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Regional access points and co-ordination

What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- Regional access points. Community Intake Point – is it virtual or actual?
- Canvas clients and staff to begin with about what they want in each region.
- Key person in each area (organisations know that person).
- Name for the Access Point (but in phone book – Disability, Children, Family Welfare – and/or on a separate page).
- \Regional partnerships must be in place to help regional access point.
- Independent spots – shop front?
- Integration of services.
- Shopping Centre shop front.
- Need to review "Service Tasmania's" policy on posters / brochures.
- Clear advertising about <u>what</u> is on offer.
- McDonalds style café with internet access and kids playground (affordable drinks and food).
- Overcoming established culture, e.g. NGOs operating independently.
- Identifying key players / service providers.
- Marketing the process to potential players not currently funded by DHHS, as well as those already funded. This needs to be at a regional level.
- Need something similar to this at regional level.
- All players need to be on email distribution list (not all attendees at this forum received same messages / emails).
- One access or multiple access point per region.
- One partnership or multiple partnerships in each region.
- Each region needs to establish clear guidelines for this process and DHHS needs to be clear about the parameters (what is a given and what can be negotiated), e.g. does Lead Agency determine who is at the table?
- Having an effective process without wasting time of organisations by having large, frequent network meetings.

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What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- Who / what will serve as referee?
- Meaningful involvement of consumers.
- Further / deeper explanation of roles with Regional Access Points. Children and Family Services are at a stage of working parties participants and dates set. Disability Services are in need to bridge gaps of time delay versus follow suit ASAP.
- Suggestion of combination of the two into current set dates and follow step by step through process models requiring separate working parties assembly, as opposed to a possibility of moving against each other and time wasting of re-inventing the wheel.
- What will staff requirement / staff qualifications be at Regional Access Points? Will there need to be availability of training as prerequisites as first step?
- Legal obligations / restrictions in respect of Lead Agency and information of clients / organisations for both client and organisation's privacy and confidentiality.
- Capacity of selected organisations to develop skill set to identify needs of both this service and Child and Family Service clients at initial assessment.
- Capacity of sector to accommodate service, interest?
- Accountability / transparency of Lead Agency if also Service providers. with allocating preferred organisations in client best interest, as opposed to Empire Building.
- Ensuring accessibility / accurate assessments, correct referrals for best provision of client service on a generic and general level.
- All need to be fundamentally on board with reform agenda values / commitment / clear governance.
- Partnership – who will be Lead Agencies, how others will interface, whose rules?
- Need to find a model that works. It may already exist, e.g. Commonwealth options / Medicare type, WA co-location centres in regional areas.
- Need to determine the role / specifications.
- Need consumer input (at all stages / ongoing).
- How will it be facilitated – tender / expression of interest?
- Will fail if it is just fighting about rules.

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What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- Does it need to be independent of service provider?
- ? a pilot program in each region – community engagement. A practical project to identify satellite agencies. Assess need, response, demand, demographics.
- Current disempowerment of consumers, needs to be changed. Advocacy mechanism.
- The environment has to be right, not competitive.
- MOUs need to be well developed. Relationships sound to support the consumers.
- Independent monitoring / objective complaints process.
- Need a more macro look at the environment.
- There may be many more players for profits.
- Need incentives for quality services.
- Defining what is the Regional Access Point and its functions.
- Starting the conversation in the region.
- Look at what access points already exist in communities that may be considered in the Regional Access Points.
- Looking at the access centres that communities are already using, or a point that is being used even if it isn't named in the community, as the access centre / point.
    - Capacity to tap into;
    - Willingness to be a partner or in the conversation in the reform.
- A physical point as well as a phone system and satellite centres, depending on the regional structures / systems. Multi-faceted "front doors" assessment points (not to be tied to a physical construct).
- Keeping the client at the centre.
- Assets, e.g. building, capital, infrastructure – Commonwealth and State facilities.
- Adequate time allowed to have the conversations. Key to the future in the initial planning.
- Knowing the services to refer clients to.
- Identify players.
- Communication.
- Governance.

