Submission to the ACT Government Consultation:

ACTHD Mental Health NGO Commissioning

July 2023

Contacts:

Jean Giese
Chief Executive Officer
e: ceo@volunteeringact.org.au
p: 02 6251 4060

Cath Cook
Sector Development Manager and Policy/Advocacy Lead
e: cath@volunteeringact.org.au
p: 02 6251 4060

About VolunteeringACT

Volunteering and Contact ACT Ltd (trading as VolunteeringACT) is the peak body for volunteering and provides community information services in the Canberra region. We also deliver programs for people experiencing disadvantage and isolation, people with disability, and people needing support for mental wellness. VolunteeringACT has a vision of an inclusive Canberra, and a mission to foster inclusion by enabling participation and connection.

VolunteeringACT values collaboration, diversity, equity, innovation, integrity, and participation. VolunteeringACT is a people driven, service-focused organisation that represents the interests of 189 members, advocates for and supports volunteers, and engages with the broader Canberra community. Through our activities, we improve inclusivity, enable sustainable volunteering, and create a more resilient Canberra community.

VolunteeringACT is part of the National Network of Volunteering Peak Bodies in Australia.

VolunteeringACT acknowledges the Ngunnawal people as the traditional custodians of the Canberra region. VolunteeringACT pays respect to Aboriginal and Torres Strait Islander peoples and their vital ongoing contribution to our lands.

VolunteeringACT acknowledges volunteers of all genders and sexualities, with all abilities and from all cultures. Their skills, expertise, and time are critical to delivering services and programs, and in making Canberra a better place to live. We also acknowledge the contribution of the volunteer involving organisations that contribute to the health and happiness of our community.

This submission has been made as part of our commitment to ensuring the perspectives and expertise of volunteers, volunteer involving organisations and volunteer leaders informs development of public policy and contributes to achievement of positive social, economic, and environmental outcomes. The content has been informed by the experiences of organisations in our membership and networks, and our experiences of engaging with and delivering services to people living with mental ill health, people with multiple/complex needs including those with a dual diagnosis of substance misuse and mental health, and people with disability, including psychosocial conditions.

Introduction

VolunteeringACT welcomes the opportunity to provide input to the new mental health commissioning approach and highlight the significant contribution the ACT volunteering sector has been making to the achievement of positive mental health and wellbeing outcomes for some time.

There is a two-fold connection between volunteering and good overall health and wellbeing, providing a dual impact of improving the wellbeing of people undertaking volunteering, as well as volunteering activities contributing to enhancing the wellbeing of others. Volunteering has been found to help individuals develop stronger social networks and interpersonal relationships, improve self-esteem, relieve stress, alleviate symptoms of depression, and help with mental health recovery and/or self-management.[1] This important link is reflected in the ACT Wellbeing Framework, within the *Social Connection* and *Time* domains, with volunteering used as a key indicator of Canberrans being connected with family, friends, and community, and having the time to live life well.[2] These are all key aspects in maintaining good levels of mental health and in managing mental health conditions successfully.

It is important to acknowledge there is a strong volunteer workforce - including volunteer-involving organisations (VIOs), and volunteer managers/coordinators – already underpinning the existing mental health service system. However, this workforce requires greater recognition and visibility within commissioning approaches and requires more sustainable models of funding, to be more integrated into overall service system design. Although volunteering programs involve many people giving their time willingly for no financial gain, there are still costs involved in running them to ensure they are operating safely, ethically, and sustainably. Volunteers require managing and ongoing support, and successful volunteer programs require a great deal of strategic planning, compliance obligations, monitoring and evaluation, training, and need operating budgets for practical delivery, including covering aspects such as volunteer expenses, premises, equipment/materials etc.

