Waterloo Impact Project

Mapping Local Client Referrals and Agency Services Coordination

Counterpoint Community Services INC

December 2019

Executive Summary

The *Waterloo Impact Project* explored local perceptions to establish what views existed around the local client referral system and coordination between agencies, both government and non-government, and the needs for any improvement.

The consultation consisted of interviews and focus groups with residents and agencies. These conversations highlighted a belief that there is a fragmentation of services and a widespread of imprecise understanding of what organisations are funded to deliver. Service users argue this has resulted in poor outcomes for referrals and service delivery.

Meanwhile, services highlighted ongoing resource challenges to meet those needs. This is despite of the diversity of service providers in the area by both government and non-government service providers.

While the scope of this project was to focus primarily on referrals and the coordination between agencies, other issues emerged from the interviews and focus groups pertaining to gaps in human services delivery and perceived poor customer services. We grouped these views as Accessibility Challenges, Cultural and Systemic Structural Issues and lastly, Service Delivery and Referrals.

In terms of service delivery, residents often complained of negative interactions from frontline staff within government agencies and criticised staff for lacking empathy, displaying indifference to residents concerns or dismissing them outright. Residents reported high level of distrust and helplessness from their experiences, sometimes resorting back to isolation and/or unlawful behaviour. Thus, while participants had a general understanding of feedback systems and complaints procedures, there was little faith that it will resulted in changes.

Residents also reported an inability to access services due to disability or inability to use technology, and or due to poor customer relations. The prevalence of technology in day-to-day life, accessing government services is shifting away from face-to-face interactions to technology-based solutions.

While this provides greater opportunity and accessibility for a range of service users, this also present accesibility barriers to residents that are ageing, disabled, from a culturally and linguistcailly diverse background and for those who lack technological capacity. Thus, there seems to be a lack of opportunities and investment in projects that assist residents to learn the skills to access the government services online.

Participants were of the opinion that as social housing residents, they typically depend on NGOs to act as intermediaries on their behalf due to their negative interactions with

government department service providers and there was common agreeance/perception they failed to deliver adequate service to residents exhibiting complex needs.

Synthesising the inputs from both the interviews and focus groups, it is concluded that the human services system is often perceived as fragmented, complex and opaque; hampering the collaboration of organisations. As a whole, the system can be described as 'top-down' and unresponsive to the needs of individuals.

Also, communities lack local accountability and are often characterised by political short-termism wins that make it difficult to prioritise preventative approaches. Addressing these systemic defects will require a fundamental overhaul of the relationships within and between agencies and cultural shift in attitude in how services should be planned, delivered and evaluated.

The recommendations, listed in detail in chapter 4, are made in response to the feedback and suggestions received from the focus groups and interviews conducted.

Broadly, the recommendations entail:

1. Addressing accessibility deficits by extending and improving services to CALD, Aboriginal and other cohorts of the community,
2. Improving the capabilities of residents to use technologies and funding more place-based outreach services to local community centres,
3. Improving service delivery and referral protocols, and
4. Addressing cultural and structural issues within agencies; both government and non-government.

Contents/Chapters

Contents/Chapters

1. About Counterpoint

Counterpoint Community Services Inc. provides a wide range of community support services in the Inner City and South East Sydney local government areas.

We have operated in the heart of Waterloo since 1977, with a particular focus on working with social housing tenants and diverse communities. We operate The Factory Community Centre in Waterloo, Counterpoint Multicultural Centre in Alexandria, Poet's Corner pre-school in Redfern and act as lead agency for many local grass-root groups and services including the Redfern and Waterloo Social Housing Neighbourhood Advisory Boards.

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

2. Introduction

Redfern and Waterloo social housing estates has a rich tapestry of diversity, community resilience, higher than average participation rates and great sense of local pride and social cohesion. It also supported by a wide range of services provided by government and non-government services

However, it also perceived to have a highly visible concentration of individuals with mental ill-health, substance abuse and their high level of complaints to variety of services in relation to perceived chronic neighbour based anti-social behaviour.

Consequently, these issues typically lead to verbal disputes and physical assaults, with residents feeling unsafe in their own neighbourhood and homes.

