Submission on the FaCS's Their Future Matter: Access System Redesign Discussion Paper

Counterpoint Community Services

March 2019

About Counterpoint Community Services INC

Counterpoint Community Services Inc. provides a wide range of community support services in the Inner City and South East Sydney LGAs. We have operated in the heart of Waterloo since 1968 and 1977, with a particular focus on working with social housing tenants and diverse communities.

We operate The Factory Community Centre in Waterloo, Counterpoint Multicultural Centre in Alexandria, Poet's Corner pre-school in Redfern and act as lead agency for many local grass root groups and services including the Redfern and Waterloo Social Housing Neighbourhood Advisory Boards.

We also are hosting the independent community development worker, and bilingual educators funded by FACS Land and Housing Cooperation to support the community during the redevelopment of the Waterloo Estate.

Our EO, Michael Shreenan also chairs the Redfern and Waterloo Groundswell collation consisting of local and peak body NGO's who are working together to resource local residents, through the Waterloo Estate redevelopment process. He is also the current convenor of REDWatch who monitors government activities for the area and share information with the community and advocates on a wide range of issues and is a board member of LCSA.

Our Operations Manager, Bill Yan convenes the Sydney Chinese Services Interagency and until recently also chairs the Redfern Waterloo NABs Events group.

The FaCS's Their Future Matter: Access System Redesign Discussion Paper

Below is our responses to FaCS's Their Future Matter consultation papers. We have only answered the question where we feel we can meaningful add to.

We have not had adequate time to respond to this paper as we would have liked, therefore it might not be as well considered as we would have preferred. This is due other significant consultation work affecting the community we work in which is current facing the biggest re-development and number of other reforms under the FaCS's Communities Plus program. However we would welcome further discussion and deliberation on any matters raised below.

Are these principles a suitable framework to guide the Access System Redesign? What, if any, additional principles should be considered for the Access System Redesign?

Yes, these are good principles, however the Access System Redesign could be strengthen or better defined.

We note that historically systems, including Access system shortcomings, are often framed with a focus on Community or NGOs capacity rather than the existing internal government agencies culture and system response. This can also be interpreted as shifting of responsibility.

For example, building community capability should be interpreted as starting from a deficit model rather than building upon community's current capacity and capabilities. Viewing communities through the lens of requiring intervention rather than partners in response can lead to lack of joint ownership and shared responsibility.

Also, whilst children protection system is everyone's responsibility, it is important to ensure that government's systems has its' capacity reviewed and/or consideration around how to utilise the expertise of the NGO sector more. It is also an important step to ensure any system design does not overlook the expertise within the communities we serve – a holistic person-centred and whole community approach.

Holistic assessments have to be also greater than just the individuals and included a holistic assessment of the community and human services system at large. Far too often the assets of a community are overlooked and their actual and potential to make a tangible difference in place often goes untapped or undervalued.

We would argue that Communities are always the best place to respond to community challenges and by ensuring a clear understanding and value of community development and place based roles (*often best hosted by local neighbourhood centres)* who build communities that are cohesive, safe and resilient, should be captured within the Access System principles as a clear partner.

Diversity in services and provider choices should too be captured. For example, it is important to recognise that some individuals will never access support from Government based agencies, some individuals will only accept help from Aboriginal led services whilst others Aboriginal people would prefer to only access non-Aboriginal services due to personal circumstances and preferences.

Flexibility and responsiveness are also key principles within any service system. No one size fits all, and it is often expected that the client fits around the system rather than a system that is designed to fit around the client's actual needs.

We would also suggest that as key principle, flexibility and responsiveness delivering services there should be a requirement for a proactive approach to removing barriers to support access in whatever form it takes.

In addition, we would also caution against transitioning all services into an early intervention framework. We do not believe that services should be subject to fast track changes at the cost or neglect of those who the system has already failed.

We say this in particularly to the vast volume of adults living within the social housing system who experience a high degree of vulnerability and require significant support, however the system is failing to offer them adequate support now and if the new system only focuses on early intervention this will compound the existing deficits.