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What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- What is the process to deal with lack of performance from Lead Agency?
- Starting training / capacity building in ongoing conflict.
- Clear purpose and outcomes are consistent.
- Do straw poll on who wants to be Lead Agency.
- How to manage the split (within NGOs) of SE & SW.
- Consistent referral processes.
- How to manage rural issues.
- Will Lead Agency model fit somewhere like West Coast?
- How to distribute specialist capacity like SASS's across regions.
- HR, ICT, NGOs to get critical mass by sharing services.
- Will DHHS have an explicit strategy about a mix of large and small providers?
- Clear understanding of roles.
- Trust and mutual respect / transparency.
- Flexibility / choice.
- Database evidence.
- Information correct – i.e. services available.
- Trained staff for appropriate assessment and referral.
- Provision of short-term or crisis response time.
- Clear communication.
- Locations.
- Assessment tool for referral to services.
- Responsive service.
- Client / family members can access easily.
- Levels of disclosure.
- Client needs to get to correct services as quickly as possible.
- Consumer input.

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What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- Confidentiality / privacy laws.
- Consent issues, mandatory reporting.
- Concerned that it isn't involved with other side of government, regional HACC (phone assessment – eligibility).
- Linkage with HACC services and regional services.
- Linkages with other agencies for future development, e.g. Mental Health, Drug and Alcohol.
- Looking at name branding, e.g. Child First Doorway.
- Look at having representation from various agencies more of a consortium, to avoid single ongoing influence.
- Clear set of access guidelines – transparent eligibility criteria. Needs based assessment built into contingency plans. Look at handling for political pressure – government response.
- HACC as part of regional access.
- Transparent grievance / complaint procedures.
- Different legislative requirements.
- Careful not to create a new bureaucracy.
- How are the issues of risk going to be solved organisationally?
- Resourcing – seen as people participating in the process; taking away from other position.
- Community sector built on volunteers and good will.
- Before anything is done there needs to be a clear picture (for each region) or service providers. A list of stakeholders identifying the players – <u>service mapping</u>. Then running forums with service providers.
- Identify service needs unable to be addressed by service system (unmet needs) and people who aren't getting <u>any</u> service; and those that are getting some and require more and/or of a better quality. Enhancement of service quality.
- Needs of region should be determined through demographic profiling, ABS, CSTDA NMDS.
- Establish forums – who's in the zoo. Encourage <u>active participation</u>.
- Physical barriers – transport minimal (rural areas).

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What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- Ownership and vested interest.
- Co-ordinated approach – personalised.
- Isolated areas not being involved.
- Continuity of care.
- Outcome focussed – what is it that we are aiming to achieve.
- Present information in a way that people understand, in a variety of ways (face to face, documentation, advertising forums, etc).
- Involve consumers, clients and carers.
- Identify barriers to consumer involvement.
- Link with other programs – HACC, Carelink, etc.
- Establish contacts and contact lists.
- Regional versus local. How will centralised point take into account needs of local communities within region?
- Is there scope for more localised access points within one region?
- What is the fit with proposed Commonwealth one-stop shops?
- Funding Agreement to explicitly state requirement to network and retain awareness of available resources in local areas. This and all other Funding Agreement requirements to be subjected to annual audit.
- Need to ensure fit and timelines between 2 program areas, so both positioned to start at the same time.
- Complexity of assessment – requirement for highly trained professionals / Social Workers, particularly in view of statutory requirements – e.g. Child Protection.
- How to weave existing informal networks into the system, e.g. teacher ringing local family support worker.
- A clear explanation of why the Department wishes to devolve non-health responsibilities. Why not just go to two Departments, Health <u>and</u> Community Services?
- Who makes up a region?
- Who decided who is resourcing actual processes

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What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- Why are you deciding on this model?
- The model – Lead Agency / consortium has some negatives. Is there another way of doing it?
- Where are the evaluation points?
- Flawed nature of the Lead Agency.
- What is meant by "viable point of access", Physical or 1300 number?
- Who is the client? Clear parameters.
- Sector needs clear understanding of region implementation.
- Clear common language / plain English.
- Identify Lead Agency – Government and non-Government.
- Mapping of client requirements, supports, etc.
- Service Agreement for Lead Agency needs to be very detailed / prescriptive.
- Clarification of whether it is a phone link or shop front. Single point of entry. Will it be the same in other regions?
- Clarification of the 2 areas in the South.
- Good resource manual. Knowledge of available services in the sector.
- Data needs to be kept up to date.
- Clarification regarding Lead Agency role. Do they do case mix and also provide case management. Service co-ordination, or is the brokered?
- In the regional pathway, does the service co-ordinator cover support to the person across Child Services and Disability, or will there be 2 co-ordinators.
- Impact on people/staff/services who are already delivering services, as well as meet any demands for reform. Unsettled staff. Change management. Will position still be there? Potential loss of staff from the sector due to uncertainty of future employment.
- NGO versus NGO power struggles. Already there is a need to break down barriers.
- Confidentiality. Sharing of information across a number of people versus privacy need to know, i.e. if a combination of services on committees and only have disability, not involved or need to be with Family and Child Services.

