Case Coordination Stakeholder Consultation Report of Research Findings

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## EXECUTIVE SUMMARY

The Department of Human Services commissioned Market Solutions to engage in community consultation with peak community organisations as well as local advocacy and service delivery organisations. The purpose of the research was to determine current satisfaction with dealings with Department of Human Services agencies and identify means of strengthening these relationships with the aim of developing closer working relationships with community organisations.

This report presents the findings of the first stage of the research, depth interviews with 37 peak community organisations. The depth interviews were conducted in April-May 2011. Interviews were conducted face to face and via telephone, dependent on the location and preference of the respondent and the duration of the interviews was approximately one hour.

Overall, the results revealed mixed levels of interaction with the agencies. Most often, participants reported having dealings with Centrelink. Many had also had some dealings with Medicare while few had dealt with the Child Support Agency (CSA), Commonwealth Rehabilitation Services (CRS) or Australian Hearing.

The results found that satisfaction with the relationship was much better for those who had dealings through reference groups and those who had a direct contact person they could deal with at each agency. While there were some specific comments made about each agency, many comments could be applied to each. The following table gives areas of the relationship that could be improved and suggested approaches for future relationships.

<table>
<thead>
<tr>
<th>Previous Experience</th>
<th>Future Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willing to provide info and do so proactively</td>
<td>Proactively communicate with peak bodies</td>
</tr>
<tr>
<td>Limited awareness of our organisation and what we do</td>
<td>Actively seek information about peak bodies including services offered and client base</td>
</tr>
<tr>
<td>Some inconsistency in service provided across locations</td>
<td>Ensure approaches to relationships are standardised and clear benchmarks set to ensure consistency of approach</td>
</tr>
<tr>
<td>No direct contact, have to call general number, difficulty reaching the correct person</td>
<td>Ensure lines of communication are clear and provide updated list of contacts and their area of expertise. Build relationships with peak bodies to establish contacts.</td>
</tr>
<tr>
<td>Receive inconsistent information depending on who I talk to</td>
<td>Provide ongoing training and information sessions to ensure staff knowledge is current and consistent</td>
</tr>
<tr>
<td>Difficulty forming/maintaining relationships due to staff turnover</td>
<td>Encourage handover to be done when staff move on and central records kept with details regarding contacts at peak organisations. Standardise approaches to communication to limit effect of staffing changes</td>
</tr>
<tr>
<td>Value participation in reference groups</td>
<td>Continued opportunities for organisations to participate in agency reference groups</td>
</tr>
<tr>
<td>Sometimes not consulted early enough when reviews are undertaken</td>
<td>Ensure peak bodies are invited to comment on policy and strategic decisions and invite comment early in the decision making/review process</td>
</tr>
</tbody>
</table>

Continued over page...
<table>
<thead>
<tr>
<th>Previous Experience</th>
<th>Future Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information received is not always what was sought, out of date or not enough detail</td>
<td>Provide most up to date information. Follow up to ensure information received met needs</td>
</tr>
<tr>
<td>Website contains plenty of information but it is difficult to find the relevant information</td>
<td>Ensure website format is user friendly and easy to navigate</td>
</tr>
<tr>
<td>Positive responses to the Local Connections to Work trial</td>
<td>Consider wider roll out of shared service sites, engage in promotion of trial sites</td>
</tr>
<tr>
<td>Some were unaware that the agencies were part of the Department’s portfolio and of their roles</td>
<td>Take steps to notify peak bodies of the agencies in the Department’s portfolio and communicate their functions</td>
</tr>
<tr>
<td>Previously have not felt that their expertise was fully utilised, have not always thought they were taken seriously</td>
<td>Ensure peak bodies are consulted on issues of relevance and use formal methods of communication until a relationship is established</td>
</tr>
<tr>
<td>Do not want to be over-consulted as peak bodies are time poor and have limited resources</td>
<td>Actively acknowledge the value of peak bodies’ time by keeping meetings short, limiting duplication across the agencies and reimbursing them for their time where appropriate/possible</td>
</tr>
<tr>
<td>Perception that the agencies know little about their organisation</td>
<td>Actively seek information about peak bodies, establish contacts</td>
</tr>
</tbody>
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Peak bodies displayed a high level of support for working more closely with the agencies. Not only did they seek closer, more established relationships with the agencies, they would like to see the agencies strengthen relationships with other government departments. In particular, they felt there was a great deal of potential for improved information sharing across the sector including organisational information and data sharing. While they recognised the sensitivities around sharing personal information, they expected the Department to explore the means of maximising data sharing between government and community organisations to streamline services and benefit the end user.

Participants would like to see an approach to case management that guided clients through their dealings with the agencies and ensured referrals to the appropriate areas. For this to work, they acknowledged the importance of putting in place standardised procedures, training staff in identifying client needs and strengthening understandings of community organisations to ensure clients are referred to the appropriate organisation.

While some had established relationships and were satisfied with the referrals they receive from the agencies, others suggested that the referrals process could be improved. In particular, they commented that referred clients are not always eligible to receive their services, are not informed of the services they provide, or are frustrated by the time they reach their organisation.

Over the page is an example of the perfect referral from the perspective of peak bodies.
**IDEAL REFERRAL**

Initial client contact

Identification of level of support required (standard, social worker)

Assessment conducted using standardised assessment tool

Identification of services required and appropriate organisation/s for assistance

Direct transfer to referred services (contact provided, booking)

Delivery of assessment details and referral information to referred organisation

Direct line of contact back to referring agency provided

In terms of future communication, reference groups were highly valued. Participants appreciated the acknowledgement of their understanding of the sector and the opportunity to network with agency staff and other community organisations. Those who were members of advisory or reference groups valued the opportunity to contribute and made a number of suggestions regarding what they consider to be an ideal reference group:

- Held quarterly or two per annum
- Held locally (or compensation provided for travel)
- Participants paid for attendance (time)
- Provided with notice of topic in advance
- Time allowed for stakeholder discussion prior to or after meeting (networking opportunities)
- Stakeholders and agency staff are experienced in the areas of relevance to the topic
- Duplication of topics limited across reference groups
- Time allowed for discussion and questions after presentations
- Stakeholders allowed to make presentations if relevant and useful

There was greater openness to Departmental staff operating out of the offices of the peak bodies than having to spare staff to work from the Department. While the benefits were clear in relations to the knowledge that could be gained many said they could not spare the resources. Peak bodies displayed a high level of willingness to offer training to staff, particularly in relation to understanding the needs of their clients.
2.0 INTRODUCTION

2.1 Background

As part of the Service Delivery Reform initiative, the Department of Human Services is trialling a new service delivery model called Case Coordination. Whilst the Department has a history of referring customers to community organisations, this has been mostly the domain of specialists within Centrelink such as social workers. Under Case Coordination, when a customer presents to the Department they will be routinely assessed for both payment eligibility and for additional support. Those identified for additional support will be identified for assisted, managed or intensive services based on their individual needs.

Once identified for additional support, customers will be referred to appropriate community organisations. The success of the new model will rely on strong relationships between the Department and local community organisations that deliver appropriate services. For Case Coordination to be successfully implemented, any referral process issues need to be identified and addressed in the service delivery model.

It is intended that Case Coordination will be trialled at 19 sites (likely to be a national coverage) commencing from July 2011.

Hence, prior to this trial, the Department required input from community organisation stakeholders to assess existing levels of satisfaction and identify opportunities for improvement in the way community organisations work with the Human Services portfolio.

Market Solutions was commissioned to conduct research amongst 36 peak community organisations as well as 300 local advocacy and service delivery organisations in proximity to the 19 trial sites. As the trial sites are yet to be finalised, a selection of trial sites were chosen for the purposes of the research. These sites were selected as it was believed they will share similar demographic characteristics to those of the final trial sites.

For the purpose of the research, trial sites included:

- Ararat
- Bankstown
- Bowen
- Bridgewater
- Broadmeadows
- Burnie
- Cowra
- Darwin
- Elizabeth
- Fairfield
- Newcastle
- Port Adelaide
- Rockhampton
- Rockingham
- Shellharbour
- Shepparton
- Springvale
- Woodridge
- Wyong
This report presents the findings of the depth interviews conducted amongst peak community organisations. In total, 37 organisations participated in the research (one more than required). The results of the CATI survey of advocacy and service delivery organisations are provided in a separate report.

2.2 Research Objectives

This research project had two key objectives:

- To identify the existing level of satisfaction with the way stakeholders work with the Human Services portfolio
- To identify opportunities for improvement in the way survey participants work with the Human Services portfolio

The aim of the research was to assist Centrelink to develop a stakeholder engagement strategy and develop relationship benchmarks to be used to evaluate Case Coordination.