 If and when this 'cohort' is overlooked because they don't have children, this has significant knock on effect to the wider community and social environment in which our children are being brought up in.

We also note that there is no goal to raise service standards within the draft principles which may be a missed opportunity. We would argue that there should be a minimum service standards for both government and NGO providers in this space, and consideration should be given to the development of a compact or charter of rights focusing on the end service user. This should be developed with said service users.

We would also like to note that we find these principles extremely broad and non-specific. It is perceived by some that this may be used so prepare for government organisations to move away from accountability. The broad and non-specific goals in terms of the Access System Redesign principles can and should be reworked to provide solid frameworks backed by tangible and evidence based theory, so as to lead to the best outcomes for community.

Do you agree with the themes and issues identified in section 2.1? Should we be considering other themes or issues? What evidence supports the additional themes or issues you think should be considered?

Broadly, we support the issues raised but particularly support the statement that service systems should not be designed around vulnerability alone, but by need (current or anticipated). We would also argue that Services should be designed around local priorities in addition to District or state wide priorities. Geographic boundaries and demographic Data can often be misleading to

what the actual needs are in a neighbourhood which any particular service operates.

We support the statement made at the TFM conference that "risk is not a destination"... as risk vulnerability can strike anyone at any time. For example we note within Redfern and Waterloo there is a generalised assumption that only those in social housing are in need for support. However we know that the same social issues exist within the surrounding private complexes including substance misuse and dealing, domestic violence, poverty, insecure tenure, neighbour disputes etc., yet few if any services are funded to respond to this part of the community.

We believe that it is of the upmost importance that the services that currently exist to combat the drivers and risks of vulnerability are adequately funded and supported. We note that the vast majority of social issues addressed in section 2.1 are intrinsically linked to capital and financial insecurity for both the client and the service provider. It is necessary that while we aim to redevelop a new Access System Redesign that the providers and clients themselves have the capacity to receive these benefits.

Continual budget cuts, endless cycle of reforms and government organisation instability, and political interferences place undue risk on the service provider that is then impacts the client. We note that while we agree that this redesign is necessary that it will be stalled and risk stagnation as marginalised communities are continually underfunded and also used as political pawns. We believe that we as an industry can do better however that this must be matched with financial and political support when working with the most marginalised groups in the state.

Also, cultural vulnerability is not captured. New and intergenerational migrants with extra stressors to adjust to their new environment also need to be supported and protective factors strengthened to counter increasing level of vulnerability and risk of harm to themselves and the community.

If there is to be a reduction in the reliance on social housing, police and health systems, we need to make sure the whole community receives support when they need it regardless of background, their housing tenure, risk status or income status.

The lack of assessments and interventions tailored for use with culturally diverse populations continues to be a significant barrier to using EBP in agency practice (Hoagwood et al., 2001). With evidence-based practice (EBP) being highly recommended there are some concerns in the EBP approach. The meaning of the term "evidence-based practice" has been applied to more situations than it was originally intended and is now "in danger of becoming a catchphrase" with a diluted intent (Shlonsky and Gibbs, 2004; Gambrill, 2003).

What are your thoughts on the themes and issues identified in section 2.2? Are there additional themes or issues that we should consider? Can you suggest further evidence to support these additional themes or issues?

We agree with 2.2.

We know from running a pre-school and supported playgroups that early engagement with a family exhibiting heightened risk factors can lead to significantly better results for the child, however gaining access to on site and timely and specialist assessments is a constant struggle to the detriment of the families we are serving.

Still, we would highlight that current community centres historically were funded to provide these services, however, now they are funded to run prescriptive programs with strict KPIs while the true base operating cost of running a community centre is not adequately recognised. For example we expected to run and staff the Factory community centre, meet all our compliance and carry out community strengthening activities on mere $100,000 per annum in an estate surrounded by 4500 social housing tenants. Therefore vast majority of our time is spent seek and sourcing additional resources.