Volunteer programs are generally cost-effective to run, can support/enhance other service delivery mechanisms, and provide a great return on investment. We recommend that going forward, volunteering programs and the volunteer workforce be regarded as an integral part of the overall mental health service system within this and all future strategic planning, financial and commissioning process, as standard practice. Our recommendation is that when services are commissioned, there should be an **automatic inclusion of funding for a volunteering component** within the overall service budget, that covers the real cost of volunteer management and running those programs (outlined in the above paragraph). Providing a dedicated budget line to support volunteering as standard would provide much needed sustainability for VIOs, and also help solve the funding pressures related to running volunteer programs highlighted by NGOs working in the community service sector in the *Counting the Costs: Sustainable Funding for the ACT Community Services Sector* Report, commissioned in 2021 by ACT Government, via the ACT Community Services Industry Strategy Steering Group.[3]

---

[1] *Benefits of volunteering | healthdirect* and *Purposeful activity - volunteering | Head to Health*

[2] *Explore overall wellbeing - ACT Wellbeing Framework*

[3] *Cortis, N., Blaxland, M. and Adamson, E. (2021). Counting the Costs: Sustainable funding for the ACT community services sector. Sydney: UNSW Social Policy Research Centre.*

The Sector will be Focused on Outcomes

1. What outcome statements need to be considered to improve mental health for all Canberrans?

- At present, the Blueprint doesn't effectively consider 'non-recoverable' mental health conditions. The words 'recovery' and 'recovery journey' can come with additional pressure on a person seeking mental health support to 'get better'. This is actually not always possible for some people, nor for some mental health conditions. In terms of outcomes, language moving from 'recover and stay well' to terms like, 'manage well,' and/or 'learn to live well with your mental health condition' would be more inclusive and helpful to many people.

- Defining what successful outcomes look like against a framework isn't meaningful for everyone and can be problematic. We respect the language ACTHD is using around recovery for being positive and avoiding the use of deficit language in this context, but there are unintended consequences in doing so. It is our experience that people using mental health services often appreciate plainer language and describing things as they actually are.

- Outcomes statements need to consider a wide range of mental health conditions, varying degrees of severity, and how mental health issues can present differently in different people – especially within different genders - and that there may be different cultural understandings or descriptors/terms used to describe mental health symptoms and conditions.

- The treatments and options people respond to can also be very different, particularly in an NGO setting that may be offering a more non-clinical approach. For many people, even with severe/acute mental health conditions, a purely clinical treatment pathway may not be the best support package. Outcomes must consider more creative and innovative mechanisms for addressing and improving poor mental health. For example, Landcare ACT's *Wellbeing Through Nature* program provides access to nature walks, and volunteering activities in conservation, horticulture and caring for our region's nature reserves and spaces. This is a low-cost program, already funded by ACTHD under the Health Promotion Grants scheme, that already delivers positive mental health outcomes. The scheme's mid-point evaluation conducted with 168 participants found that 91% felt the program was good for their mental health and 94% thought the program was good for their overall wellbeing.[4] The inclusion and expansion of this type of volunteering program within NGO mental health commissioning would result in far reaching benefits.

- Outcomes must consider a broadening of the definition of mental health to be more inclusive for everyone in the ACT community. Mental health issues and illnesses do not always fall neatly into clear categories, diagnoses, and symptoms. An outcomes framework needs to be accepting and accommodating of fluctuations in how someone is feeling or coping. People using mental health services very rarely follow a linear and constantly progressing trajectory into living well with their condition. There are often limbo stages, or even times when people may take a step backwards before re-grouping and moving forward again. ACTHD needs to be mindful of what constitutes a successful outcome, as this can look very different on an individual basis.

---

[4] *Wellbeing (landcareact.org.au)*

- Service outcomes should place more emphasis on the holistic and intersectional nature of mental health and that levels of wellness can change due to environmental and other external factors. In most cases, there are probably other issues contributing and even compounding mental health conditions – housing, finances, location, relationships, family, identity, background, society etc. All have such a big impact on mental health and should be included as measurable outcome domains, not just mental health specific outcomes.
- Services and service experiences need to be more geared towards treating/ understanding the **source**, not the **symptoms**. Outcomes that are more focused on properly investigating and reaching understanding of the underlying cause of mental health issues for both the service provider and the person receiving it, are likely to be more effective.