Government programs and local police to target offenders such as perpetrators of domestic violence, illegal activity and anti-social behaviour and seek to evict them out of high-density social housing estates. These strategies are considered by many NGOs as ineffective 'Band-Aid' solutions. Government officials have been known to be quick to promote their enforcement strategies and high volume of evictions as an indication of the success. Others consider this as a symptom of a broader shortfall of human services in the Redfern and Waterloo area.

The consultation aim was to develop recommendations and strategies that will support the implementation of effective client pathways, improve referral protocols and front line services. By extension, the findings of the report will also assist coordination on the local level to improve human services coordination.

Our consultations involved;

1. Exploring the challenges, issues and gaps of the referral system within Waterloo and Redfern that are experienced by both Government and non-government front line workers.

2. Considering how the gaps in human services has affected the experience of social housing residents living in these areas.

Interviews and focus groups were the primary methods used to receive feedback from participants with the desire to discuss client service outcomes, referral protocols, successes and challenges.

We are unable to publish the transcripts of the interviews and focus groups due to the personal and confidential content of the testimonies.

The consultation process involved twenty-seven Waterloo and Redfern social housing residents including both Chinese and Russian speakers. Out of the forty-nine identified service providers in Redfern and Waterloo including government, thirteen service providers participated in the project.

Target Group	Method	Total Reach
Russian/Ukrainian	Focus Group	15
Chinese	Interviews	8
Social Housing	Focus Group	11
Service Providers	Interviews	13

3. Outcome of Interviews and Focus Groups

This section details the primary findings of the focus groups and interviews. For simplicity, we have grouped the findings in the following cohorts:

A. Social housing residents including the culturally and linguistically diverse

B. Service providers (government and non-government)

3A. Social Housing Residents

Participants in the focus group and interview expressed a common negative judgement toward government services including NSW police, FACS, and DCJ NSW. The primary point of grievance for residents was how government services have failed to address anti-social behaviour and the lack of appropriate mental health support in the Redfern and Waterloo social housing estates.

Delays in maintenance repairs was a frequent topic of complaint. Their experiences left them with feelings of distrust and dissatisfaction with Land and Housing Corporation. Many residents claimed that frontline government staff were indifferent to their problems and lacked awareness when it came to dealing with people that had complex needs and/or disabilities.

The Russian/ Ukrainian focus group comprised of a small group of women in their early 80s to 90s. The majority have been social housing residents since the 1970s. What was particularly interesting about the group was their profound sense of gratitude. As older women living alone, they are the most vulnerable cohort within the Waterloo Housing Estate. Despite their vulnerability, they did not share any of the issues as discussed with the first focus group such as referral or service issues. Their apparent sense of appreciation and gratitude in the focus group can be explained by the Russian philosophy by which they live by, '*you have enough when you have what you need*'. They get their strength from fellow group members for collegial support and at times, financial support also. The members travel to community centres to meet with other Russian/Ukrainian compatriots in Randwick, Waterloo and Bondi Junction.

The Chinese community are regular service users of community centres and government services. A common issue for the interviewed residents was access to interpreter services needed for their dealings with, for example, private utility companies, and police and community services. Despite this, some reported that they were still able to access services albeit it be more difficult. Counterpoint Multicultural Centre provides dedicated community assistance for Chinese residents.

Findings

Accessibility

Resident issues in terms of accessibility to services ranged. Of primary concern was the economic barriers to accessing health services at all levels and subsequent poor aftercare coordination. Some respondents pointed out from experience that the private health system is faster and provides higher quality care than the public system, although it is much more expensive. The public health system, it was noted, is particularly prone to long waiting times, slow response times and lack of follow-throughs.

Other concerns with accessibility included:

- Frontline workers often referring to online services to people who have limited or challenging access issues.
- Residents reported a lack of knowledge of what services are available and were often passed from service to service. This lack of understanding is worsened due to the complicated service system that residents felt was difficult to navigate, particularly when considering costs of services, location of specialists and balancing treatment with other responsibilities.
- Lack of translation services or provision of translation not adequate.