We also note that there is clear evidence of funding inequality, when comparing community centre geographic and demographic coverage with other areas because of historical agreements and lack of political will to address.

When we try to discuss the issue with FACS the conversation remains jammed that funding is not up for negotiation.

We note specifically, that we agree with the points in 2.2 and that with the NSW Government recognising these factors that there should be an immediate increase in funding and push to bring in national and international expertise into the sector.

Given the many factors that can increase vulnerability, what can mandatory reporters and service providers do differently to identify and respond to worries or concerns at the earliest possible opportunity? What are the challenges? What are the opportunities?

One of the challenges is the high threshold required before receiving any direct guidance or response from FACS. This is where early intervention is failing from the department.

This is demonstrated within the data chart on; only 32 percent of CYP assessed at ROSH received a face to face assessment which meant that 68 percent CYP won't be assessed and their safety potentially continue to be left in indeterminate state. It is early evidence that the system is failing even when

children and young people are deemed by NGO to be at significant risk of harm, yet FACS threshold is so high they do not.

Majority of NGO's used chapter 16A to get information and share information in identifying and providing a holistic approach for complex and to vulnerable children, young people and families. Some agencies including FACS; Community Services and OOHC providers do create barriers for services in gaining information about the families they working with.

One the frustrating repat problem we have is when FACS Case work subpoenas our case files to use as evidence against clients instead of a direct discussion and or collaborative approach in working with the client with our support staff. This increases the barrier between our support staff and FACS case workers and damaged our interactions with the Client.

Limitations for families is common if their needs or circumstances have changed, this would only provide them less access to services within the Community Services Sector's because of Government and organisation program and funding strict guild lines including if families are out of their district zone

The main challenge experienced by mandatory reporters and service providers, as mentioned multiple times already in this report, is based around capital and financial insecurity.

We have previously noted that the sector is continually asked how we can respond to challenges more efficiently and to name the challenges. We believe that not only have the NSW Government recognises all of these themselves, they have been informed by mandatory reporters and service providers multiple times. Service providers and community centres are continually see reduced funding and moved to arbitrary forms of goal management. Grass root organisation are pitted against large faith based organisation under the illusion that it provides efficiencies to Government.

Service providers require increased financial support and stability around funding. The challenges are known, and the opportunities to do greater work and blocked and limited due to having to engage with not only other stretched and at capacity services but government bodies that are at best stretched and underfunded, at worst combative and looking for ways to not provide services to people that require support.

A direct example, which is currently being investigated is the Parents Next program. Not only is this forcing single parents to go through an extra set of bureaucratic steps, the program is not adequately funded and does not provide any level of support even remotely close to the needs of the client or to the level advertised to the public. The forcing of parents to attend public playgroups which receive no additional support or funding from the

government does not make any sense, and is pushing the responsibility onto service providers who are already doing more than they are funded too.

We are also of the view that our peak bodies are grossly underfunded and as example LCSA our peak body for Neighbourhood centres only has two staff covering the whole State of NSW, where has there should be sector support worker for each district.

What do you feel the benefits and opportunities are from the themes and issues identified in section 2.3? Are there additional themes or issues that we need to consider? What evidence supports the additional themes or issues you suggested we should consider?

We are optimistic that a true integrated, multi-agency response will provide a more holistic service and are critical to address complex needs.

A true integrated, multi-agency response should include the systems identified in the socio-ecological approach. Here, the client should be able to nominate a case coordinator and be supported by the nominated person. The case coordinator can be from any government or NGO agency as long as it is trusted by the client.

The case coordinator should be given autonomy to support clients in requesting services from the different agencies (as needed). This client centred approach requires services to have available capacity, every day service providers spend hours searching for a place that can offer legal, financial, housing, and or psychological support to clients and are met with zero availability   or   extremely   long   wait   times.

We question the framework in which this report is being considered, if there is not a significant increase to funding and the industry is continually questioned as to why it is not reaching its goals leading to funding cuts and the acquisition of tenders/preference being given to nationwide organisations that have no connection to direct communities then we believe the NSW Government is ignoring the most significant factor in client risk and vulnerability.