2.3 Methodology

A depth interview approach was selected as the preferred methodology for contacting peak community organisations. This approach involved contacting the organisations and inviting one or more representatives of the organisation to participate in a face to face interview. Face to face interviews were conducted in Melbourne, Canberra and Sydney. If unavailable to attend a meeting in person, interviews were scheduled to be conducted via telephone. In total, 20 interviews were conducted in person and 17 via phone.

Market Solutions developed the questionnaire in conjunction with the Department.

The questionnaire is attached as Appendix 1.

2.3.1 Sampling and Data Collection

Market Solutions was provided with a list of 53 peak bodies from which the required 36 interviews could be sought. Of these, 36 were highlighted as preferred contacts.

Amongst the preferred contacts, 15 had received prior notification of the survey from the Department. Market Solutions obtained participation from 14 of these 15 organisations. A further 14 participated from the list of preferred contacts. The remainder of the interviews were scheduled with the other organisations listed.

2.3.2 Fieldwork

Interviewing was conducted between 13th April and 9th May 2011.

The average interview length was one hour. In total, 37 organisations out of the 53 approached were represented. This equates to an achievement rate of 70% which indicates a high level of cooperation amongst the peak bodies as well as a clear interest in the project.

2.4 Data Analysis

Participants were asked to complete a handout questionnaire. Results of the questionnaire are presented throughout the report.
2.4.1 Interpretation of Client Satisfaction Index (CSI)

The handout questionnaire asked respondents were asked to rate their satisfaction with the service provided by the agencies they had dealings with and with the referrals process generally. To gain insight into satisfaction levels, a Client Satisfaction Index (CSI) was calculated.

- **Totally satisfied** = 100
- **Very satisfied** = 80
- **Somewhat satisfied** = 60
- **Somewhat dissatisfied** = 40
- **Very dissatisfied** = 20
- **Totally dissatisfied** = 0

Every response to a satisfaction question received a score as shown above. The CSI represents an average of these scores and excludes unsure responses. The index takes into account all responses to the question (i.e. all levels of satisfaction and dissatisfaction).

2.5 Profile of Respondents

Overall, representatives from 37 peak bodies participated in the research. Some organisations were represented by more than one staff member to provide feedback regarding different levels of interaction. In total 44 people participated in the depth interviews. The following table shows the representation of organisations from different locations and the mode of interviewing.

<table>
<thead>
<tr>
<th></th>
<th>Face to Face</th>
<th>Telephone</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canberra</td>
<td>13</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Melbourne</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Sydney</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Adelaide</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Perth</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Brisbane</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>17</td>
<td>37</td>
</tr>
</tbody>
</table>

Many organisations had an advocacy role and deal with the Department regarding policy issues. Staff from the peak bodies were also often members of consultancy groups run by the Department or special interest forums that Departmental representatives have attended.

Amongst those who participated, there was a mix of strategic and operational staff. The following table shows the position of the staff who were interviewed. The position of the staff members suggest the level of interaction that staff have with the Department. That is, CEOs were more likely to deal with high level policy matters while Service Managers were more likely to deal with the Department at an operational level.
Department of Human Services: Case Coordination Stakeholder Consultation – Final Report

Figure 2: Position of Participants

<table>
<thead>
<tr>
<th>Position of Participants</th>
<th>Total (n=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>Chief Executive Officer</td>
<td>15</td>
</tr>
<tr>
<td>Policy Manager/Officer</td>
<td>11</td>
</tr>
<tr>
<td>Director</td>
<td>7</td>
</tr>
<tr>
<td>Manager Services/ Operations</td>
<td>6</td>
</tr>
<tr>
<td>Chairperson</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>

The stakeholders who participated tended to represent a national level rather than state, although the state level was also represented. Those at the state level tended to have a more operational focus while those at a national level had more direct involvement in policy and strategy. As peak bodies, the organisations often represented the interests of members and service users.

Figure 3: Whether Operate at a National or State Level

<table>
<thead>
<tr>
<th>Level</th>
<th>Total (n=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>National level</td>
<td>31</td>
</tr>
<tr>
<td>State level</td>
<td>6</td>
</tr>
<tr>
<td>Both national and state levels</td>
<td>7</td>
</tr>
</tbody>
</table>

The following interests or services were represented by the organisations that participated (most organisations represented multiple interests):

- Employment services (9)
- Housing services/homelessness (7)
- Seniors services/aged care (6)
- Public health (5)
- Counselling services (5)
- Mental Health (5)
- Youth and children’s services (4)
- Social services (4)
- Disability (4)
- Migrants and refugees/multicultural (4)
- Family services (4)
- Domestic violence (3)
- Drug and alcohol support (3)
- Blind and vision impaired (2)
- Suicide prevention (2)
- Child protection (2)
- Correctional services (2)
- Financial support (2)
- Carers (2)
- Deaf (1)
- Disaster recovery (1)
- Gambling support (1)
- Rural areas (1)
- Women’s services (1)
- Men’s services (1)
- Veterans (1)
- Forgotten Australians (1)
- Indigenous Australians (1)
- Same sex relationships (1)
While the previous table gives an indication of the range of interests represented by the peak bodies it was evident that each is likely more widely represented as there was a great deal of cross over between services and this lists only those mentioned in discussion with the organisation.

Other government departments that the peak bodies often worked with included Department of Education, Employment and Workplace Relations (DEEWR) and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). Many had funding relationships with these departments or had been involved with them regarding policy development or program implementation. Others had been consulted on the development of communications materials and appreciated the fact that the departments were interested in the needs of their clients.
3.0 INTERACTION WITH THE AGENCIES

3.1 Overall Satisfaction with the Agencies

All participants who had previous dealings with the Department of Human Services agencies were asked to give a satisfaction rating for each. These satisfaction ratings were then converted into a Client Satisfaction Index (CSI). Average satisfaction ratings of over 50 indicate satisfaction with the Agency while those under 50 indicate dissatisfaction. Care must be taken in interpreting these results due to the small sample sizes.

Those who had dealings with the Department at a departmental level were generally quite satisfied with their interactions with the department. Interaction with the Department was usually limited to meeting departmental representatives through mutual involvement in committees or reference groups or through discussions at more senior levels regarding policy or business matters.

“The positives are that there are some very good people in senior roles with the Department that we enjoy dialogue with but the opportunities to do so are limited due to lack of consultation.”

Satisfaction with the Department of Human Services agencies was moderate and showed some room for improvement. The following section summarises the experiences of peak bodies in their dealings with each of the agencies.

Figure 4: Satisfaction with Relationships with Agencies

Q.8 How satisfied were you with the relationship between your organisation and...?

<table>
<thead>
<tr>
<th>Agency</th>
<th>CSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Human Services Generally</td>
<td>63.6</td>
</tr>
<tr>
<td>Medicare</td>
<td>60.8</td>
</tr>
<tr>
<td>Child Support Agency</td>
<td>60.0</td>
</tr>
<tr>
<td>Centrelink</td>
<td>57.4</td>
</tr>
<tr>
<td>CRS Australia</td>
<td>56.9</td>
</tr>
<tr>
<td>Australian Hearing</td>
<td>43.3</td>
</tr>
</tbody>
</table>

*Caution: Small sample size.

3.2 Centrelink

Of the 44 participants, 39 (89%) indicated that they have had dealings with Centrelink.

The main types of dealings participants had with Centrelink included:

- Acting as an intermediary for Centrelink recipients
- Membership on committees/ reference groups
- Responding to requests for comment regarding policy changes/initiatives

Participants had mixed experiences in their dealings with Centrelink. Generally those who had dealt with Centrelink over some time and had a direct contact they used on each occasion were satisfied with their current relationship with Centrelink. These tended to be people who worked in areas where there was a local Centrelink office meaning they’ve come to personally know staff at a local level or those who have been involved in a Centrelink reference group for some time.
One participant, who had very positive dealings with Centrelink, praised Centrelink for their willingness and ability to provide information on the different programs available. In their experience, Centrelink had proactively sought opportunities to work with them on projects which they felt showed that Centrelink value their knowledge and experience.

“Centrelink is not given the appropriate credit. They are responsive and consumer friendly. Our relationship works well with raising issues with them and they’ve come to us and support us.”

However, others said that the relationships between the arms of their organisation and Centrelink varied dependent on their location. That is, some Centrelink offices had built better relationships with their organisation than others.

“They could strengthen their regional relationships (with peak bodies).”

“Works better in non-metro areas... Consistency is the issue. Some have better relationships.”

“Varies across the regions, depends on the services. Where we have job services there is a strong relationship as we have to deal with them more regularly.”

Those who don’t have a direct contact and have to call the general number tended to be less satisfied with their dealings with Centrelink. This group reported experiencing difficulty getting through to the appropriate person, inconsistencies in the information provided and (in one case) experiencing rudeness from staff.