Cultural and Structural Issues

While most residents have a minimal understanding of the structure and processes of organisations and government tasked with delivering services, a range of concerns and experiences of anguish were structural and cultural. For example:

- Escalation processes both internal and external are failing to address concerns in a timely manner if at all.
- Government departments perceived to work in silos and do not collaborate and often deny liability and attribute challenges other departments or other section of their own department when present with complaints.
- Lack of trust in government institutions.
- High-level trust in Local NGOs, but perceived service reductions.
- Perception that services shift responsibility.
- Some cultural groups expressed genuine gratitude. However, they held a misguided fear of complaining because of the belief that they have no right to or it may negatively affect their tenancy.
- NDIS eroding choice of preferred providers.

- Inconsistent issuing of reference numbers following contact with agencies
- ASB and neighbourhood disputes seen as significant issues to all participants and lack of tangible interventions by those responsible.
- structural issue of a funding system that fosters competition rather than collaboration and does not value local expertise and longevity

Service Delivery and Referrals

Resident perceptions of poor service delivery largely centred on poor customer service. Critically was the common belief that the engagement of staff comes across as authoritarian rather than customer-focused. This has led many residents to walk away with a general feeling of disrespect when dealing with agencies. This backed other's opinion that front line workers often lack empathy and come across as paternalistic.

In addition to poor customer service, residents raised a wide range of concerns when dealing with agencies delivering services. There was a belief that:

- Government staff often can't make or miss appointment times and there is insufficient advance notification on visits.
- There is often poor communication approaches both written and verbal.
- Serviced that there is little or no oversight of contractors' performance and there is a lack of accountability.
- Some NGO''s denying service access citing funding restrictions or principle conflicts.
- Government services do not help or are apprehensive to assist with complex form filling due to fear of liability

3B. Service Providers (Government & Non-Government)

"It takes time to build up trust in the community. You cannot over-promise and not deliver on what you promise to do. Having an outreach is a vitally for children, youth and the aged they are the most vulnerable".

- Local Service Provider

Client referral and service coordination between government and NGOs generally operates on an informal basis. Formal client referrals happen between government departments and their contracted NGOs. There are numerous community service providers within Waterloo and Redfern offering assistance /advocacy services for their clients; these services are generally report being unfunded. There is a client relationship with the service provider based on trust and familiarity and potential for a client referral from family or extended family connections.

NGOs (and government departments) surveyed reported that their services were at capacity or exceeded capacity. Long-serving NGOs have operated at capacity for many years without any significant increase in funding.

Community agencies that provide niche services have identified health issues as an underlying root cause for many of their social housing resident clients. In the years prior to the NDIS, they could refer a client to a local community service worker who could talk to the client. Now, services like NDIS and age care are client-initiated; there is no intermediary linking the client to the assistance they need.

Some long-standing community NGOs are not fully aware of what local community services are available or how to get in contact with them. Despite a high number of service providers for residents generally, there are support gaps for male and LGBTQIA victims of domestic violence, mothers with children in long-term out-of-home placement, and people transitioning out of incarceration institutions.

NGOs are fluid and flexible in triaging client priorities while innovatively managing their caseloads. NGOs are good at referring clients to each other because of established informal working relationships between service workers. There isn't the same level of departmental frontline staff with links to key service workers in NGOs.

Findings

Accessibility

Some long-standing community NGOs are not fully aware of what local community services are available or how to get in contact with them. Despite a high number of service providers for residents generally, there are reported support gaps for male and LGBTQIA victims of domestic violence, mothers with children in long-term out-of-home placement, and people transitioning out of incarceration institutions.

Respondents reported that the CALD community is grossly underserviced by mainstream services due largely to a lack of translation services. Other demographics in Waterloo and Redfern that lack access to services as reported by respondents included:

- **Youth** – although there are a range of services targeted to young people such, youth often lack opportunity for participation in decision-making that directly affects them and in local engagement frameworks.
- **Mental health** – social housing residents with mental ill-health are widely stigmatised and are often seen as needing relocation rather than support and treatment. This lack of support is exacerbated by those suffering both mental health challenges and substance addiction.
- **Offenders** – services reported a considerable gap in programs for high-risk offenders, including domestic violence perpetrators and sex offenders.
- **Parents** – Reportedly limited or no services for parents who have had their children removed.
- **Aboriginal** – There is a belief of a lack of a resident lead Aboriginal Consultative group to advise mainstream services or to advocate for Aboriginal residents.