What are your thoughts on the socio-ecological approach to responding to vulnerability? What evidence supports your view?

Social ecology is a framework for understanding the dynamic interrelations among various personal and environmental factors**.**

At the core of socio-ecological model is the interplay of different systems. A system is a community situated within an environment. Examples of systems are health systems, education systems, food systems, and economic systems.

In our community of Redfern and Waterloo, we have started a Human Services plan to include all these systems and stakeholders. We have long argued

through our service provisions and deliveries that all systems including government, NGOs and within the communities have different responsibilities in supporting the community wellbeing including children and family.

Here, community centres should be central to the practice as the local place maker. One concern we would like to share is that external programs through commissioning practices with time-limited funding coming into any community providing a time-limited and unsustainable services can do more harm to a trusting relationship build within the community.

What can the entire Human Services system (inclusive of all government and non-government agencies) do differently to better identify, engage and respond to the risks and needs of vulnerable children, young people and families? What can the human services system (inclusive of all government and non-government agencies) do differently to better connect families to services and supports as early as possible?

As mentioned previously, adequately funded community centres offer vulnerable families, children, young people, and people experiencing domestic violence a safe and familiar location to receive immediate tangible support, crisis help, and connection with specialist services.

The human services system is continually defunding and removing support for community centres that operate in this capacity either directly or through needless comparative tendering models.

We note that by defunding a program that is shown to increase positive outcomes for vulnerable people, moving that funding to nationalised NGOs that have no history or place in a community, and then to ask how we can operate better is once again the NSW Government not only ignoring a problem that they are themselves creating but it placing undue stress on already stretched services.

Communities require the knowledge and confidence to connect with services. Marginalised families do not have the capacity or energy to search for these, as the process for applying for and receiving support from government bodies or NGOs can be extremely long, emotionally taxing, or the services are often at capacity.

Our own recent consultation highlight residents want, timely, seamless, well-coordinated services that have, easy access, and that are tailored and responsive to their circumstances

Resident's frustrations are:

- The number of times they have to provide the same information to different people

- Difficulty accessing services, perhaps because of service limitations, service   complexities, transportation issues, language and cultural barriers

- Experience slow, time-consuming and often repetitive processes

- They do not understand everything we have told them

- Lack of trust us because of historic experience

- Do not receive adequate or correct information they need

- Feel –- we do not take the time to really understand their situation

- Hear that we cannot respond to an issue because it is not in our job or we not funded to

We have attached recent consultation summary from one of our local residents action groups REDWatch that highlight service user's frustrations.

We also highlight the ongoing need for every effort possible to break down the silos between departments and within departments and can provided range of case studies/ example where this is huge barrier to change.

Examples of Practical challenges facing case workers and service system

The resistance to share information and work collaboratively with clients

Perceived Lack of Trust in NGO workers capabilities and lack of understanding on the role of advocate and its value by government

The multiple different referral and consent form's across agencies, and overly prescriptive format and criteria for access to service, and resistance to accepting NGO consent forms as being adequate.

Child focused while resisting to supporting parent and recognise the role of NGO supporting parent who have lost custody of their children.

The lack of understanding regarding the value and importance of safe, stable, well maintained housing and it impact within Children protection.

Unstable emergency accommodation provision and substandard of accommodation offered to families during DV incident or homelessness.

The assumption that 3 month is adequate for case work and the clients should be exited; not understanding the complexities of case work

The collapse of the shared case coordination frameworks with Sydney district, whilst claiming that case coordination still functioning and exist when our experiences indicate that they clearly don't. (DIACC – District Implementation and Coordination Committee and LIACC – Local Implementation and Coordination Committee)

The resistance of health frontline workers to do assessment of children on site in the community or pre-schools settings rather than only in clinical settings despite health upper managerial commitment to the former.