“I don’t have people I can call. Centrelink seems a lot bigger and more rigid (than other agencies). More legislatively based.”

Some said the service they receive varies dependent on the operator they speak to. They would like to have a direct number that can be used by professionals rather than going through the call centre. Others said they had difficulty finding the right person to talk to when calling the 1300 number.

“They could have a number for professionals and tell us we couldn’t give it to clients. We’re not given those numbers.”

“We have a very distant relationship with Centrelink. There’s a critical gateway issue.”

One of the difficulties the peak bodies had experienced in maintaining a close working relationship with Centrelink was the turnover in staff. A few also suggested that Centrelink is constrained by limited resources.

“At a national level they need to resource their engagement strategies better. They seem to be run on a shoestring.”
3.2.1 Centrelink Advisory/Reference Groups

Participants who were members of a Centrelink advisory group were generally happy with how this was run. They felt that advisory boards demonstrate an interest in the opinions of stakeholders. However, some suggested that the discussions of the advisory group could be more topical as they were not always highly relevant to all stakeholders. Some also warned against using the advisory group as an information session. That is, providing stakeholders with advice in the advisory group meetings rather than providing an open forum for discussion.

“It’s a very positive group. They make real attempts at genuine consultation. It’s a good feedback loop. There’s just the constant challenge of the balance of information provided and listening to the information we provide.”

Concern was expressed by an advisory group member at the attitude of Centrelink staff that they said they had observed during an advisory group meeting. They stated that there appeared to be an attitude amongst Centrelink staff that people not receiving benefits they were entitled to was a good thing as it saved the government money. However, the participant felt that Centrelink should always aim to provide the full payment the person is eligible for with the ultimate aim of getting people off payments.

“In the twenty years I’ve worked in the sector there has been a shift in the culture from social security’s job to inform people of their entitlements to minimising expenditure.”

Another participant stated that they had encountered Centrelink staff in the advisory groups who they thought had limited knowledge of the sector, particularly at the ground level. They felt the advisory groups should be attended by people who have a minimum level of understanding of the topics discussed and can therefore make an informed contribution to discussion.

“The people involved were not very in touch with the real world. You need an idea of what’s going on in the community and what services are available. You encounter naivety and feel like you’re telling them how to suck eggs, it’s not complex. You lose opportunities to engage and for innovation because of that.”

One of the participants used to be on a Centrelink reference group made up of a broad range of representatives from across the sector. They commented that, since this group was abolished, they have not been invited to join other reference groups as they are now very specific to certain client groups, none of which they represent. They hoped that Centrelink would start another reference group with the involvement of a broad range of stakeholders from the sector so they would have the opportunity to participate.

Others had mixed views of the preferred make up of groups. Some had a preference for diversity of stakeholders while others showed a preference for groups being made up of stakeholders representing similar clients to ensure topics were of relevance to all.

Some said they have experienced some duplication of topics discussed during Centrelink and Medicare reference groups (for example) and that the agencies should work together, wherever possible, when consulting with stakeholders to ensure greater efficiency. However, one of the participants cautioned against the push for cohesiveness being too hasty as they felt the departments were presently very disparate and working more cooperatively would take time.
3.2.2 Centrelink Information

Peak bodies also had different experiences when requesting information from Centrelink. A few said they work closely with Centrelink and find that Centrelink are forthcoming in providing figures requested by the organisation. Others said they have put in requests for details such as the number of Australians receiving specific benefits and that these have taken months to be received or had not been received at all. Generally those who had direct contacts at Centrelink had greater success regarding information transfer.

One of the areas some participants identified as needing improvement was the consistency of information provision from different Centrelink staff. Participants cited occasions when they had contacted Centrelink for information and received what they saw as conflicting information on different occasions. Participants attributed this to the complex nature of Centrelink’s business and a need to ensure staff were fully aware of all products and services provided.

“If you call the disability and carers line you may get three different answers. There appears to be low levels of knowledge of DSP blind while knowledge of DSP generally is high.”

Quite a few peak bodies had approached Centrelink for data of relevance to their organisation. Most commonly they sought information regarding the number of people receiving benefits. Those who had found Centrelink most obliging in sharing information generally sought information through a contact in the reference group or had a regular contact person they would approach for information. Some expressed dissatisfaction with the time it takes for Centrelink to process informational requests or said they had difficulty obtaining up to date data.

“I made a request six months ago and got it only a month ago and I’m still waiting on some (information).”

Generally speaking, Centrelink’s website was considered to be rich in information. Those who had used the website valued it as a source of information however some said it is difficult to find what they need due to the sheer volume of information contained on the website.

“Accessing anything on the website is difficult as it’s so busy but it’s critical.”

“I use the data from the website as a source of information and it is a good source of info. It’s not impossible to find things on.”

A need for Centrelink to work more closely with other government departments was suggested. This included a need for information sharing across departments. Further, participants mentioned that there is a need for greater coordination of case records across agencies and departments.

“There should be no more brick walls between departments. They need access to other department’s data. Not having this results in inefficiencies and is a waste of money.”
3.2.3 Centrelink Case Coordination

Those who were familiar with the shared services trial (Local Connections to Work) said these were working well and would like to see them rolled out more widely. They felt that case management was the most effective way of providing services to clients, particularly given that their personal situations increase the likelihood of them dropping out of the services. They noted that clients in crisis are more likely to need immediate support and that a lack of early intervention can cause more problems for clients. They also suggested that some are in a state of emotional distress when contacting agencies for the first time and need to be stepped through the process to ensure they are appropriately case managed.

Having a range of support services available in the one place was seen as one effective way of ensuring continuity of service. However, participants also expressed interest in direct referrals (from Centrelink to their organisation) and standardised assessments that are consistent and understood by government and the community sector.

Further information regarding preferences for case coordination approaches are given in 5.1.6 Case Management Approach.

3.3 Medicare

Of the 44 participants, 26 (59%) indicated that they have had dealings with Medicare.

The types of dealings included:

- Making enquiries on behalf of clients regarding rebates
- Membership on committees/ advisory groups

Amongst those who indicated they had dealings with Medicare, most said their contact has been minimal. The exceptions were those who were part of the Medicare advisory group/s. Unless they had dealings with Medicare through these groups, peak bodies tended not to have a regular contact person at Medicare.

One participant expressed concern regarding their organisation’s ongoing relationship with Medicare as they felt the high quality of their current relationship would be difficult to maintain. This participant was extremely satisfied with their current dealings with Medicare and felt it was superior to the limited contact they receive from Centrelink. In particular, they valued being consulted by Medicare early in the decision making process.

Again, peak bodies sought a direct contact at Medicare rather than having to go through the call centre for informational requests. Some suggested that the turnover of staff made maintaining contacts difficult. However, the effects of this were believed to be minimised by standardised procedures.

“There’s too much turnover of people but have had consistency in approach.”

Those who have a direct contact at Medicare stated that they had experienced openness and transparency from them. Some commented that they feel they can talk frankly to Medicare as “they are not a policy organisation” and they do not have any links to funding through Medicare.
Generally, Medicare was viewed as a service provider, or transactions agency, rather than a “policy maker” by quite a few of the participants. The exceptions were usually those who were members of the advisory group or who had greater involvement in strategic discussions.

“We normally just ring with issues of claiming or regarding doctors or dental visits. This relationship is easier (than with Centrelink) as they have standard rates.”

Overall, participants were generally satisfied with their organisations relationship with Medicare. One said this may be because the nature of the Medicare enquiries is simpler and rarely involved complex requests.

Even those who had minimal or no dealings with Medicare were rarely dissatisfied – they felt their level of contact was appropriate for their needs. However, some felt they may benefit from greater awareness of Medicare’s processes.

3.3.1 Medicare Advisory/Reference Groups

Those who were members of the advisory group were generally very happy with the way it was run. One said it is refreshing that Medicare listen to what they have to say and take their comments on board. They had noticed changes to services directly linked to their feedback.

Others stated that they find the information provided in advance of the group to be very useful to allow them time for review and to prepare points for discussion. They also indicated that they value the hour prior to the meeting commences for stakeholder discussions. They liked that the format of the groups allowed for both information presentation and time for discussion. Many said they appreciated that Medicare acknowledge the value of their time by offering compensation for their participation in the group.

“It’s refreshing, they listen to us. They take what we say on board and things change. They get as many papers to us before the meetings as possible as that gives us time to get the stakeholders’ views. Instead of people ranting at you, you go into discussion more quickly... They’re not defensive like Centerlink has been.”

Improvement suggestions regarding the committee/s were that topics could be less generalised and that participants should be sent an outline of the topics to be covered prior to each meeting being held (some thought this was not always the case).

“It’s a work in progress. They have the group but they’re not sure what to do with it. We’re told this is our strategic plan and we’re supposed to nod and say what do you want from us. They should say they’re thinking about directions and they trust us to contribute at an earlier part in the process.”