Cultural and structural Issues

A common issue that agencies and organisations highlighted was a lack of collaboration and coordination between service providers and a difficulty in providing services due to a culture of legalist red tape and risk aversion

- Enforcement agencies, including the police, lack an understanding of human services or undervalue the benefit of working with them.
- The link between health issues and social and housing issues is poorly understood.
- There no lack of evidence of need just a lack of well resource responses despite the constant demand for evidence that is in plain sight.

- Lack of understanding of each other's role and capacities between Government and non-government agencies
- Government agencies report a lack of understanding in terms of what organisations are funded to carry out certain services.
- Lack of joint approach in case management between DCJ caseworkers and NGO workers.
- Each agency have different protocols and standards when it comes to intake, assessment, consent forms and privacy protocols.
- Unstable workforce in government service, high turnover of both frontline and senior staff, and constant government re-structures

Respondents, both government and non-government raised a range of concerns with the Department of Communities and Justice (formerly FACS) including recent staffing cuts, structure and culture. Among the beliefs was that:

- DCJ staff cuts is detrimental to both the community and the department.
- The Child protection bar set by DCJ is too high.
- Division between Housing role and asset owner is problematic from both residents and NGO perspective.
- With a high turnover of staff and little handover, local expertise and corporate history is often lost. This is perceived as a systematic issue that subsequently slows progresses and diminishes positive outcomes.
- Challenging to obtain changes to policy or practice within DCJ and most departments.
- Culture of fear when speaking to management about systemic issues.
- Defensive attitude when responding to complaint or feedback by government staff.
- Perception that Tenancy staff know less than NGOs or residents about governments reform policies and protocols.

Service Delivery & Referrals

Service providers were generally of the belief that the current approach to dealing with complex issues needs improvement as the current business as usual overlooks many other issues that clients may have. Some providers were of the opinion that services do not investigate the intersections of a client's underlying issues which if properly examined, could drastically improve the client's problems. That government services use a deficit model rather than an asset-based approach was also highlighted as a concern.

There were mixed views on if housing staff should be community workers or running place-based services.

NGO voiced frustration that they spend too much time advocating for individuals regarding issues that should be dealt with as business as normal i.e. housing modifications for disabled residents, chasing up maintenance, or chasing up housing application decisions.

It was also reported that full needs assessments are lacking and services often feel frustrated that clients sometimes refuse service.

In regards to the referral system, service providers agreed that often agencies and services that are funded to make referrals actually lack the case management or specialist staff to respond.

Furthermore, the tracking of outcomes of referrals was highlighted as an area needing improvement as unless the client goes back to the original service making the referral, the service will not always know the outcome. Hence, respondents were generally of the belief that services are not persistent enough to follow up with one another or the client. The problem is worse for informal referrals, which often go untracked.

Again, most NGO reported that clients self-refer and rarely get referrals from government.

The Waterloo Housing Office acknowledges mental health and substance misuse as a concern for residents.

In cases where they have referred residents to appropriate health services, they have claimed that their referred client did not receive adequate support. There is a consensus between agencies and residents that there are inadequate support services for substance abuse and mental ill-health in the local area.

4. Recommendations

The recommendations detailed below have been summarised into three broad groups, reflective of the primary issue areas uncovered throughout our research.

1. Address accessibility deficits by:

- Investing in human service coordination in the area and resource service user involvement in the planning and commissioning of services. This would be co-led by government and non-government agencies.

- Reviewing and improving resident pathways and access points for all main service systems.

- Mapping current resources, consider any potential possibilities of redeployment/reprioritisation of those resources and secure additional resources for gaps in service provision through a local community-driven human services plan.