The police inconsistent or lack of understanding of the value of harm reduction approaches verses enforcement

The lack of resources for translation and understating of the needs of the CALD community

The obsession of collecting personalised data before offering support and guidance; creating trust issues and subsequent losing clients who needs help most

Data collection systems enforced that are not reflective of the actual output and outcomes of the services provided.

Housing staff acting as social workers and community development workers without the appropriate training or experience.

One day introduction training to framework such as motivational interviewing is inadequate to prepare workers to use such framework

The perception of poor customer service from government staff by clients and their paternalistic and often patronising approach to working with clients and NGOs

Feedback received in an untimely manner to request or issues raised by government agencies.

Practice barriers such as need for Deeds of access and or exhaustive MOU to operate event and community groups on Government land/premises.

Can you provide any examples of well-functioning community hubs in NSW or other jurisdictions? What are the opportunities to strengthen or expand the capacity of existing community hubs? It would be good to understand your definition of hub before responding?

"Community and Neighbourhood Centres have a long history in Australia spanning nearly 50 years; emerging from social reforms in the 1970's and often from women in communities coming together for support and action.

They are generally small, not-for-profit community organisations that work from a community development framework and are embedded in their local

community, enabling them to respond to arising issues at a grass roots level (Izmir et al (2009:iii) . Most utilise a community management model, which means they are community owned and managed (through volunteer committees). In other words, people 'are involved in defining and taking action on the issues that affect them' (Rooney, 2011:5).

"Another characteristic of centres is generally that their focus is spatially defined with a 'strong identification or embedding within a particular geographical area, region and/or community' (Rooney, 2011:5). Centres themselves are also a 'place', sometimes a house although the work of centres generally also happens in a wide range of different spaces and locations across a place" (Strengthening people and places, 2011).

 'The research shows that neighbourhood centres form a key element of the social infrastructure of disadvantaged communities. The infrastructure provided by the centres can be quickly mobilised, expanded or readjusted to respond to local needs, emerging issues or opportunities" (Izmir et al (2009:iii).

Neighbourhood and Community Centres generally directly offer a range of programs; but also provide a space in community for other services to operate out of (community service hub). They play a key role in providing Information and referral in communities related to community and social services and offer a 'soft entry' point or non-stigmatising human service delivery point in communities. They are flexible and dynamic in how they can move from crisis and problem based responses to a more holistic and integrated approach to support.

They have been identified in literature as a key to building social capital in communities (Bullen and Onyx, 2005); and play an important role in strengthening communities, generating social wellbeing and connection. Most centres have a strong volunteer base and are heavily reliant on volunteers to maintain their role in communities. Funding has traditionally come from a variety of sources including state, local and federal government; philanthropic; donations and self-generated income."

(Source https://communitydoor.org.au/community-and-neighbourhood-centres)

Counterpoint Community Services provides two community hubs and a pre-school to the community of Redfern and Waterloo and operate wide range of support services and have done since 1968/1977.

These community hubs can directly connect vulnerable people to specialist service providers, not only because of the available case workers but due to the long relationships established and managed by the workers at Counterpoint Community Services.

In addition within these hubs we host number of third party services, which not only helps to reduce costs in service delivery , it also provides a generic gateway model, that is not stigmatising, safe, and well-coordinated and provides an easy of access for wide and diverse range of people. We have included our annual report with this submission to highlight how much can be achieved through partnership based hub and there many other examples throughout NSW.

For example, Counterpoint in addition to exceeding our Community Builders contract KPIs at the SDS level, we were able to leveraging the resources of the program and the now defunded Housing Community Programs (HCP) to provide needed but unfunded services. We achieved the followings:

- Successfully advocated and lobbied for a lift in Redfern Station.
- Auspice numerous community-led projects; 40,000 years Mural at Redfern Station, led the clean-up of graffiti in local public housing estate at ??? (other
- Successfully applied grant and led to refurbished Gilmore's Park playground, community garden upgrades, Community shades , disabled toilets.
- Beyond wall s project working with street drinkers
- In 2018 alone, as chair of the Redfern Waterloo NABs Events Group, Counterpoint coordinated 21 events where we hosted/led 18 of the events for Redfern and Waterloo area accounting for over 4500 participants.
- Convened the Sydney Chinese Services Interagency for the past 10 years; hosted the first Mandarin Intergenerational Debate at Sydney Lower Town Hall, Healthy City Living Expo, and the first Chinese-specific Employment Expo at The Muse, TAFE.
- We also provide 'Companion Animal Responsibilities' workshops to new international students at Taylor College, Alexandria for the past 2 years.
- Hosting up to 5 international delegations yearly for the past 3 years from ministries and local councils from China and Korea who have heard about our work.
- Hosting local university (ACAP, UNSW and USyd) and international (HongKong Uni and Cheng Chi Uni , Taiwan) final year social work /counselling/psychology students and receiving great feedback for our teachings and supervisions.
- Our reporting to FaCS also shows some of the others services and activities not funded by Community Builders.

Community hubs require stable and increased funding. It is blindingly obvious that community hubs require physical renovation, technological renovation, and increased staff numbers and training. With FACS continually moving toward an entirely online based model community hubs require additional funding and training to increase the quality and number of computers available as well as the time and expertise to train community members in how to access their services.

By moving the entire human services sector to an online model without increasing the governments focus on retraining and online capacity of its recipients, they are not only ignoring a very obvious conflict of interest but they are shifting the responsibility onto the most vulnerable people in our communities.

We would also be willing to explore co-location with Government service to share our collective expertise and further improve ease of access.

We are of the view that NSW government has not took the time to understand what community centres do, what leadership they provide, what they achieve day in and day out, nor understand the complexity, costs, and value of investing in such provision. We are extremely disappointed that mandatory data collection of our services, for years fails to capture our work and that FACs in particular despite demanding the data have failed to analyse it in any meaningful way. A co design of our collective data systems would make our data more informative.

The current trend within TEI to compel us all on to the Federal DX data system is another example of how that system is also inadequate to capture the outputs and the outcomes of our work.   We also highlight that data systems that fail to understand the importance of output and only focus on outcomes is too flawed. For example in a basic way is we help someone navigate the current housing application process and any associated appeal to get on with the waiting list the output required is significant and time consuming however the outcome hard to measure given the fact their ten year waiting list. However the assistance is never the less vital to that priority client

Community centres play important and significant part of the children protection system. However it not their only role despite funding streams try to limit us to this work. We argue that community centres (hubs) benefits all Government departments, and therefore all government departments and levels of government should be investing in community centres however in more coordinated and streamline way. THE TFM approach may be able to address this.

How can we build on the strengths of the current system?
What models of evidence based service responses should we consider?
For children and families with complex needs and contact with multiple service providers, what are the barriers and opportunities to improve service coordination within and across agencies?

Increasing the capacity of services to have the available time or staff to engage in interagency programs and organisation. Interagency relationships are often limited by the capacity or lack thereof to engage at a deep level with other services.

These relationships take time, patience, and a willingness to engage with other services, dramatically affected by the workers own capacity and time. Interagency groups are limited by how supported workers are to engage with this proven and effective system, yet without increased funding and decreased load of workers this is not possible.

Barriers that continually show up for families with complex needs that need to engage with multiple services would be timing and case capacity of services.

Wait periods when trying to engage with a new services leave families in a state of limbo and leave workers unable to help any further damaging the relationship between family and worker. Once a worker has reached their capacity and need to link a family with a new service, a worker is almost never able to guarantee a timely appointment or an actual link to a new service at all.

We would also argue that there are needs for social policy & practice analysis / escalation system required for identifying systemic issues of policy or practice within the government and NGO human service system. We have attached our own drat model that we want to experiment with locally.

How can we build on the strengths of the current system to identify and holistically assess child, young person and family needs? What opportunities are there to streamline and strengthen pathways to appropriate support services, particularly for children who do not meet the statutory threshold? What evidence-based models of better practice and innovation should we consider?