2. What indicators can measure these outcomes (what will demonstrate achievement of the chosen outcomes)?

- Participation in community and society, for example through volunteering, making social connections, getting involved in community/neighbourhood events etc. A great example of this is volunteering through *Best Club* – a social group program for seniors in Canberra, with participants reporting how this involvement that helped them find friendship, connections and prevent depression.[5]
- Capability and capacity building – this can be individualised and respects each unique mental health journey.
- Demonstrated ability by an individual to recognise signs and symptoms of a mental health decline and engage appropriate support networks and techniques.
- We recommend any outcomes relating to resilience should follow Health Direct's definition[6]
- Self-perception and self-rating indicators of how a person is doing are often effective. To be truly person-centred and holistic, services should allow people to choose/set their own outcomes indicators with their support service.
- Indicators that can measure that a preventative step has occurred are useful, although it can be challenging to find a method that accurately attributes a service intervention to a particular achievement/outcome.

3. What tools can be used to measure outcomes consistently across programs?

- Mental health and assessing progress can be complex. Measuring indicators for outcomes can be difficult to measure when we consider complicating factors such as housing, food security, medication, treatment, family situations, family violence. DASS scores for examples are one indicator for mental health, but it can be difficult to use them to measure the success of a program and they can go up and down. Mental health is rarely a clean straight line with progress in one direction.
- There needs to be flexibility within the system where outcomes are genuinely person-centred and consider what is important to that person for them to achieve or maintain.
- VolunteeringACT's Inclusive Volunteering Pathways to Employment Program uses outcomes monitoring tools that are designed to capture information at different points in

---

[5] *"It stops you getting depressed": Carole and Irene found friendship through volunteering - ABC Canberra*
[6] *https://www.healthdirect.gov.au/resilience*

time and on a range of areas such as how people felt about their program experience, if they have felt an increased sense of belonging or connection in their communities etc. This tool is accompanied by a more longitudinal approach that seeks to capture how sustainable the programs outcomes are over time, checking back in with participants at a later date to follow up. This tool expands the questions to include aspects such as their ability to advocate for themselves, confidence, levels of motivation and social connection with others etc. This is an effective approach to assessing longer term outcomes and sustainability of what they have gained/learned during their time with the program.[7]

- An effective example from overseas is the Outcomes Star[8] from the UK, developed in 2006 for the homelessness sector by Triangle in partnership with St Mungos and the London Housing Foundation. This tool has since evolved into many different versions across services and sectors and has been found to resonate well with people accessing support services due to its simple design, visual nature, and the way it tracks progress across several domains around a person's life but is also easily repeatable at various time intervals. The Mental Health and Complex Needs adaptations (examples pictured below) enable people to select domains most relevant for them to track. Being able to see a visual representation of a shape changing is particularly effective regarding mental health outcomes, as it can help people who may find it hard to see or feel that they have made any progress at all, understand that their 'shape' has changed over time – even if it is only by a small amount.
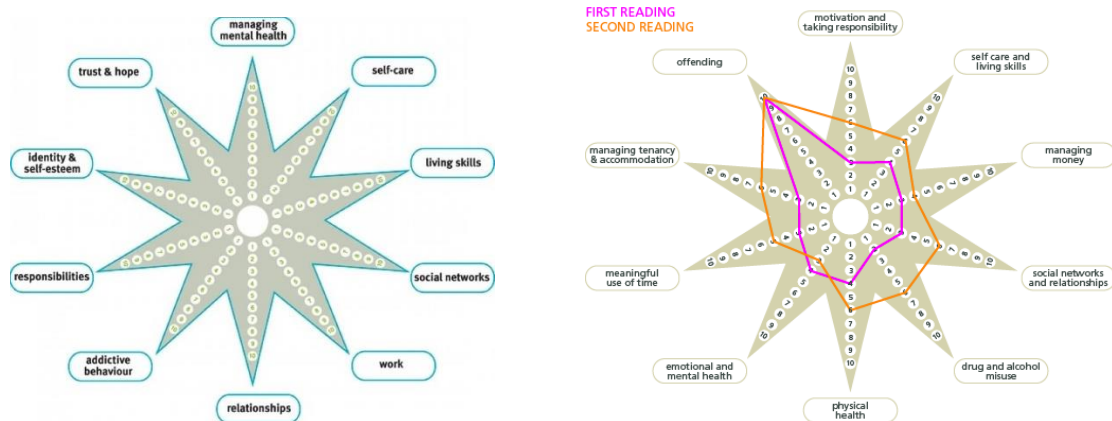
- Outcomes Tools should have a transparent design so they can work between the difference services and the individual, therefore being holistic. The information captured via these tools is easily transferrable and recognised across organisations so that people aren't being asked the same questions over and over again and facing possible re-traumatisation.
- Outcomes tools should be co-designed, and structured to respect the individual who uses it, including how this information collected about them is shared. Consumers can decide which organisation/who they want to share their information with. For example, they may