- Mandating the need for all government services to contribute to the resourcing of independent, generic and specialist support and advocacy services in a coordinated fashion. For example, DCJ are currently the main source of funding for community centres however all government agencies benefit from their service provision

- Developing strategies locally to tackle the current digital divide.

- Increasing resources for services targeted at the culturally and linguistically diverse.

- Offering all residents' access to a simple universal support needs Assessment/check that can be facilitated by any mainstream agency and actioned appropriately across the network. This would look similar to a GP management plan or Scotland statutory Single share assessment protocols.

- Issuing an annual standardised directory of services that clearly articulates what services are funded to provide and make accessible to all frontline workers. This information could be collected through a standardised system and integrated to the annual acquittal process.

- Health working with other providers should consider piloting project's centred around the Scottish social prescriptions model

- Providing service navigation projects and peer support projects such as those demonstrated by Cadre, ability links, Beyond walls should be brought back, and open to everyone.

- Identifying clients that are coming into regular contact with the service or justice system and explore intensive share case management approach.

- Considering the establishment of local mental health and suicide prevention planning group similar to the CDAT model.
- Ensuring rapid and easily-accessible out of hours support services.
- Ensuring all clients are given reference numbers on each and every contact so any problems or complaints can be easily traced.

2. Address cultural and structural issues by:

- Ensuring services are designed with and for the local community – not top-down.
- Increasing opportunities for collaboration, coordination and integrated models of service delivery between services and organisations.
- Tackling persistent problems by establishing local systems which enable the identification of systemic challenges that could be resolved through a change of policy or practice.
- Developing strategies to improve rigid cultures within agencies.
- Encouraging a culture of quality improvement and reduce the entrenched defensive culture that currently exists when feedback is aired.
- Training all agency workers in the process of identifying systemic issues and implementing system-based solutions
- Identifying underlying causes of repetitive issues rather than designing service just around response to symptoms.
- Reviewing neighbourhood dispute procedures, interventions and anti-social behaviour protocols.
- Considering opportunities for more service integration between government and non-government agencies EG: co-location shared client management systems, cross-sector training and skills exchange and joint planning.
- Targeting resources that improves the accessibility of information relating to resident's rights and responsibilities. These would be updated regularly and distributed annually to all household. For example, resident welcome packs.
- Improving feedback and escalation protocols and monitor impact publically.
- Establishing mechanisms for government staff to be able to highlight internal and/or external policy and practice concerns without fear of reprisals through a sound confidentiality safeguard such as through independent or internal champion or anonymous form system.
- Developing joint training packages that explore cultural competence, customer service, and client engagement standards.

- Seeking to end the culture of professional dominance over residents and proactively encouraging person-centred based approaches

- Developing opportunities for shared learning and good practice learning.

- Reduce distance and complexities in decision making on local action wherever possible by giving frontline staff more discretion and empowerment.

- Proactively mapping and removing bureaucratic and structural barriers (internal and external) to enable greater integration of services.

- Actively encouraging the self-assessment of service delivery including the development of KPI's based on the local context over and above any statewide KPI's.

- Allowing more self-referral access points beyond current GP gateway systems in the health system.

- Continuing the resourcing of early intervention strategies but not at the cost of existing service users who the system has failed.

3. Address perceived poor service delivery outcomes and problematic referral protocols by:

- Improving and reforming the referral system to establish minimum joint referral protocols.

- Improving information sharing systems.

- Training for all NGOs and government frontline workers in areas covering referral protocols, cultural Competence (beyond just ethnicity) customer service standards, dealing with complex clients and partnership working.

- Increasing accountability and transparency by requiring all government departments to issues contact reference numbers for each occasion of contact as well as establishing tracking systems for client feedback, complaints and compliments with appropriate KPI's.

5. Conclusion

This report has brought to light a range of gaps in human services in the Waterloo and Redfern area. The findings, comprised of interviews and focus groups with social housing residents and agencies, both government and non-government, has revealed three areas where these gaps are most pertinent.

1. Accessibility of services
2. Cultural and structural
3. Service delivery and referrals

While the research aim was initially to develop recommendations and strategies that will support the implementation of effective client pathways, improve referral protocols and front line services, the substance of discussion of the focus groups and interviews resulted in the research covering a wider scope of the gaps in human services. In virtue of this, the accessibility of services and the culture within agencies was also explored with the corresponding recommendations.