Another of the participants said they had been on a Medicare reference group but this had been disbanded following a change in government and staff. They were disappointed as they saw this as a missed opportunity and felt their efforts in the group up to that point were not followed through.
3.3.2 Medicare Information

Data sharing was sought from Medicare as it was from Centrelink. Participants wanted to have a specific contact to call with informational requests and to experience a fast turnaround in the delivery of information. One respondent had tried to source data from the Medicare website and found this to be time consuming as they thought the data was difficult to find and to break down by subgroups.

“It’s a frustrating exercise trying to find data. There’s no way to break it down by rurality if there’s only small reporting. I think it would be interesting to know if there’s any way to get additional analysis. The PBS – none of us know how to get that data analysed. Bulk billing is something that you can’t get data on as it’s confidential.”

3.4 Australian Hearing

Of the 44 participants, 6 (14%) indicated that they have had dealings with Australian Hearing.

The types of dealings were limited to calling Australian Hearing with general enquiries.

Dealings with Australian Hearing were minimal and generally involved information requests. Participants indicated that they would like more information regarding the services provided by Australian Hearing. It was clear that this is necessary as many were unsure what exactly was the role of Australian Hearing. A few participants associated them with the National Relay Service and some asked whether they were involved in TTY.

“I’m not sure what their services are. It’s very confusing what their role is and what the role of the service provider is and how you hook into those. It needs to be better promoted... There should be a search engine for all government departments to see what (services are) there and which agency it relates to.”

One of the participants indicated that they had difficulty contacting Australian Hearing when they had an enquiry about hearing aids. Their impression was that Australian Hearing were “impenetrable” as they had called on a few occasions and the phone was not answered on any of these occasions. They therefore took their enquiry to other organisations.

“I tried to contact them to find out about hearing aids and it was frustrating – nobody answered.”

Another stakeholder indicated that they would welcome increased dealings with Australian Hearing. They stated that they have a good relationship with them in their limited dealings but they would like to see increased stakeholder engagement through a consultation process as required.

“It would be useful to develop a relationship (with Hearing Australia). I would like more information from them generally.”

“We would welcome increased stakeholder engagement in the consultation process and working groups.”

Some simply felt they did not require a closer working relationship with Hearing Australia as the service was not relevant to their key client group/s.
3.5 Child Support Agency

Of the 44 participants, 13 (30%) indicated that they have had dealings with CSA.

The types of dealings included:

- Making enquiries on behalf of clients regarding their case
- Membership in the stakeholder group

Most of those who had dealings with CSA indicated that these had been quite limited.

However, one organisation who had regular dealings and was represented on CSA’s stakeholder group stated that they have developed a good working relationship with CSA. They indicated that they have a direct contact person they can go to if they have any questions or requests. This participant noted that CSA has worked hard to build up their stakeholder relationships. They also mentioned the work done by CSA to improve their publications in response to the needs of clients. Their one improvement suggestion was that there needs to be increased openness in CSA to listening to suggestions regarding system changes. The observation was that CSA advise on how the system should be working but do not appear to have listened to advice from stakeholders indicating that this may not be feasible at a ground level.

Those participants that had been consulted regarding the development of recent publications (for example the “Me and My” series) valued this input. They took this to mean that CSA was genuinely interested in producing communication materials that meet the needs of end users. Others indicated that they felt they could add value by providing feedback or advice regarding communication materials.

One of those who had called CSA on behalf of a client, stated that they had received conflicting information from different staff members. They sought a direct contact person for professionals to get in touch with if required.

“Professionals need to be able to speak to professionals who can answer questions rather than wait in a queue then get told they don’t know then get different information.”

Some felt there was an opportunity to build a closer working relationship with CSA. Those who work closely with clients of CSA wanted this contact to include regular discussion at a senior level such as through stakeholder groups. Those who had fewer clients involved with CSA were seeking a relationship where they know who to contact if they require anything and can provide input on an as needs basis.

3.6 CRS Australia

Of the 44 participants, 12 (27%) indicated that they have had dealings with CRS.

The types of dealings included:

- Being consulted regarding reforms and policy changes
- Dealings regarding projects of mutual interest
- Liaising with the agency regarding cases
Amongst those who had dealings with CRS, the dealings tended to be limited. Some indicated they were unsure what the role of CRS was and what they do.

“I didn’t even know CRS existed. These organisations have an important job to do to ensure their peak bodies know they exist.”

An organisation that has more regular dealings with CRS (usually in regards to referrals) stated that they are happy with the relationship they have developed. They stated that the relationship has been built due to regular communication with CRS staff and that there being few staff on the CRS team and limited turnover of staff had assisted the relationship to develop. This participant also indicated that they feel that CRS is open to receiving feedback from their organisation. They indicated that they value having a direct number to call so they do not need to wait in the queue as they would if they called the general number.

“There are not as many people (working for CRS) so it’s easier. Staff don’t change over as much so it’s usually someone you’ve spoken to before. They’re happy to hear feedback from us.”

Another organisation with regular dealings with CRS indicated that they would like CRS to be more able and willing to share information in the development stages of policy and program decisions. They stated that they understand there would need to be confidentiality agreements put in place if they were to be consulted regarding departmental decisions but they felt that CRS could benefit from their input and knowledge.

While these organisations indicated that they have a close working relationship with CRS at a ground level, they sought further interaction at a more senior level. They wanted greater involvement in strategic meetings and suggested that more formal structures be put in place to strengthen the relationship. An example provided of how this might work was having formal bilateral meetings which have a strategic focus similar to those they had participated in with DEEWR. Participants felt that CRS would be open to strengthening the relationship through closer contact if they were to make the request.

Some of those in the disability sector saw CRS as a competitor (to themselves or their members). They felt that there was an inequity in the number of referrals allocated to CRS compared to those sent to other services. However, some of these organisations indicated that they could see the benefits in discussions with CRS regarding best practice. Others indicated that they have worked collaboratively with CRS on matters regarding the services they offer and had found CSA’s approach to the highly professional.

“We would like more engagement with the Department proper about how the government should manage the process of competition between (employment services) and CRS. We’re interested in the business they do and think we can do it cheaper.”

One of those who view CRS as a competitor stated that they would not support CRS co-locating with Centrelink offices or other agencies as this would give them a competitive advantage.
4.0  REFERRALS PROCESS

4.1  Referrals Process

The majority of the 19 organisations (43%) that had received referrals stated that these had come from Centrelink. A few had received referrals from CRS and CSA. Overall, participants who had received referrals were moderately satisfied with the referrals process.

Figure 5: Whether Receive Referrals from the Department

| Q.10 Does your organisation ever receive referrals from any of the agencies previously mentioned? |
|----------------------------------|------------------|
| Total (n=44)                     |                  |
| Receive referrals from the Department | No. | % |
| Do not receive referrals from the Department | 19  | 43.2 |
|                                  | 25  | 56.8 |

Figure 6: Satisfaction with Referrals from the Department

<table>
<thead>
<tr>
<th>Q.11 How satisfied are you with the current referrals process?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSI</td>
</tr>
<tr>
<td>Referrals process</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>54.7</td>
</tr>
</tbody>
</table>

4.1.1  Current Process

Those who had received regular referrals from departmental agencies tended to be more satisfied with the process than those who received the occasional referral. Their experience with the agencies meant there was greater familiarity with the workings of the organisation ensuring referrals were relevant and clients were directed to the appropriate area.

One of the participants stated that they were highly satisfied with the referrals they receive from CRS. They indicated that they've been quite happy with the assessments done by CRS and the fact that CRS forwards them the details of the referral. They felt that the referrals relationship with CRS was more organised than with other agencies. This description of a CRS referral closely matches the description of the ideal referral given by participants (see 4.1.2 Ideal Process).

“We have a more organised relationship with CRS (than other agencies). They refer us clients who need counselling around communication or to get them back into the workforce. By the time they get to us they’ve done quite a good assessment and forwarded us the details. That then saves them going through the information again. It works very well.”

For others, the experience had been that referrals were not always accurate. That is, some said they received referrals of people who were not eligible to receive their services and who they therefore had to refer on to other services or send back to the agency who had referred the person. They felt this is not only inefficient but is most disadvantageous to the person referred. They also suggested that there was an apparent lack of knowledge of their organisation which meant the people referred had limited or incorrect information about where they were being referred.
Some said they do not always receive enough information with the referral to be able to direct them back to the appropriate person within the organisation. They sought more information on the reason for the referral and contact details of the person who made the referral in case they had any questions.

Some felt that the assessment done prior to the referral was not always accurate or not necessarily consistent with their measurements which was another reason for people being referred and not being eligible to receive services.