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What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- Consistent expectation that people will have equity of access.
- Integrated training will be important.
- Clear communication to ensure that all interested parties / stakeholders are kept in the loop and involved.
- Bring people together – reform unit.
- Establish need at Community level, profile of demographic.
- Requirements of community intake regarding access point to be determined.
- Exchange of information about localised services.
- ? Independent NGO to look at Ax side – for Ax only.
- Consideration be given to central intake 1800 phone number (areas based) run by lead organisations.
- Tender for lead organisations.
- Call on specialist services and need to have an understanding of networks.
- Importance of communication.
- Consumers – Board level (NGO level).
- How is the Lead Agency determined?
- Clarification of criteria for choosing "Lead Agency".
- More concrete expectations.
- Regional access and co-ordinating must take a holistic view of client.
- Positive outcome should be a greater ability to budget – knowledge will be greater.
- Take services to the families, not vice versa.
- 1300 number – a <u>person</u> answers, not a plethora of options.
- We will immediately call you back to affray costs to consumers.
- Acknowledge and accept existing services that <u>are</u> working. Don't swallow them up.

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What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- Provide a variety of methods of access, i.e. 1300 number. (Outreach services – well advertised, point of first contact).
- Clarify unit price definition as it reads at present. Address "service type" which does not address individual needs.
- Make sure that all service providers are equally represented in funding consultations in round table discussions, current and future.
- Respect the philosophy of existing services and allow them to retain that identity.
- Some may see putting Disability response back into a combined Disability / Children Services bucket is regressive and doesn't fully acknowledge the adult focus of some Disability services. Regional panels will need to be conscious of this.
- Need to be able to size the role / functions of regional access points. Will involve clearly defining functions and responsibilities.
- Need to ensure skills to undertake functions are not lost if / when functions shift during implementing the new model.
- Need to ensure current core roles of Agency service provision are not lost.
- Need clarity about process / choice capacity for clients that approach specific service providers.
- Access to services that cross geographical boundaries. Can a client access services outside their residential area, or multiple ones.
- Budget implication / reporting implications for oganisations that operate across regions.
- Consistent change management approach with message senders all being on the same page.
- Linking <u>established</u> NGO access points and co-ordination to the new system, e.g. Commonwealth funding.
- <u>Visible</u> – what does this mean?
- Differences in funding types and issues for clients because of this, i.e. can't have $$ because you already have funding elsewhere (responsibility). This should be government role to work out, not the client.

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What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- HACC and Disability access points need to be linked.
- How the access points can ensure clients access to different types of funding or multiple funding from different services and government, to ensure appropriate support levels.
- What safeguards are put in place for the client to get the most appropriate agency, if they have different ideas to the Lead Agency?
- Capacity of organisation? Issue that there may be limited options or in fact, only one option for service after going through access and co-ordination.
- Need to build capacity for small organisations.
- Is Access Points 9-5pm, or will there be flexibility for after hours? This is seen to be essential.
- The skill base of the person at the access point is an issue. They need to be very skilled and experienced.
- What if it's a mental health need?
- Link with local government level to support the process.
- Ownership – who?
- Communication – how?
- Data collection needs to occur first, to determine priority of needs. It can't happen in 09/10 but needs to start 08/09. Also data collection now to assist with expectation of service delivery.
- $$$ for organisation to allocate a worker to take on the responsibility of the reforms (bait to sell the message).
- Greater knowledge of services within the region.
- Reliance on good staff for Disability clients.
- Stakeholders will require representation.
- Families relating their story many times.
- IF common client layer systems for all partners.

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What are the key issues that will need to be considered in the first stage of rolling out the reform program to establish regional access points?