[7] _Inclusive Volunteering Program - VolunteeringACT_
[8] _What is the Outcomes Star? | Triangle_ and _Why the Outcomes Star works | Triangle_

be happy to tick 'yes' to sharing data with their food security service but may wish to tick 'no' to sharing their data with a drug and alcohol service.

- An app or online solution may work well for some people and providers to capture outcomes with different pathways embedded for providers and service beneficiaries so it can capture service performance outcomes and individual progression outcomes via the same platform. **Choice** and **control** for people accessing services is at the centre.

- People have reported to us that some tools used by Mental Health service providers currently ask people to fill in a 'sliding form' when they come in for every session. For many people, this feels too intrusive and overwhelming. Requiring people to do this every single time is too much for some of them and can result in disengagement from a service, which is commonly seen amongst young people.

- It is useful to assess effectiveness of existing tools that may already be working well, rather than just introducing a set of new ones. A sensible approach is to add rather than take away from what we already have. It is probably still important to collect some of the data that services already are, just perhaps allow for more flexibility and nuance with questions/indicators to expand their reach and usefulness etc.

The Sector will be Sustainable

1. How can the sustainability of the sector be improved?

- The biggest barrier for the NGO sector is the short-term nature of service funding, or only providing small levels of grant funding for a year to programs that are actually very successful and should be sustained over a longer period, instead of having to wind down and/or exit people after just six or 12 months.

- Year to year funding is hugely problematic – having minimum a 5-year funding plan to ensure services are able to flourish, improve, build on feedback and grow would be good practice within commissioning. This is especially important for mental health service commissioning as it allows consumers to have confidence that the service will be there for a long period, and they won't have to face so much disruption to their support, they know it's going to be there without being taken away just as they are getting comfortable, building a good relationship with staff, and making progress.

- The Volunteering Sector in particular has historically been chronically underfunded in the ACT, despite the cost-effective nature and the added value of the programs they provide. Automatic inclusion of funding for a volunteering component within service design and commissioning processes/contracting to cover the full cost of volunteer management and running volunteer programs would improve sector sustainability. This in turn, would also help other services within the overall mental health support system, as many clinical and mainstream services also rely on volunteer contributions and/or refer into VIOs and volunteer-led programs as part of an overall support package for consumers.

- More thought should be given to the operating hours of services as the design/commissioning stage. There is a hugely negative impact when organisations go into shutdown for public holidays, school holidays and important days etc. Service commissioning needs to ensure there is more widespread availability – especially outside of 9-5 hours, and during those holiday periods. Frontline NGO services and those staffed by volunteers and volunteer programs are often the place where those people turn or present to in those periods when 'mainstream' services are not open or are in a shutdown. For example, VolunteeringACT's Community Information Hub on Genge Street often sees people coming there for assistance when they have been refused service, asked to leave

services at short notice, or when other services are on shutdowns. Many of those individuals are mentally unwell with many other issues and complex needs requiring support.[9]

- Building in solutions for how to sustain people during those periods, and/or out of hours also promotes early intervention and prevention, as people can often descend quickly into crisis if they are left with nowhere to go in moments of high need/distress.