Others stated that they have encountered clients who are frustrated or angry by the time they reach their organisation as they perceive they have “been given the run-around” by the agencies, are frustrated with the outcome of their dealings with the agencies or are exasperated by having to repeat information to each of the agencies. Participants felt that agency staff should do whatever possible to reduce the hostility of the client before referring to other organisations.

“People are sometimes very angry and distressed by the time they reach the charities, especially if they’ve been punished. We don’t want to be put in that role... (Centrelink should) see what they can do to remove heightened tension from people before they are referred.”

One of the participants from a disability organisation said that they have observed a slowing down of referrals with people being referred to the wrong program. They stated that there is no easy way for them to redirect people to the appropriate program.

One of the participants stated that they would like to see improved processes in referring to CSA. They would support the ability to directly transfer calls to CSA when required. Another of the participants commended CSA for the work they have done internally to improve their referrals process.

4.1.2 Ideal Process

In terms of the ideal referral, participants sought a standardised assessment, referral to the appropriate organisation, a streamlined process of connecting the client with the organisation they are referred to and the provision of information regarding the referral from the referring agency.
They felt that, for a referrals process to work well, there needs to be high levels of understanding of the organisations services can be referred to. Preferably, the organisations would have established relationships with the referring agency staff to ensure they are able to inform the client of what to expect from the referral and for referrals to be the most accurate.

“What manage of a single initial contact point for referrals is the front of office workers generally have very little knowledge of inside works of other bodies. Needs to be a focus on clustered delivery.”

“Communication - information sharing. Inter-agency linkages.”

“Better awareness of each other’s services.”

“A better understanding of what various groups within allied health actually do and how client cross-overs can be used to build relationships.”

Some suggested that, while it would be ideal for the referring agencies to have personal knowledge of the organisations they are referring to, that this might not always be feasible given the number of staff and the different nature of referrals. As such, they thought it would be useful for agencies to have a register of organisations they can refer to by category. That is, they could look up the organisations that can assist with housing, for example, and find out what the eligibility criteria are and who they should direct the referral to. The directory could also include contact details in case of any questions. They expected this should be updated regularly.

“Have a regularly updated contact directory for accurate referrals. Publish organisation briefs & structures for various levels to contact their counterparts.”

Participants sought the details of the person who made the referral in case they need to follow up with them. Others sought more detailed information sent with the referral. They suggested that this could be included on a standard form that contains the basic case details and any notes specific to the referral. Participants recognised the difficulties associated with information transfer of personal details given the need to ensure privacy but thought there should be a way that information sharing is made possible with the consent of the individual.

“Could have a referral form or a card saying who had referred them.”

“Needs to be a focus on developing the networks at a local level, especially spearheaded by local Centrelink offices leadership. Also a formalised feedback loop policy to identify ongoing barriers.”

“More shared interaction. Transfer of relevant information.”

“More information on what services are available. Continuity of service - contact details of relevant people. Regular updates/meetings to discuss emerging issues.”
“We have an issue with the Department & Child Protection because we’re not funded & they won’t tell us things, so we’re working in the dark - especially when there’s violence. We won’t get that information. We often don’t get referral information.”

A suggestion received by a number of participants was that there is a need for a standardised assessment tool which ensures referred clients are directed to the appropriate service and are eligible to receive the services offered by the organisation. They indicated that this would reduce client frustration and increase the likelihood that the client will receive the assistance they require before giving up. It would also provide the detail that the organisation required regarding any safety notes (e.g. if the person is prone to violent behaviour). They sought consistency in the referrals process not only amongst the agencies but other government departments.

“Sometimes they don’t want to talk again as they’ve already said it and we’re left with an annoyed client who is exasperated with the system.”

“Could build a more efficient process. Could have certain questions that they ask. i.e. who have you used before.”

“Consistency of objective & policy across agencies, participants experience needs to be paramount. Need mechanism to improve errors so it doesn’t affect participant.”

“Consistency between the ESS (DEEWR system) & Centrelink’s system. Often we have open appointment slots but Centrelink cannot see the sessions.”

Participants had difficulty describing what the proposed assessment tool would look like. However, they were clear on what they wanted it to do. It would need to identify the support needs of a client based on criteria to be agreed by the agencies and peak bodies (and other stakeholders where relevant). They noted that these criteria would need to be developed with care to ensure they cover all situations and link the appropriate people with the appropriate services. The basis for assessment decisions would then need to be documented so it could be provided to the referred organisation along with other basic referral details. Participants were prepared to work with the Department in the preparation of a standard assessment tool as they believed it is important to get this right in the first instance.

“Consistency between the ESS (DEEWR system) & Centrelink’s system. Often we have open appointment slots but Centrelink cannot see the sessions.”

A representative of a charity organisation mentioned that they would like there to be no obligation for the charity to help referred clients. They would like people to be informed that the charity may not be able to help them before they are referred to ensure clients do not have unrealistic expectations of the service. Again, this reinforces the need for client expectations to be managed as part of the referrals process.

Some indicated that they value the work done by social workers and that the ideal referral would include the involvement of social workers where it is identified that clients need additional support. The social workers would have the expertise to conduct a more complex assessment.

One of the concerns regarding the referrals process was that those who are particularly vulnerable or are in a crisis situation may not follow up on a referral and are more likely to need additional support to step them through the process.
For this reason, participants suggested that the referring staff contact the organisation and schedule and appointment as part of the referrals process.

“Service providers tell me there’s a 40% drop off if they don’t attend (assessment) as there’s no hand over. They get referred out of DES or get lost in the system.”

To reduce the likelihood of people dropping out of the system or not receiving the full support necessary, participants suggested that the ideal referral would link the client directly to the referred service either through a telephone transfer or a booking system.

“Education & the technical side - direct transfer from them to our phone service.”

“A greater focus on active referrals: call the agency directly to check availability & eligibility before sending the client.”
5.0 FUTURE RELATIONSHIP

5.1 Preferred Future Relationship

Respondents were open to building a closer working relationship with Department of Human Services agencies. Of the peak bodies consulted, almost 90% felt there was a need for greater coordination of services between their organisation and the agencies. For them, coordination of services meant working together to ensure the best outcomes for clients.

**Figure 7: Whether Seeking Greater Coordination of Services**

<table>
<thead>
<tr>
<th>Q.9 Do you believe there is a need for greater coordination of services between your organisation and the above agencies?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (n=44)</td>
</tr>
<tr>
<td>Need greater coordination of services</td>
</tr>
<tr>
<td>Do not need greater coordination of services</td>
</tr>
</tbody>
</table>

In particular, participants want to be consulted regarding issues affecting their clients and the sector on the whole as they feel they have a great deal of knowledge and experience that they can share with the Department. They are keen to be brought into policy and program evaluations and wish to be consulted early in any review or planning process.

“I would like to see a strengthened relationship with the Department as it’s clear there are moves to improve the quality of service so we should be engaging more.”

Participants sought ease of access to a contact person/people at the relevant agencies. One suggested that there should be a list of contacts for professionals which is updated regularly so they know who to contact with specific enquiries.

“On the website it says you can contact a number for information but it needs a more direct person to contact rather than a generic email address. You can end up just getting passed around people who don’t know.”

Peak bodies generally showed a preference for more formal means of communication such as through reference groups or meetings with senior staff members. One reason for preferring more formal approaches (rather than informal meetings) was that this gave weight to the discussion and meant a record of the conversation was taken. This was not out of mistrust for the agencies but provided reassurance that the discussion would be taken seriously.

Participants reinforced the need to deal with staff at the appropriate level within the organisation. Some felt they would add more value by working with the agencies on a policy level while others saw their contact as being with operational or “on the ground” staff.

Whichever mode of contact they ended up with, their preference was to have a direct contact person or persons who they are confident would be able to answer their questions. While some already had these relationships with some agencies, others wanted to develop a close working relationship with the agencies similar to that they had with FaHCSIA or DEEWR.

“The other agencies have acknowledged we exist and we sometimes get silly requests but at least we’re consulted.”
“I have a different relationship with the Attorney General and FaHCSIA. We discuss legislation and it’s very open and I know people at all levels and can judge who to talk to about different things. If it’s an issue of interpretation I will talk to them, if confidential I will talk only to senior staff. The difference with CSA is we do that but are not funded or recognised. With Centrelink we wouldn’t do it as we don’t know who to contact.”

“We do work with other departments on pilot programs and other initiatives and are picking up our capacity to do that. We’re very interested in mutual work to make sure the disadvantaged are well represented.”

5.1.1 Potential Barriers to Relationship Building

Participants recognised their own constraints in building a closer working relationship with the agencies. In particularly, they cautioned that they are generally short of time and resources. However, they acknowledged the importance of collaboration and stated that they will prioritise work with the Department as a consequence.

“Our own resourcing and capacity to work intensively limits us as we have a total staff of less than a dozen.”