- Who will come to the table as part of the leadership group?
- Robust pathways around referrals.
- Financial pathways need to be considered.
- Unit pricing of agencies, having the resources.
- Robust communication strategy is required.
- Families need a Regional access point to discuss their needs. Possibility of community hubs in LGA's.
- Delivery of a message to the community about a central intake system and non-accountability.
- CHAP's may have a key role in sending the message to families very early on.
- Development of Neighbourhood Houses or schools to give infrastructure to the Central Intake process.
- HACC provides the same services (respite, social support, etc) as Disability Services, therefore the linkages between the 2 access points is vital and different than the linkages between housing, etc.
- As the reforms roll out, involvement of people / services from all three regions need to be involved. That is more difficult for Not for Profit clients due to:
    - Two days work time;
    - 1 night accommodation;
    - Travel costs.
- Department staff did not face these costs, hence more attended than NFP staff from other regions. Mostly CEOs from NFP but from Department, staff from across agencies attended.

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What is the best way to engage stakeholders in this process, e.g. service providers, consumers, others?

- Family Services early intervention (crisis driven model).
- Audit of what happens when older parents can't assist disabled.
- Information provided – many different communication techniques.
- Must make people feel welcome.
- Need to help people feel comfortable about speaking.
- Mix of informal and formal forums encouraged.
- Regional forums – enable more people to get together.
- Get local government involved; more objective approach.
- Always have consumers or consumer representative present.
- System has to cope with the predictable and the unpredictable clients.
- INTAKE – tries to link services. How do we stop Intake from bearing the flack?
- Must let people see what's happening (not talk).
- HUGE RISK – long queues. How do we prioritise?
- MUST COVER ALL – need Intake to be inclusive. Knowing all service possibilities and understand "odd requests". Some clients don't see need. Must not let people slip through the system.
- Regional forums – contextual information, better balance between Child & Family / Disability; not as much information as yesterday. More specific to operational and less overarching background.
- Email distribution lists.
- Reduction of clients who self refer to services, as opposed to accessing Regional Access Points.
- Best outcomes for clients who walk in the door of services. Protocols require development to support staff "centres".
- Resources for organisations to attend working parties and lead on for back-filling staff to attend. If funding is not forthcoming to some organisations, there may be a big gap of "voices" unheard, due to financial restrictions. Could be perceived as discrimination against small organisations, or those who outsource / access RTOs, etc. etc and do use budget allocations.

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What is the best way to engage stakeholders in this process, e.g. service providers, consumers, others?

- Speakout Tasmania – possibility of incorporating forums to communication / consultations with consumers of outcomes of forums.
- Is there a resource available to enable consumers to participate in an engaged way? Is this suitable?
- Lead Agency – will there be a provision of Internal Quality of Service, etc available to all RTOs, NGOs before selection is mad and trust transposed?
- Need to overcome "sector reform" fatigue.
- Need a clear plan to guide the processes.
- Need for processes that engage <u>all</u> sectors, not only those that can articulate their needs.
- All need to have confidence in the integrity of the process / system.
- Guarantees of continuity of care as conditions change – age.
-
- Assure a planned transition process.
- Need to take the subjectivity out of it.
- Transparency is critical.
- Ensure consumer representations.
- Recognise self-determination / individual solutions.
- Get rid of 'rules' that don't work.
- Recognise as a genuine need – respect and inclusive.
- Change people's perceptions of what services provide.
- Bringing / offering / inviting people to "the table" at a local level – define what the process is; expectations and outcomes of the "first" session; bringing / listening to people in various geographical areas within the region.
- Local geographical area information sessions / forums access to information if you are not at the session / forum.
- Challenge of the diversity and geographical spread of the stakeholders.
- Consumer involvement is clearly planned, purpose of involvement is real and not tokenism. When, why and how is their contribution valid and relevant?
- Acknowledge that clients often have established loyalties and relationships.

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What is the best way to engage stakeholders in this process, e.g. service providers, consumers, others?