- Increasing the options of services, and also strengthening the services that are already in place is recommended. NGO and volunteer-led services often feel more accessible and welcoming than clinical settings and can sometimes offer a more flexible service model and activities more linked to socialisation, hobbies/interests, and companionship. These are simple things that are often very low-cost to provide and ideal for volunteer roles, but they frequently prevent people from being alone, promote community engagements, and interactions with others, or the opportunity to take part in things they enjoy which may help stave some of their more severe mental health symptoms and impacts. However, they must operate in tandem within the overall service system and in the case of mental health - clinical support services - to ensure people don't fall through service gaps and are supported as safely as possible.

2. What is ACTHD's responsibility to support sustainability?

- ACTHD can commission services based on 5-year minimum funding arrangements to establish proper continuity for services. One-two years funding barely allows the organisation and consumers to properly deliver the service and assess its true effectiveness.

- ACTHD needs to widen its lens around what it thinks the mental health workforce is and what it could be and actively put commissioning arrangements in place that seek to address current service system gaps. ACTHD should recognise the important role volunteer programs and VIOs can play within the overall service system, especially when it comes to plugging those gaps. There is a lot of potential there and opportunities being missed, because VIOs are not being regarded as an integrated part of health Commissioning pathways.

- ACTHD has the opportunity to design commissioning processes that provide a specific budget line or ringfenced funding for a volunteering component – covering the costs of supporting and managing volunteers on a full cost recovery basis, which is what VIOs tell us they need. ACTHD could encourage service providers to enhance their service offerings by awarding additional points or weighting with tender processes/grant assessments if a program/service includes a volunteering component and is given the opportunity to demonstrate what added value that brings.

3. What can services and organisations do to support sustainability?

- Services and organisations can perhaps improve their communication with each other and their information-sharing/referral protocols. However, this may require support and guidance from ACTHD to ensure this is done safely and ethically.

- Services and organisations can perhaps consider working together more to design service options and models based on partnerships or consortia – however, again, support may be needed to bring people together and facilitate this.

---

[9] *Community Info Hub (location) - VolunteeringACT*

- Services and organisations can present an volunteering component/program offering alongside other service mechanisms – however, NGOs need a clear signal from ACTHD that this will be considered properly.

The Sector will be Collaborative

1. How can sector collaboration be improved: a) between mental health services? b) between mental health services and those outside of the mental health sector?

- Organisations and individuals in our networks report they are currently seeing dislocation between the mental health sector and other community services, with a lack of understanding of the holistic nature of mental health and how barriers to other services/supports can impact. People are often pushed towards the community sector to seek help, because many current services are facing increasing demand and complexity of need they cannot meet, or because they don't have the time to spend with people, or can't provide some of the options that NGOs offer.
- However, this puts strain on the NGO sector and the levels of provision available within their current funding envelopes. The connections between mental health services and other NGOs are often only through one-way referrals into them, and sometimes there are no conversations or arrangements to properly work together to tackle issues. Some people report feeling like once they have been referred on they are 'out of sight, out of mind' from mental health services, with no-one actually following up on what then happened to them etc. NGO providers can't always get through to the mental health staff and services that referred them, or don't receive responses when trying to find out more about a person's support needs or risk information etc.
- It may not be appropriate to share private data and the details of consumers, but picking up and sharing the general trends of what services are seeing amongst consumers would be useful for all parties. Trend data and general discussion of good practice interventions don't compromise the individual who is sharing their information or violate any privacy concerns. More conversations around core themes to help frame and shape service responses and solutions be more cost efficient, focused, and appropriate.
- A Central Coordination Function would be useful to commission as part of the overall service system to ensure there is respectful, meaningful, and ongoing engagement/ collaboration between NGOs, government, and the mental health sector. This could assist with establishing consistent good practice, managing/sharing data, and providing collaboration templates to all involved.