Others recognised that there were some obstacles to overcome for greater coordination to be possible but were open to addressing these through discussion with the Department. One organisation gave the following list of barriers to greater coordination with the agencies:

- Knowledge of each other
- Dedicating resources to the task
- Technology and access
- Time and energy

While participants seek a closer working relationship with the Department, they cautioned that they would not want to be seen to be working too closely with the agencies as they felt this close relationship with government could have negative connotations for some of their clients. They did not want their relationship with the Department to potentially hinder their client relationships through lack of trust or an unwillingness to share information on the part of the client. It was important to these participants that any coordination of services still allow for a clear differentiation between the organisations.

5.1.2 Office Sharing

Three options were discussed when considering the concept of office sharing, these included:

- Having staff from the organisations work out of the Department’s offices
- Having departmental staff work out of the offices of the organisations
- Providing Department of Human Services functions out of the offices of service providers

The latter two options appeared to be more appealing to peak bodies while the former received less support. However, this was not because the potential benefits were not recognised, rather due to the resourcing pressure this would place on the organisations if they have staff out of their office. Still, some stated that the learning potential of having their staff work out of the Department’s offices was significant as this would allow an opportunity to better understand of agency processes which means staff are better able to communicate these to mutual clients.
On the other hand, many would be willing to have agency staff work from their offices. The benefits of doing so for those organisations offering client services were said to be increased contact with the client case and an understanding of community sector processes. Those who do not offer services directly to clients saw the benefit as being the potential for agency staff to increase their understanding of the business more generally. The main limitation on having agency staff work out of the offices of the peak bodies was said to be having the time and resources to set them up and help them to understand the business (although less time consuming than having a staff member work out of the Department’s offices).

One participant had experienced Centrelink staff working out of their office to gain experience in what they do. They made the following comments about how this worked:

“We have had Centrelink staff work from our offices and we’re open to that. It’s a matter of how that can benefit both parties. There are benefits to them in understanding. The benefit to us depends on the scope of the work. We’ve had some where we’ve been able to negotiate flexible tasks for them to perform and others where there were so many restrictions on what they can do that there was a high supervisory burden. The duties and focus of the work have to be negotiated.”

Many of the organisations that offer services out of their offices were open to the concept of office sharing with Centrelink or Medicare services (usually at state or local level). The main reason for this preference was the benefit to the end user of the service. They felt that providing Centrelink, Medicare and other services out of the one location would assist end user with ease of access to services and allow for improved information transfer as it would all be done from the one place. Generally this vision involved having a few Centrelink or Medicare staff available at counters on regular occasions which would be advertised to local service users.

“You can spend the whole day on the phone to speak to all the services. Need a one stop place so you only have to give the information once. When they’re asking for birth certificates in three places it’s just ludicrous. It would be easier if a box was ticked to say it’s approved.”

Participants used the example of the Local Connections to Work pilot sites and indicated that they feel these have tested well and showed evidence that providing centralised services can be beneficial.

“One organisation based in central Melbourne stated that they share a building with a number of other community organisations and felt that this provided an excellent opportunity for office sharing with Centrelink or Medicare services as their clients could then do everything from the one location.

“Centrelink needs to be more familiar with what we do. It’s a matter of spending time with our members.”
In particular, co-locating with departmental agencies was said to be an advantageous way of reaching those with mobility issues. Participants mentioned the specific mobility issues faced by some of their clients with disabilities and felt that this reinforced the need to provide services at a central, accessible location.

5.1.3 Reference Groups

Perhaps the most widely accepted and appreciated form of relationship building for peak bodies was membership on a reference group or advisory board. Participants valued the opportunity to build relationships with agency staff and other organisations and were grateful for the opportunity for their views to be heard.

Reference groups were appreciated for the opportunity they provide for discussion with senior agency staff. They were viewed as effective means of building relationships and encouraging cohesiveness across the sector.

“Need to have a customer reference group at a higher level to address the systemic issues.”

“Some of the states have a CEO forum with DEEWR once a quarter and it’s not a bad thing for that to open up to Centrelink as well.”

“You need to work together in a group that has a formal role that you develop projects so you build a relationship.”

However, while participants sought further involvement in reference groups, they did not want to be over consulted as they are generally time poor and do not have the resources to allocate to more regular meetings. While they had limitations on their time, most would be willing to participate on a quarterly basis.

Still, despite valuing the opportunity for communication that the groups would provide, a few said they would not be able to dedicate the time to attending regular meetings unless they were held locally. Further discussion revealed that the likelihood of attendance increased if they were to be reimbursed for travel and other expenses.

“Could have more meetings of a lesser duration. Face to face is preferable but not every two to three months. Teleconference is a good way of dealing.”

“We are a small organisation, a not for profit, so we don’t want people going overboard consulting us.”

“We could not cope with quarterly meetings in Canberra as I would have to fly there and prepare but some form of regular interchange would be good... There’s an assumption you can drop everything and fly to Canberra but it’s difficult to do that unless you’re there already. We usually need to have fares and accommodation covered.”

When discussing reference groups, the key suggestion was to ensure these allow for the opinions of stakeholders to be heard and for the meetings to be more than just information sessions. Participants also wanted to be consulted early in any review or planning stage to ensure time for consideration of their opinions.
“Give the opportunity in the advisory groups to accept some advice. Give time to hearing advice rather than it being an information session. I don’t want it to be death by PowerPoint.”

Some also suggested that common topics be discussed in a joint forum rather than the current approach which can involve topics discussed at a Centrelink and a Medicare reference group on separate occasions.

“The problem is that each agency is doing its own and there’s lots of replication. I have one staff member on the Medicare consumer group and they get the same presentations as I get at the Centrelink group.”

“Need high level discussions. It needs to be much more practical.”

A specific recommendation was that the topics covered on each occasion have a similar focus and are not too broad. One participant said they had experienced difficulty sending the appropriate person to reference groups as the topics were wide ranging and multiple people were required to cover the knowledge base.

“The agenda is too prescriptive. It’s not sufficiently issues based. Needs to be more issues based and have a tighter agenda.”

Where relevant, participants thought it was important for the agencies to provide feedback to organisations and advise of the outcome of discussions. If they could see outcomes of discussions or at least knew that their views had been seriously considered they were more likely to continue to engage in open communication with the agencies.

“We do provide a lot of information to Centrelink and don’t feel that it gets anywhere.”

Some also noted the importance of ensuring the right stakeholders were represented in the reference groups. They indicated that appropriate stakeholders would be those with ample experience in the industry who can comment on a broad range of topics.

Following is a summary of the characteristics of an ideal reference group from the perspective of the peak bodies:

- Held quarterly or two per annum
- Held locally (or compensation provided for travel)
- Pay participants for attendance (time)
- Provide notice of topic in advance
- Allow time for stakeholder discussion prior to or after meeting (networking opportunities)
- Stakeholders and agency staff are experienced in the areas of relevance to the topic
- Limit duplication of topics
- Allow time for discussion and questions after presentations
- Allow orgs to make presentations if relevant and useful
5.1.4 Training

Interest in receiving training from the agencies was mixed. Some felt this would be useful for their service staff while others thought it would be time consuming and would not add a great deal of benefit to the organisation. For these organisations, it was more important that information be readily available regarding the agencies including who to contact for different informational requests.

“Training sounds great. Some of our people would appreciate an understanding of Centrelink with respect to Centrelink payments and advocacy.”

“Their processes are involved so anything we could know would be helpful.”

“Could hold information sessions when there are major changes (to Centrelink processes or systems). What does it mean? Why does it happen? Explain the products more.”

“Need notification if systems change and recognition that it costs to change the system.”

Those who sought training from the agencies often stated that this would need to have a minimal impact on resources (i.e. not require more than half a day out of the office at a time). The information sought via training generally related to agency systems and processes as well as any policies affecting their clients.

Amongst peak bodies, there was a high level of interest in providing training to agency staff. They stated that they would be more than happy to provide training for staff regarding the services they provide or information regarding their client group that might be useful for agency staff in their dealings with clients.

“We have provided training on risk assessment for their staff and it worked very well and was well received. We’re open to providing more. We can help with identifying risk with their clients, of suicide or harm to others. Support on how to work with men and deal with anger. Can provide support in debriefing staff after difficult discussions.”

Some stated that they would like to work more closely with the agencies to instil a mindset of customer care in the agencies. Their opinion was that some agency staff are removed from the customer base and therefore have limited understanding of their circumstances and experiences. They felt this understanding was critical to improving services to end users.

“I could see the benefit in working together to see attitudinal change in dealing with people with disabilities.”