- Need a managed process to engage consumers - staged process.
- Respect and acknowledge past effort as we move towards the change.
- Complaint management and Ministerial involvement need to change.
- Define what type of information needs to be shared between organisations.
- Local government is an important stakeholder.
- Consumer / family focus, quality safety, standards.
- Raise awareness.
- Know who is on Board.
- Partnerships / relations.
- Consumer involvement in governance should (maybe) be in another region. If a consumer is involved in another region it could be perceived as a "conflict of interest".
- Clear communication – what this will mean to you.
- Difficulty in clearly explaining to Board members. Suggestion of going to the Board meeting. How does this effect strategic direction?
- Highlight what is working well now with partnership.
- Communicating the positive enthusiasm.
- Boards need to be engaged – they need to be "on board". Needs to be a statement from Boards that they are willing to be involved in this process.
- Who are the service providers? What are you bringing to the table?
- Communication strategy.
- The role of advocacy is heard and clients are represented. Advocacy must not be skewed.
- Making information sessions accessible – local community flexible, communication support.
- Provide resources to allow for participation to consultation – transport, respite, staffing to enable families, clients and service providers to be involved.

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What is the best way to engage stakeholders in this process, e.g. service providers, consumers, others?

- Require a definition of the model/s. Is it Gateway – shop front – telephone contact (a bit like service Tas). An assessment point, case managers that follow through the client's case. One care plan monitoring. Client centred. Short and long term. Continual review, respite and individual support. Information service, early intervention. Identify the needs and resources, and deliver.
- Present information to stakeholders in a variety of ways – road shows, TV, radio, newspapers, newsletters, letter drop box, forums, morning teas. Advertising is important to ensure that consumers see a benefit.
- Common knowledge and skills in each "Lead Agency", and all associated agencies.
- Consistency.
- Everything documented.
- Transparent and open.
- Sharing of information.
- Clearly identify who all the stakeholders are, down to local level.
- Harnessing informal networks that are already there and functioning.
- Identify all possible vehicles:
  - Local forums / representation at regional level;
  - Letters, peak bodies, web based;
  - Media – newspapers, TV, radio;
  - Community billboards;
  - Shop window notices.
- Then resourcing what works best for each.
- Others need to include DHHS staff.
- Do we need to wait until DHHS structure and staffing is settled before driving the reform?
- Need to value what the sector actually delivers.
- Respectful relationships and trust are keys and they apply equally.

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What is the best way to engage stakeholders in this process, e.g. service providers, consumers, others?

- The issue of power and who controls it needs to be addressed.
- Need a full scoping of a specific region to identify "what we do now" and then work on how we engage.
- Communication strategies. Plain English.
- Forums, newsletters, regional, consultations – newspaper, media for those people who are not current clients. Peak bodies – communicate to members.
- Acknowledge that a number of staff work part-time – demand on them.
- Needs all services to be aware, i.e. Department and HACC, etc, mental health.
- Engage current media providers specifically involved for people with disabilities, i.e. Cosmos Radio.
- Simple, clear communication to reduce likelihood of miscommunication, throughout the entire process – relevant access to tiered levels of communication, relevant to them.
- Offer of input from people at a more individual level for those that are hesitant to participate in large groups.
- Ensure that relevant parties attend as they need to be aware of the importance of their involvement – changes in the sector.
- Families – how do we get their involvement?
- Concern of privacy – relevance to them.
- Aim to build social inclusion into philosophy of organisation.
- Reform unit to convene regional forums and facilitate discussions.
- Awareness and education of Board members in relation to reform agenda.
- Regional meetings on a regular basis, monthly. Convene at different places in region.
- Always have someone at table who understands consumer – advocate / family.
- Use local networks.
- Consumers and service providers should always be invited.

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What is the best way to engage stakeholders in this process, e.g. service providers, consumers, others?

- Twice per year, have statewide meeting. Cross fertilisation of ideas from across region.
- Consider convening at Campbell Town.
- Provide incentives to engage with hard to engage families.
- Electronic communication.
- Feedback from meetings.
- Case workers doing case work (hands on).
- Develop action plans from each meeting.
- Board members from within community.
- Run focus group for young people / pwd.
- Link with community organisations for special needs – e.g. washing machine.
- Send out information to clients.
- Consider creative ways of engaging – breakfast club, attendance at community event, meeting people in a coffee shop, neighbourhood house.
- Broader community needs to be included (engage / communicates = TV).
- How much of a role of intake is involved in providing information?
- Risk of a new process bringing a large number of new clients. May surpass existing resources. Any planning for this?
- Complex and broad strategy to engage the disadvantaged.
- Outreach assessment necessary.
- Any thought of assessment teams based in regions, or as identified by Aileen. Not everyone can come to a central point.
- Need some clarification of roles of Agency and regional access and co-ordination.
- Ensure equal partnerships respecting visions and philosophies.
- Regional forums (small) and wide spread.
- Invite general public to forums, who do not have a vested interest in the process.
- Engage consumers more in whole process.