There was a small contrast in the issues discussed between social housing residents and agencies. While social housing residents often spoke of their direct experiences of poor service delivery and confronting accessibility barriers, agencies spoke more of the structural and cultural issues at play that residents typically would be unaware.

Another point of disparity was that residents' primary issue with accessibility came to their inability to access particular services due either to cost, location, rigged operating hours, lack of awareness of the existence of the services or technology restraints. On the other hand, agencies pointed out the range of cohorts in the community that are grossly underserviced, restricting access to these services.

While responses from organisations and residents has led to the conclusion that the most pressing area of concern was a fragmented apparatus of service delivery and a lack of coordination, leading to a perceived breakdown in service delivery and client outcomes, other findings included:

- Poor service delivery for those with complex needs such as those suffering mental health issues and drug and alcohol abuse.
- A trust deficit exists between service users and service providers, particularly government.
- Many cohorts of the community are underserviced, notably the CALD and Aboriginal Communities.

- Lack of partnership and organisation between organisations to deliver services and programs.

Furthermore, the findings of this report have highlighted social housing client reliance on NGOs as intermediaries to act on their behalf on a broad range of human services issues. Departmental service providers are perceived to be failing in their duty, to deliver adequate service standards to clients with complex needs, from a lack of awareness.

Department services providers need to develop better working relationships with key NGO service workers. NGOs need more resourcing and funding to develop strategies to streamline client referral and service coordination protocols.

While there are numerous Aboriginal and Torres Strait Islander services, they are still falling through the gaps mainly due in part from a distrust of government departments. Local departmental human services and NGOs are barely managing to address the needs of the community in the current state of affairs.

Compounded is the prevalence of technology as a mechanism of engagement away from face to face interactions. Whilst promising for those technologically astute, this has inhibiting consequences for the elderly, disabled and those with poor technology skillsets.

Appendix

DISCLAIMER: Counterpoint cannot confirm that the following comments by participants of the interviews and focus groups are Factual. Regardless, the comments should hold value as they illustrate the perception and beliefs held by some in the community, including service providers and social housing tenants.

Sample Social Housing Residents Comments

Housing Contractors

- The contractor doesn't make appointments, nor do they knock on the door, they leave their business card, and they can make up to three house visits. Frequent practice with all contractors. Residents were of the view contractors could be scamming housing system by charging per visit, for not doing anything, (unverified).

- Contractors do not provide notification of when they are going to arrive even when requested to do so.

- Long wait times for maintenance contractors to turn up, one month to several months.

- High rise buildings infested with bedbugs, some buildings are on a bedbug programme. Fumigation contractors are not effectively eradicating bedbugs. Bed bug infestation is an ongoing tenant complaint and frustration issue.

- Tenants seek redress of their maintenance issues with local MPs, Ombudsman, Building Managers and Housing Staff with little success.

- Building security putting tenants at risk by letting too many people in without ID. Thus they are perceived as increasing unauthorised access.

- Building cleaners are not picking up needles in the stairwells and from outside gardens. One tenant of high rise claimed they had been there for months.

- A tenant can lodge a maintenance job online (E-repair) they receive an email with a reference number. They keep the reference for follow-up documentation to file complaints against the Waterloo housing office.

- Tenant with a vision impairment cannot use the online service.

- The tenant had to go to the Waterloo housing office to request an urgent maintenance job.

- Tenant experienced broken down lift in building no 24/7 maintenance service for the elevator in the building

- A tenant has experienced seven days without electricity.

Housing Neighbour Issues

- Tenants with mental health issues threaten their neighbours with anti-social behaviour.
- Waterloo Housing Offices not addressing anti-social behaviour of tenants with mental health issues.
- Police will not charge tenants with mental health issues citing they are powerless under the Mental Health Act.
- Tenants with unleashed large dogs or multiple dangerous dogs (Pitt Bull Terriers) cause a lot of anxiety.