5.1.5 Information Sharing

One theme that emerged throughout the interviews was the need for information systems to allow for information sharing regarding specific cases. If a common information system was developed it is believed this would benefit the end user of the services by reducing the number of times they have to repeat their basic information or fill out forms and would potentially reduce the frustration caused by the inconvenience.
“The agency has considerable information but we force clients to go through amounts of data. It takes half a day to complete the process. It’s unnecessary, the data is already collected when they’re assessed for the pension. It’s just saying has anything changed, e.g. inheritance.”

While participants acknowledged privacy constraints, they felt that the ideal system would allow them to access general client information already collected by government departments. They preferred a system that allowed data sharing across all departments and the community sector. Some mentioned the need for access to personal details to be permitted only after consent is obtained from the individual concerned. They recognised that this may not be beneficial in all cases, for example, when people do not want information shared with Centrelink or CSA but that this would benefit others who do not want to have to repeat the information. They noted that some clients already expect government departments and agencies to share this information and are frustrated that they do not.

“We should be able to ask them if we can access their account and then access it. Need a simpler process of authorisation. They should be able to give you the authority to say to Centrelink that we can access it. This has been a barrier for over 12 years.”

Participants stated that they would support the collection of case information that is shared in a similar way that health data is distributed and data is stored for taxation purposes. They recognise that privacy is a huge barrier but would like to see the Department work to overcome this.

Along with the need for a centralised data collection system, participants also sought broader information and statistics from the Department. They expected to receive this in a number of ways. Firstly, for general information and statistics to be available through agency websites. Others wanted Secondly, they felt information should be distributed to them following a phone call or email making specific informational requests.

“One of the issues for Centrelink is public access to data on their recipients and the circumstances of recipients as we are largely reliant on anecdotes but Centrelink has a huge amount of data but most doesn’t see the light of day.”

“Data on segmentation of the population. Frequency of contact would also be very useful but it’s not published regularly. Some big research projects are being done but it’s a long time coming before it’s released.”

“Medicare has the data but you have to dig it out. Want data on the PBS, bulk billing. Want it by disability, language group, location, etc.”

The preferred turn around time for providing the information varied dependent on the complexity of the information. For general enquiries, it was expected that agencies could provide the information within 48 hours. However, for more complex information, a time period of a week was seen as acceptable. Participants also indicated that they expect to be able to receive the most current or up to date information (within reason) rather than previously available data that has since been superseded.

Informational requests generally related to learning the number of people receiving relevant types of support. Examples included:
“We develop a lot of policy so we want our arguments to be evidence based so knowledge of how many people are on DSP blind would be great.”

“Encourage government to make Centrelink data available more frequently so we have access to administrative data, e.g. duration of employment, etc. I want to be able to access reporting of the data. I don’t expect weekly reporting but more frequent than just in the annual report would be good.”

One participant stated that that Centrelink’s “data mining potential is huge”. They would like to see Centrelink align data with DEEWR who, “have a massive IT system that is transactional and is managed at every stage”.

“ID should be common property. The same as the details given to the tax department.”

“Centrelink and CSA have volumes of data that we don’t make the most of... Centrelink database is a huge goldmine of information and if there’s a way to make better use of the data that would be good.”

“There is a lot of statistical information they hold that the departments are loathe to let go of and it makes it difficult for advocacy organisations to do their job.”

5.1.6 Case Management Approach

Some favoured a systematic or formalised approach to the relationship to ensure greater clarity and communication of roles and to improve efficiencies. This included suggestions regarding the need for common assessment tools, standardised approaches to dealing with clients, etc.

One of the strongest motivators for formalising dealings with the Department and working towards a case management approach was the ultimate benefit this approach would have for clients. It was also based on the knowledge that clients can be saved unnecessary time and effort if they are correctly assessed and referred in the first instance.

“Need opportunities to be more proactive before a crisis situation when people initially make contact.”

“How you respond to initial enquiries can shape unnecessary problems. All you need to do is look at patterns of calls to see it could be resolved quicker if the right person spoke to them. They currently get a huge volume of calls from the same person... They need to speak to a counsellor not just be referred to a service they’ve already spoken to. Known contacts or repeat contacts could have a case manager.”

From the perspective of peak bodies, full service case management of clients involved assessing the client at the first point of contact and stepping the client through the various stages. That is, if their first contact was with Centrelink, they could then be referred to a Medicare counter with direct handover from the staff member and an appointment made with the appropriate service provider to ensure they were stepped through the process.

“Local Connections is a great project and is showing good signs.”

“We’re very supportive of proposals for a one stop shop. It’s widely supported by our members.”
“The Centrelink pilots are working very well. There had been some good outcomes. I would welcome Centrelink services at other service provider organisations.”

Some indicated that initial assessments should be carried out by a qualified individual, particularly in more complex cases. Others recognised that this would cause a strain on resources and suggested that a standardised assessment tool be developed so at minimum a basic assessment can be done prior to referring clients on to other services.

One suggested that the basic assessment tool could include a list of risk factors that could be marked off if relevant to an individual. This could then be the first step in determining whether the individual is in need of immediate support and what the appropriate referral may be. Even with a standardised set of questions that had been developed after careful consideration and consultation, participants emphasised the importance of specific training for any agency staff responsible for undertaking assessments. For example, they believed it was important that assessors receive mental health first aid training and are trained to identify risk factors in clients who may be at risk of self harm or harm to others.

Beyond eliminating risk factors, participants expected the assessment to identify other support services the client needed to tap into. Refer to 4.1.2 Ideal Process for an indication of how they saw this referrals process working.

Overall, it was acknowledged that a case coordination approach would require identification of representatives of key organisations with relationship building and development of a mutual understanding of each other’s businesses being key. That is, agency staff who were carrying out case coordination tasks would need to know a great deal about the organisations as well as be able to source key information about these where necessary. The organisations would need to have knowledge of the referrals process and input into case management approaches. They would be required to feedback updated organisational information to the agencies as relevant.

“As the Department embarks on reforming its various flagship innovation programs, they need to move away from being insular in their approach and actually approach as many subject matter experts from the bodies that either deliver services or advocate on behalf of fractions of the public in order to be informed when delivering programs. This change in culture needs to be handed down by ministers and enforced by senior officers within the Department to ensure consultation is regular. Openly and honestly received feedback on the success of delivery is an ongoing part of the process.”

5.1.7 Commitment from the Peak Bodies

The organisations were open to providing information to the agencies where possible. Some felt they had a role to educate agency staff regarding the end users of their services and stated that they would value the opportunity to share their knowledge and experience. Many said they wanted to be approached by the Department and asked for their opinions or information regarding topics that fall within their experience.

“There’s potential for us to be informing Centrelink. So much consultative work can be done by the community sector. If they know that about 15% are eligible for the baby bonus but are not claiming it and they wanted to know why they could ask the community sector.”
“We like to think that we’re informed about what our members do and think so we’re happy to be consulted on major projects or policy affecting seniors.”

“Great need for organisations to actually set up a system of identifying stakeholders. Those stakeholders need to be made a part of the consultation/planning process.”

“The Department needs to have a more formalised relationship with their frontline service providers. When they conduct any major reviews/reforms, a tonne of communication around the roll out needs the buy-in of the required stakeholders. More formal process of identifying stakeholders.”

Peak bodies sought consultation regarding issues of relevance to their stakeholders. Again, they felt they had a high level of understanding of the experience of their clients and could advocate on their behalf as well as provide valuable input regarding their experiences in dealing with the agencies.

One of the peak bodies indicated that they see their role as connecting the agencies with their members to strengthen their relationships with the agencies.

Overall, there was a high level of willingness to dedicate resources to developing the relationship with the agencies. However, participants cautioned that there need be consideration to the time and resource constraints that many of the organisations in their sector face.
6.0 SERVICE USER PERSPECTIVE

6.1 Experiences Dealing with the Agencies

As many of the organisations were peak bodies, they also commented on the experiences of their clients or the end used in their dealings with the agencies. One of the key areas their clients had experienced difficulty with was the need to repeat information to each of the agencies.

Another of the areas that some representatives felt could be improved was the knowledge of call centre staff regarding the situations and backgrounds of the clients they deal with. In some cases this was not a criticism, rather an acknowledgement that staff are required to know a great deal about a range of topics. Still, they felt it was important for staff who have client contact to have specific training in how to effectively communicate with those who are vulnerable or have mental health issues. Participants also suggested that it is important that staff are trained to identify people in crisis and respond appropriately to avoid self harm or harm to others. They indicated that they would be happy to be consulted regarding approaches to training or to provide training to agency staff.

“The person at the counter is a customer service provider and they should do that.”

“Need more clinically trained practitioners answering the phone.”

“Need to equip themselves to deal more with people in crisis who don’t have paperwork and try and facilitate it rather than be dogmatic. Give them time in discussion at the desk. Staff need to be trained in mental health first aid to identify people with issues and be able to respond.”