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What is the best way to engage stakeholders in this process, e.g. service providers, consumers, others?

- Communications strategy (at a regional level) to set the message out.
- Need to get regions to define the form of consultation as well as content.
- Leverage existing communication mechanisms.
- Need to engage clients and staff – will require different approaches.
- Need to ensure we are talking the same language.
- Stakeholders would benefit from seeing meaningful results early on in the process (identify quick wins and showcase).
- Need to be clear about impact on existing clients (that it's not scary).
- Service providers have a significant role to play. Engagement needs to be a partnership.
- Have a Q & A sheet to support message senders.
- Staff that clients talk to need to understand what's happening and why.
- Use support worker conference to raise awareness.
- Need to be able to make the concepts real when explaining to staff on the ground.
- Acknowledge past failures, to help get past them.
- Link an advocate with the client / family at the access point and the advocate could continue on the 'journey' with them, for as long as they need.
- Ensuring evidence based practice – delivering what you say you will, when you say you will. Unit pricing = portability of funding = choice.
- Allowing 'registration' or 'expression of interest' in one or many services and try before you buy for all.
- Unit pricing needs to be individualised to every client's individual support needs.
- Support people to engage as individuals and where there are advocacy groups, support to strengthen those groups.
- Trust process between service process needs to be overcome – developing strong partnerships.
- Letting go (NGOs) of their territory.

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What is the best way to engage stakeholders in this process, e.g. service providers, consumers, others?

- Getting consumers to be active in the reform process.
- Clear communication from DHHS – consumers and all in between to make people / organisations move in one direction.
- Making access to information so easy and non-threatening and non-overwhelming.

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What are the key interdependences with other parts of the reform program that will need to be actioned concurrently, to ensure that the roll out is successful?

- Knowing linkages with the Regional network.
- Lead Agency and Regional network to be encouraged. Lobby for built environments of DIER / local government / businesses.
- Audit what's out there.
- Regional celebrations.
- Neighbourhood parenting courses.
- Adult education courses – disability training, parenting, etc.
- Youth justice.
- Mental health.
- Housing.
- Education.
- Drug and alcohol.
- Information sharing the Department of Education.
- University of Tasmania – post graduate research of the networks, courses on community networks in undergraduate.
- Trust must be developed. Do what you say you will. Professional respect. Measure (quality management systems).
- Sharing learnings across regions.
- Governance – parameters for Lead Agency.
- Identified budget to inform development of the Regional Access Point.
- DHHS "givens" need to be sorted and provided to regional groups to support them in the planning, e.g. does Lead Agency take responsibility for care planning? Also Lead Agency should not be able to sub-contract any responsibilities (a "given"). Will Lead Agency be expected to monitor referral of client where needs do not warrant a care plan?
- Mechanism to prevent Lead Agency from becoming an "empire builder". Maybe the Lead needs to be a small NGO, otherwise power imbalance between small and large NGOs could be problematic.
- Maybe Lead Agency has framework for referral decision. Most appropriate agency based on client need, agency willingness to outreach or being based in geographical location close to client.

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What are the key interdependences with other parts of the reform program that will need to be actioned concurrently, to ensure that the roll out is successful?

- Client consent for involvement of other agencies in planning care.
- Immediate engagement of both Children and Family and Disability to be working together to progress the implementation of the reforms.
- Consider learnings from other jurisdictions where this has already been implemented.
- Regionalisation of the Regions.
- Is the Regional Access Point going to be accessible at various points in the region, i.e. will there be an access point within the Circular Head area of the NW?
- All interconnected.
- Pivots on relationships / trust.
- Database / information sharing.
- Need to 'capture' the information that is already there, then work out what we do not know. (We don't know what we don't know)
- Housing is a critical resource and impediment to this process. Must not forget this issue.
- Need to take Boards of Management with us or they will not "buy in" or openly participate in, or support the reform process. Part of the sharing and trust.
- Data collection – information management system / data system.
- Engaging with other part of the world / community:
  - Transport;
  - Education;
  - Housing.
- Work / information with Board, agreements, consumers.
- Quality systems and standards.
- Assessment works for the whole Disability and Child and Family Services.
- Connections and work of the Reform Unit and the Office for the Community Sector.
- Office of Youth at Risk.
- Data uniform.