The strengths of the current system is found in the workers and service providers. This does not mean that service providers are perfect and do not need to continually develop and improve their skills.

However, it is the workers in this industry that learn the fastest and most efficient way to reach results for their clients within a system that most of the time is working against the client. The work of a case manager is often leveraging

relationships and understanding broken governmental systems as to reach a tangible change for the client.

Greater support and education for current workers and increased capacity to take on new workers would be the simplest and most effective change in the current system.

The need and opportunity to streamline services and pathways for vulnerable children is an extremely contested issue currently in NSW, due to the recent changes to forced adoption laws with a two year maximum length spent in out of home care or similar circumstances. It is necessary to recognise, especially when working Indigenous and Torres Strait Islander people, that streamlining processes is almost exactly the opposite of what would be beneficial to these groups.

Although it is a valid point that the least amount of time spent within the family services system leads to better results for the child, with continued funding cuts and limited capacity to address intergenerational trauma for families, the unavailability of Aboriginal workers, and continued defunding of community hubs with Indigenous leadership, a new goal of two years is not only difficult but is being cut down before the process even begins.

What is needed to build the capacity of individuals, families, mandatory reporters and other professionals to respond to vulnerable children and families?

- Raised service standards
- Increased accessible training or budgeted in commissioning
- More responsive , collaborative supportive response from FACS and other governmental departments; not just "this does not meet the threshold "

What is needed to build the capacity of community members to identify when children and families need support and help them access early support?

Greater investment in volunteer programs, peer to peer support programs and greater understanding of the worth in place making and community development services delivered by grass root local community centre and groups attached to the centre. Also great understanding of how complex and labour intestine it is to support community groups and volunteers.

What are the challenges or opportunities of these enablers? Should we consider additional enablers? What is needed to support the human services sector for a reform of this scale?

- Localised plans where provider, funders, other stakeholders (government and non-government), and service users are true equal partners through a client service charter.
- Responding to local needs through some flexibility in service design.
- An honest and un-defensive culture developed in government departments to actively seek feedback and improve services. More tangible work in co-desgin, not consultation after the decision have already been made.

Summary

To conclude, Counterpoint does generally support the discussion paper.

Still, it is difficult to comment further without having the adequate time to explore and gather evidences to some of the concepts in the discussion paper. WE also are of the view there are other stakeholder who are not yet part of or aware of the work of TFM and or its potential links to TEI and improved communication and wider consultation is needed.

We look forward to continuing to work with TFM, FACS and other providers in ensuring the best outcomes possible for our community.

<center>**THANK YOU**</center>

For further info, kindly contact:

Michael M Shreenan; Executive Officer

Counterpoint Community Services INC

C/o The Factory Community Centre

67 Raglan Street, Waterloo NSW 2017

Email: MShreenan@counterpointcs.org.au

Phone: 9698 9569   Mobile: 0413124615

Additional sources

- Counterpoint annual report – Attached
- REDWatch conversation with the community on Human services Attached
- Living on the edge – federal enquiry report

Links

Children charter Scotland

https://www.webarchive.org.uk/wayback/archive/20180516203455/http://www.gov.scot/Publications/2004/04/19082/34410

National Standards for Community Engagement

https://www.scdc.org.uk/what/national-standards

Academic critique of one of our recent projects – turning towers

https://journals.sagepub.com/eprint/Me5i38z6vygiWPiieWmK/full

What If Pizza Shops Were Funded Like Nonprofits?

https://youtu.be/-gELZnORV4U

Redfern waterloo Social policy case study call

http://www.redwatch.org.au/RWA/humanservices/wloohs/171207ccssp/view

Various video on service user perspective on health can be found on our You tube channel

https://www.youtube.com/user/TheFactoryCC

Report of the Building a Healthy and Resilient Waterloo Now and Into the Future 27th, 28th September 2017

http://www.redwatch.org.au/RWA/humanservices/wloohs/170928slhd/view