Some indicated that staff need to maintain professionalism and not be presumptive in their dealings with clients. In particular, they cautioned against Centrelink staff making the assumption that people don’t need assistance or that all clients are out to rort the system.

“There’s still a mindset that Centrelink is equated to welfare. Many staff think they’re gatekeepers to stop people being dole bludgers.”

Some indicated that they prefer to go in to Centrelink with the client as they feel this achieves better outcomes. Others do so because they feel that visiting Centrelink offices can be daunting for their clients and because they can facilitate the process by giving Centrelink staff information regarding the individual’s case.

In relation to dealings with CSA, one of the participants indicated that they had feedback from their members that CSA staff have displayed an inappropriate attitude when dealing with some parents, typically fathers (or the paying parent). They cited instances of the payer having been treated “poorly” when they had contacted CSA with an enquiry. They stated that they call on behalf of the customer and are dealt with more quickly and are “treated better”.

“Men are treated worse than women. If I call on his behalf I get treated better. Maybe men can be more aggressive but people in that situation need support.”
At the same time as making this observation, one participant acknowledged that CSA staff may experience aggression from males and are doing a stressful role so their response, while not appropriate, is sometimes understandable. Others indicated that they recognise the difficulties experienced by CSA in dealing with customers who may be experiencing crisis or are dealing with conflict. They again reinforced the need for staff to be trained to deal with these situations.

“I know it’s a very difficult area of public administration as you’re dealing with people in conflict... They’re aware they operate in a sensitive environment and they try to operate fairly.”

One participant who works with same sex couples said they’ve encountered problems when contacting CSA and suggested CSA staff need to be educated in how to deal with same sex relationships and what they mean in a child support context.

“CSA doesn’t know what to do with same sex couples. They call CSA to ask about payment details and (CSA) start asking about birth certificate details and who is the biological parent. They say they have no rights which is not true. Step families can be the same.”

Another participant acknowledged the steps that CSA has taken to engage with their stakeholders. They made the following comments:

“CSA has done a lot to engage with stakeholders to better understand their needs and to develop publications that respond to these needs. I’ve been a big fan.”

One of the more specific comments from an organisation representing those who are visually impaired was that CRS staff need increased training in how to communicate with people with specific disabilities. Their comment was that they had encountered staff who were experienced in dealing with people with physical disabilities but they knew less about people who are blind or visually impaired.

In relation to Medicare, some stated that their clients had experienced difficulty figuring out how to claim their rebate. They have assisted their clients through this process and found it was generally quite straightforward. Most were happy with the touch screen although those representing the blind and visually impaired cautioned that the facility was not accessible for their clients. Further, one who deals with aged care clients said they have come across elderly clients who have walked out of Medicare offices after not being able to figure out the touch screen and being too embarrassed to ask for assistance.

For those agencies making payments to clients, participants wished to reinforce the message that the payments are critical to some people in crisis and that delays can cause problems for clients. They expect that Centrelink, Medicare and CSA in particular do all they can to reduce waiting times for payments, particularly when there are decisions being made regarding changes to payment amounts or eligibility. For CSA, participants were more interested in seeing no delays in working with clients.

Others said the instances when clients need to pay upfront and claim a rebate from Medicare can cause problems for their particularly disadvantaged or vulnerable clients. They suggested these processes be reviewed.
“I want them to see it from the customer’s perspective. A lot of these people (agency staff) have never been on the other side of the counter. They think $50 is nothing. They don’t understand having no power.”

Some peak bodies said there is a need for current communication materials such as letters and forms to be improved. This was particularly the case for Centrelink and CSA letters which some peak bodies said are difficult for customers to understand. Participants said that their staff are often asked to explain the letters and to assist with the completion of forms. They would like to see the need to do so minimised.

“Twenty years ago I was part of a team reviewing Centrelink letters and I still don’t understand the letters. I have no idea what they are communicating to me and they send different letters within a few days telling me different things. If I was living off nothing, I’d be very anxious.”

“Should train them in form design – we could have input in that. In the letters they (Centrelink) send out you wouldn’t know what was expected of you.”

“We get requests from members to get clarification on information. They’re not sure who to contact.”

Broadly, peak bodies felt it was important that the Department consider the full range of communication barriers in providing information to clients. Some participants cautioned against the apparent push to using online services as these are not always appropriate for their clients (aged, homeless, refugees, people with disabilities). They highlighted the need to be considerate of illiteracy and disabilities when designing communication materials such as pamphlets or forms.

Participants representing older Australians said the website is not only inaccessible for some, it can also be hard for them to follow. They gave an example of a tab that says “retirement” to refer to older people but that this does not relate to everyone in the age group.

“Everything you want is on there but it’s hard to find.”

In relation to shop fronts, one of the disability organisations reinforced the need to ensure the agencies that provide services to the public are easily accessible (with reference to those with limited mobility).

In relation to Job Capacity Assessments (JCAs), participants would like to see greater uniformity in the way these are approached. Those participants who were familiar with these assessments often stated that there could be improvements to the process to ensure assessments were agreed by other parties. In their opinion there have been irregularities in assessments and they feel the JCA process needs to be reviewed and standardised with input from the sector. Some felt there was room for subjectivity in the current assessments and would like the opportunity to re-refer individuals who they believe are inaccurately assessed.
Appendix 1

Discussion Guidelines
1. INTRODUCTION

- Thank participant/s for attendance
- Clarify client department is: Commonwealth Department of Human Services
- Advise broad purpose of the research: Seek views on how their organisation works with the Department to assist vulnerable and disadvantaged members of the community – REFER TO TOPICS SENT PRIOR TO INTERVIEW
- Inform about recording and obtain permission – DO NOT RECORD IF PERMISSION IS NOT PROVIDED

2. PROFILE OF THE ORGANISATION

- What services are provided by the organisation?
- Who are the client's serviced?

3. IDENTIFY NATURE OF RELATIONSHIPS WITH PORTFOLIO AGENCIES AND OTHERS

- Could you describe the nature of the organisation's dealings with the Department – which agencies (e.g. Medicare, Centrelink, CSA, Australian Hearing & CRS Australia) and what types of interaction with each agency?
- What other government departments/organisations do you have significant relationships with? Where does the Department of Human Services and its agencies sit within these relationships – are there interconnections etc.?

4. OVERALL RELATIONSHIP WITH PORTFOLIO AGENCIES – ASK REMAINING QUESTIONS FOR EACH AGENCY IDENTIFIED IN THE PREVIOUS SECTION

- How would you describe the relationship between your organisation and [...]? [Positives/negatives?]
- What opportunities exist for addressing negatives and enhancing the positives of this relationship? [Actions that your organisation could take/agency could take?]
- What relationship does the agency have with your clients? What opportunities exist for addressing the negatives and enhancing the positives of this relationship? [Actions that your organisation could take/agency could take?]
- So overall, how satisfied are you with the relationship? Why do you say that? What works well/ not so well?
5. FUTURE ENHANCEMENTS TO THE RELATIONSHIP

- What are your expectations of the relationship in the future? What opportunities exist to improve the relationship or build on what is currently in place?
- What could your organisation do to contribute to achieving an improved relationship? What opportunities exist for your organisation to assist [...] with the referral process?

6. DIRECTIONS FOR AN ENHANCED INTERACTION

- Can you identify opportunities for more coordinated interaction between your organisation and [...]?
- What would need to happen for this to become embedded in your organisation’s relationship with [...]?

7. SATISFACTION WITH REFERRALS PROCESS – ASK IF PARTICIPANT HAS DIRECT KNOWLEDGE OF REFERRALS AND IF SO CONTINUE WITH THIS SECTION

- Can you describe what you would consider to be a satisfactory referral? What happens when an unsatisfactory/satisfactory referral occurs?
- What could be done to enhance your satisfaction with the process? OPEN ENDED THEN PROMPT WITH:
  - Information provided to client regarding the organisation and services
  - Information provided to client regarding how to contact the organisation
  - Whether referral was directed to the appropriate area
  - Follow up after referral

- What do you expect of [...]’s referral process? Do you think [...] are doing all they can to meet your expectations? What more could be done?

8. SUGGESTIONS FOR IMPROVED INTERACTION WITH AGENCIES – ASK FOR EACH AGENCY

- In overview, what do you think needs to happen to assist your organisation and [...] to work together to enhance outcomes for your mutual clients?

9. SUGGESTIONS FOR IMPROVED INTERACTION GENERALLY – ASK ONCE ONLY, PRIOR TO CLOSE

- Overall, thinking of ways to improve interaction with the Department, would it be useful to:
  - Co-locate with a Human Services Agency (share an office)
  - Access training via Human Services
  - Receive in-servicing by Human Services Agency staff in your organisation
  - Attend referral meetings

- Do you have any other comments or suggestions regarding improving communication between your agency and the Department?

10. THANK AND CLOSE