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What are the key interdependences with other parts of the reform program that will need to be actioned concurrently, to ensure that the roll out is successful?

- Common assessment framework.
- Need to ensure that transition to new funding arrangement is seamless.
- Will unit costing formula potentially make some small organisations non-viable?
- Possible need to niche and specialise for some providers.
- Communication strategy – Lead Agency may need some help with this.
- Key element – trust and mutual respect.
- HACC – dependencies on services.
- Federal, Commonwealth (FAHCSIA).
- Industry development unit.
- Ensure that the current service system doesn't deteriorate as a result of the reform program. Continue to respond to client demand.
- Support given to staff through the "change management" process.
- Integrating partnership with Community and Family Support.
- Need to know who the network is in terms of reference, roles, etc.
- Data – consumers giving data once.
- Planning.
- Relationship with co-ordinating committees.
- Review pf the Acts and standards.
- Consistent standards, Consistent policies, Consistent tools, Consistent forms. = Resource Bank
- Whole of sector (Department, NGOs, Service approach).

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What are the key interdependences with other parts of the reform program that will need to be actioned concurrently, to ensure that the roll out is successful?

- Governance.
- Unit pricing.
- Workforce development.
- Evaluation.
- Quality.
- Research and data.
- Revised Department structures.
- Relationship with OCS.
- Review of Peaks.
- What is happening with the new money?
- The reform program needs to be totally inclusive.
- Ensuring training organisations are involved in what is required, so that appropriately trained staff are available. Also information re the sector is relevant.
- What happens for those clients that have high support requirements and the sector identifies they are unable to support or will need greater government funding? (Safety net has always picked up these clients)
- There will be the need for additional work by the sector, not just the reform team, to implement the review. This will be on top of business as usual role.
- Quality Assurance – key initiative.
- Staffing – maintaining. Government structure, Office of the Community Sector role.
- IECO not accessible to DS / FSS workers / clients.
- SP forums happening.
- Department needs to talk to each other – MHS / ADSI DS.
- Quality assurance.
- Marketing and communication for all clients and services. Provide correct information.

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What are the key interdependences with other parts of the reform program that will need to be actioned concurrently, to ensure that the roll out is successful?

- Commit to meetings.
- ? Information management systems across both sectors, e.g. using technology in a smarter way.
- Drivers required – information sessions.
- Each perspective is valued.
- Sensitive to local community needs.
- Department has to support service providers.
- Workforce processes – the entirety of government and non-government to identify gaps. Quality and safety.
- Disability is still 3 months behind Children's Services. Bring Disability up to scratch before progressing further in entire reform process.
- Leigh Taylor must be involved in all aspects of consultation. Education issues must be addressed in direct consultation with Department of Education / Children's Services / Disability.
- Workforce development, training, cross functional training,
- Building relationships in sector, particularly between potential lead agencies and other players.
- Run a trial / pilot in one region to prove the concept and work out the process kinks.
- Identify existing practices / processes where this behaviour / service provision is already happening and pull out the best / working bits.
- Need to consider mechanisms to allow clients to participate in consultation where they are subject to barriers for participation.
- Crisis of emergency funds.
- Police and education, court system interagency support teams. Safe at home – family networks.

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What are the key interdependences with other parts of the reform program that will need to be actioned concurrently, to ensure that the roll out is successful?

- That the smaller agencies are part of the process and valuable players in the big scheme of things:
  - Transparency of processes and procedures.
  - Tendering – independent.
- How the Office of Community Sector and DHHS will work to make sure they are on the same page.
- Mental Health needs to be acknowledged and resourced in this process, as they don't fit in to Child and Family Service, nor Disability.

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Are there any other issues you would like to raise in relation to the implementation of the regional access points?

