A trade off is recognising that, as a general rule, the adoption of digital technologies will mean more work, not less, for the community services sector. While there will be some efficiency gains, they increase the scope and the range of engagement with their communities. Creating and maintaining new connections (e.g. via social media) takes time. There are clear benefits from taking on this additional work, but additional resources are also required.

General response

Please provide any further feedback here.

UnitingCare ReGen's purpose is to promote health and reduce alcohol and other drug related harm. ReGen is the leading alcohol and other drug (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen (formerly UnitingCare Moreland Hall) is a not-for-profit agency, which has over 40 years experience delivering a comprehensive range of AOD services to the community.

ReGen, as with other AOD services and many other community services, is in the middle of a significant sector reform process, so the issues that arise from the discussion paper are especially pertinent. Overall we welcome the focus and tone of the paper and the opportunity to respond.

The motives behind any system reform are critical to success. Efficiency and effectiveness are important, if they are focussed on reinvesting savings in areas of need. Rationalisation from a purely financial or ideological perspective, as has been seen recently in the UK AOD sector, can lead to false savings in the longer term and do significant damage to the capacity of service providers to offer meaningful supports to vulnerable and marginalised people. For a sector that has been identified as being significantly underfunded for a long period, the focus for any reform must be on improving services and service outcomes for consumers.

If they are focused on individual, family and community needs, an outcomes focus in AOD has the potential to be an important development. However, it is essential that outcomes reflect the evidence of what works, which is often complex, nuanced and can only be measured over a longer time frame.

In the context of AOD treatment, consideration must be given to the chronic, relapsing nature of AOD dependence and the need, for many people, of regular episodic use of appropriate services over an extended period to enable long-term change. The imposition of arbitrary, ideologically-driven outcomes (such as abstinence) that do not recognise the reality of the recovery process, or that continued use (while using evidence-based harm reduction strategies) is a legitimate choice for some people, will not allow service providers to tailor individualised responses to individuals' needs and goals.

Any outcomes measures will need to be determined with care as they will shape the future of our community services system. In order to ensure their

responsiveness to new learning about service effectiveness (and protect them from future political or ideological pressures) they must be clearly grounded in evidence-based practice.