Waterloo Housing Staff Issues

- Tenants are not able to talk to their client service officers, or when they try to get in contact with their CSO, they are never available and do not return their calls.
- You cannot make an appointment through other staff to see your CSO
- Waterloo Housing staff often lose tenant paperwork. Usually, they do not know whom the tenant's CSO is.
- Housing staff do not know how to do their jobs.
- Housing has not given out information packs for new arrivals.
- Tenants who have difficulty filling out forms are sent off to the Factory Community Centre.
- Waterloo Housing has no duty of care towards their tenants.
- One tenant with eye site impairment was told that was not the CSO problem when it came to seeking assistance with form filling

Redfern Police

- Redfern Police will not attend anti-social calls in Public Housing Buildings
- Police will not charge housing tenant with mental health issues under the Mental Health Act.
- Redfern Police do not want to do the paperwork for small cases.
- Redfern Police will not give their names or business cards.
- Redfern Police are reluctant to assign event numbers unless there actual crime. Even though its police procedure.
- Delays between police units, first responders and forensic units can be up to two days, example given.
- Police could send a podcast to your mobile if you cannot read.

- Redfern Police and housing can work effectively together to deal with anti-social behaviour, but they do not.
- Redfern Police do not address truancy in Waterloo
- Housing tenants have no trust with the Redfern police.
- Redfern Police don't follow their own rules
- Redfern Police don't treat people fairly
- Redfern Police need training in place to deal with people in Redfern/Waterloo.

Health

- A single parent KW spoke to an Ability Links Worker to obtain a support worker referral for KW's son's special needs. Five days later, the Ability Links Worker reported KW to FACS (without evidence). KW was devastated by the actions of Ability Links, KW received no explanation or apologies from Ability Links.
- GP services usually do not tell the client of non-bulk billing specialist fees.
- Blood tests $200 and biopsy $260
- A Medicare claim can net a 25% refund.
- People on Centre Link pensions don't bother with the specialist appointments because of the upfront fees.
- Public health services are slow; private health care is quicker but expensive. However, in certain circumstances, the condition the person suffers can result in permanent disability if left up to the public health system.
- Local doctors in local medical centres can be dismissive because they don't have prior knowledge or history of the client.
- Home nursing services for patients needing post-release care used to be available to anyone it is now only available for people over 65 years.

Centre Link

- Mixed experience, some front line staff are good, some are bad.
- Staff respond better if you are polite to them
- BV experienced a lack of staff empathy when she tried to apply for a pension BV could not fill out forms due to her vision impairment, staff did not offer assistance when asked.
- BV complained to the ombudsman to have her pension application processed

NGOs

- The Factory advocacy services a very good, are patient, they do everything from sending forms to agencies, and they know what they are doing.\
- The support team helped KH where other services like Centre Link, he Intellectual Disability Council have not helped.
- Mission Beats no longer have a 24/7 helpline for people affected by homelessness.
- Guide Dogs for visually impaired have offered to provide BV with a full assessment of support services for her if she wanted it.
- Redfern Legal Centre is investigating Redfern Police response to 000 calls, common complaints related to polices not giving names, not assigning event number etc.

NDIS

- BV has a vision impairment; she was asked to disassociate herself from Guide Dogs, or she could not get help from NDIS. According to Guide Dogs, there is not a requirement for her to do that. NDIS services charge three times more than those of similar disability or Medicare services do.
- NDIS viewed as anti-competition

Services Promotion

- Placement of A3 poster size to advertise community centre services, meetings and events to be placed in public housing buildings
- Word of mouth
- Counterpoint Services not correctly listed with government agencies
- Agency services may be incorrectly publicised by other agencies.
- Poor communication with housing CSOs.

Sample Direct Quotes from Service Providers

- Social housing residents can require a large variety of support agencies to meet their needs. We provide referrals to support agencies when we identify that a tenancy is at risk or when the tenant could benefit from additional support.
- There is a large volume of tenants with mental health and drug-related issues who are not well supported by health agencies.