- Well-developed procedures in Disability Services need to move into Regional Access Points.
- Joint training plus 2 days like these 2 days, with grass-roots workers.
- Must canvas clients to see what they need / want.
- Trust between all players.
- Credibility needs to be developed / proved.
- Consumers / staff.
- "Cards on the table". This must be NGOs and the government departments.
- Significant concern about Lead Agency being obligated to refer to other agencies, not just hanging on to referrals.
- "Lead" implies main service provider and this was raising anxiety.
- Considerable ambiguity about how we get from one Access Point to one care plan.
- Engaging and involving consumers.
- Where do minority groups fit into proposed assessment / intake groups, i.e. ageing, dual diagnosis?
- The need for sharing of information in a way that is confidential / transparent.
- Some consumers may feel that the RAP is too close.
- Need to recognise the value of early intervention and ensure funding is there for this.
- Recognition that there will need to be some consistencies, then allow creativity, flexibility, tailoring.
- Recognise that the 'answer' is in the community/ies.
- Need to build and support capacity, not assume that it is there.
- Would a change of government change the direction of the process? Is there sufficient bi-partisan support to take it forward?
- Who / Where / What / How – we do not have a clear picture of the system. Need ongoing support of the process.
- Awareness of what is available being make to the general community.
- Reviews of services.

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Are there any other issues you would like to raise in relation to the implementation of the regional access points?

- Is there consideration for sub-regional access points, e.g. the Northern Regional Centre in Launceston area, with sub-regional access in St Helens?
- Re-emphasise need to consider the capital assets and infrastructure. What is available from the Commonwealth – bricks and mortar do matter to workers.
- Regional areas purpose built for the client mix.
- 1300 number to navigate the maze.
- Where does innovation fit in this scheme?
- Innovation needs a framework in the model.
- Include Education and other departments – police, mental health, A & D.
- Having reasonable timeframes to enable participation in reform process, i.e. giving adequate notice to those involved in upcoming meetings.
- A strong feeling that the Lead Agency <u>should not</u> be a service provider.
- Resourcing – when the infrastructure is developed, ensure that it is truly consultative and all stakeholders involved. Build strength in community.
- Ensure each community has <u>access</u> to the access points.
- A lot of outreach – initial contact via phone, follow up assessment conducted in the community.
- Link in with other services. We don't want the consumers to miss out again. There are groups already established (e.g. Aboriginal groups), to encourage people to access our door. Have mechanism in place to ensure that the clients have access to the best service for them.
- Outcome to be 'independence' focused.
- Functions:
  - Assessment;
  - Networking;
  - Care management – needs to be clearly spelt out.
- Location if single access point in each region.
- Access points to promote better linkages between services.

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Are there any other issues you would like to raise in relation to the implementation of the regional access points?

- Confusion about model. What is proposed? Language too dense, designed to obscure.
- Across the State, no existing agency to take on role of Lead Agency in more than one region. Avoid monopolies.
- Tendering to use criteria other than cost.
- 24-hour operating phone number.
- Where do Mental Health and Housing fit in this process?
  - Education;
  - Youth Justice.
- How does this relate to the current HACC "Access Point" tender?
- Regional access / regional network: What is the relationship and who has decision? Who monitors and ensures standards?
- NGO versus NGO power struggle.
- Role of Government / Lead Agency is still a little unclear. Do issues go back to Lead Agency or does the Office of Community Sector or Contract Manager have this service agreement?
- Is it possible to see / hear about other models – shortened lunch hours.
- If it is up to each region to determine own model, we would like to hear of more models. Need this to be able to make decisions about what model we would like to design.
- Equality of opportunity for all agencies to be part of a consortium – small agencies.
- Regional access and co-ordination of groups. May be a risk if different faces keep appearing around the table.
- Change fatigue.
- Unit costing:
  - Who decides;
  - Quality of service;
  - How does unit costing acknowledge differences in cost of service provisions in different geographic areas and / or contexts?

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Are there any other issues you would like to raise in relation to the implementation of the regional access points?

- Capacity for NGO sector to resource reform and business as usual at the same time.
- Reform unit created in agency to resource change process Where is equivalent sector resourcing to support change?
- Priorities – need?
- Gateway can't be turning people away because they are not in crisis yet. Need to engage these people as well.
- Opportunity cost-reduction / increase.
- Geographic location – access to panel.
- Proactive versus Reactive. Will the regional access point be reactive to a situation, or proactive.