- Establish an Aboriginal consultative group to engage with the local Aboriginal community. Have mental and drug health agencies provide outreach into the local community.
- A well-equipped community that can provide appropriate referrals to support members of the local community.
- People come in quite late in the piece, when their matter should have been dealt with their client services officer, and they find themselves in a dire situation.
- Clear lines of separation between FACS tenancy and asset management, trust FACS tenancy will take the referral and do a good job.
- When the service reaches capacity, clients are not turned away, if it's a crisis we will work around it. For non-urgent issues, the waitlist can take from one to three weeks.
- There are no local support services for male and LGBTQIA victims of domestic violence. – 1 in 3 women are affected by sexual and domestic violence, as opposed to 1 in 10 men, that may be the reason for the service gap. In the LGBTQIA community, the stats are higher – and they often require more specialised serviced to their specific needs
- Reconnecting family members where trauma has been involved can take a long time to process. There is a lot of negotiation that goes into wrapping support services around the child and family.
- Child Protection Service needs to be more streamlined.
- Limited services for mums without children (in long-term placement.) Lack of advocacy support and lack of social and emotional support.
- Women who have been coming to the centre for years, their daughters and nieces come with family members.
- May get a referral from FACs, and the client does not want to engage.
- Domestic violence tends to be oversubscribed; service is always at capacity; never enough staff and funding are fixed within a prescribed area.
- Service is voluntary; it is not a service that will force a client to do anything. Not like government services where the client can breach their benefit to force the client to see them.
- There are so many services in this area, and not everyone necessarily knows what it is they do or how they operate.

- That is the way this community is, you cannot work in a silo it takes a whole village to support some of these young people, and that means supporting the adults in their life as well.
- Clients with mental health or disability dealing with complex legal issues facing homelessness are likely to get selected for legal representation all the way.
- There are big gaps in trying to find a service where none exists, hoarding and squalor is one example - Housing has a termination policy for such tenants.
- There is a real break down of having one arm of government being the land asset holder and the other arm being the people manager and not a very good cross-collaboration between the two. That is a real impediment for clients and services.
- For some clients, it's just about being heard knowing that there is a service that does care about their interactions with the police.
- They are informed about their rights about the police and their interaction, that police behaviour has limits and legislative boundaries.
- Get calls from people sick of policing where they live, which is public housing; they feel like they are always under surveillance and not doing anything wrong just caught up in police operations and practices. They get caught up in it and get stopped and searched.
- It takes time to build up trust in the community. You can't over-promise and not deliver on what you promise to do. Having an outreach is a vitally for children, youth and the aged they are the most vulnerable.
- NGO's are very good at finding vulnerable people and providing solid services based on that knowledge.
- The general public knows the Sydney Dental Hospital is a free service, but most people don't know how to navigate it.
- When someone comes to us it at a point where it's really bad, other services are saying they haven't done what they were asked to do; they are at crisis point.
- XXX has an excellent relationship with the Redfern Community Centre, but since the redevelopment of the Block, a lot of the families are moving out of the area. Once they move out, they don't usually come back.
- Services need to persist with follow-ups. The (Aboriginal) community will not ask for help; a lot of services will not follow-up because their caseloads are full. If you don't go the extra step, those people will fall through gaps. You'll never see them again.

- Setting up a community advocacy group made up of Aboriginal and community organisations for affordable housing. The committee will continue to process affordable housing for Aboriginal people.
- Getting the younger generation to open up and talk, they have a mind-set of what the government is going to do they will do it.
- Not enough trained or qualified carers to deal with the level of disability or workers who want to work in aged care. The organisation is at capacity only for that reason.
- They get very excited when they receive a call from us; there's a spike in their overall health, feel happier when they don't have to go into residential care, and their life expectancy gets extended.
- Don't currently work with aged care and disability services in Waterloo and Redfern, but we could. We are aware there are many service providers of different sorts in the Waterloo Area.
- Local service providers should do more to make themselves known, so large service providers can find out who they are.
- Long wait lists for AOD and mental health services and a lack of coordinated TEI services.
- More referrals from services in the local community from families who are exiting our programme.
- We coordinate the team around the family meeting and invite other services working with the family.
- SDN will make numerous attempts using varied communication forms to reach a family following a referral and will follow up if eligible.