2. What areas of the sector can benefit from improved collaboration?

- Volunteer Involving Organisations (VIOs), volunteer programs, and the contribution of volunteers are frequently forgotten in these collaborations and should be included more in conversations and planning process as having a place within the overall service mental health service system.
- Volunteering supports mentoring, capacity building, mental health 'recovery' and self-management for participants, the service system, and the volunteer. Volunteering improves social connection, reduces isolation, and has been shown to improve mental cognition etc.
- There are huge gaps in the service system that can be address through better collaboration with the Volunteering Sector. Preventative and early support options depend

on plugging those gaps as soon as possible in a person's mental health service journey. This is where volunteer led services can add value and contribute to an overall holistic and human-centred service design. For example, the group programs offered via GROW and run by volunteers offer a range of mental wellbeing programs. The groups cater for a range of mental health issues including anxiety, depression, PTSD, OCD, eating disorders, ADHD, ASD, and Schizophrenia with demonstrated outcomes around improving consumers' relationships/interactions with clinical support services and reducing the need for crisis interventions.[10]

- There are also other volunteer led services engaged in therapeutic arts activities and creative mediums that would benefit from being brought into more mental health service system collaborations. For example, programs such as Girls Rock Canberra offer a safe space to explore creativity through music to young women and gender diverse youth, many of whom are experiencing difficulties with mental health and/or schooling.[11] This is My Brave aims to empower people to use storytelling to break down the stigma surrounding mental illness.[12]

3. How do services currently collaborate with services outside of the mental health system?

- Often, we see collaborations with housing and homelessness services, food security services, LGBTQIA+ services, and some VIOs etc. More collaboration between mental health services and those services would be hugely beneficial for inclusive provision and more equitable access.
- Some organisations deliver mental health support 'by proxy' through collaborative or indirect mechanisms, although their core business isn't mental health support.

4. How can we maintain collaboration in a 'competitive' funding environment?

- There needs to be a clear strategy in place to support organisations with this, with clear and timely information that explains what the move to more competitive approaches means, with full transparency about the risks and benefits it presents to organisations.
- There is a need to invest in change management support and sensitive/respectful communications about competition, as this kind of change in approach to funding services can cause a lot of distress and anxiety amongst service staff and their service beneficiaries. In competitive processes, it can result in services that have had a long history of delivery (regardless of if they have delivered good or poor outcomes) being defunded/discontinued, which has a direct impact on the people involved and their lives. It will be a challenge for ACTHD to consider how they will manage and guide/support others through the competition process and prepare in advance for those possible scenarios.
- There needs to be more support and resources targeted towards smaller organisations who often do not have the staffing levels or structures to devote time to pulling together evidence, writing tender responses, and/or approaching other organisations for potential collaborations/consortium options. Larger organisations have an unfair advantage in competitive commissioning processes as they are more likely to have existing resources

---

[10] *Peer support groups for mental health - GROW Australia*
[11] *Girls Rock! Canberra (girlsrockcanberra.com.au)*
[12] *Our Story - This Is My Brave*

and roles they can divert or dedicate to these processes. A competitive environment is not equitable if smaller organisations don't have access to the same type of assistance.

- ACT Peak Bodies can play a role in partnership with ACTHD in helping those communications, disseminating key information/guidance resources, providing targeted capability building activities around competition and aspects such as forming consortia etc. In this context, Peaks have no stake in final service delivery – they are enablers and facilitators.

Recovery, Person-Led, Holistic, Human-Rights Informed

1. What barriers do organisations experience in delivering; a) Recovery focused services? b) Person-led services? c) Holistic services?

- There is a real lack of understanding around power dynamics when it comes to co-design principles and putting people at the centre. To be truly person-led and holistic, it is not possible to always know everything before you start designing a service and it requires commissioners and government departments to give up some of their power and control and give more it over to consumers.
- Commissioners and funders have historically focused on tendering and grant processes that often require organisations to define their deliverables before they start. This can be difficult to do in a genuine person-led way, as some of this happens through ongoing engagement and it is often better to take an action learning approach where new iterations are designed based on the ongoing learning of what is needed, what works, and how things may be changing.

Accessible and Easy to Navigate

1. How can commissioned services be more:

- **Geographically accessible?**
- **Culturally accessible?**
- **Accessible to people with disability?**
- **Relevant and approachable to target groups?**

- More thought needs to go into the physical design of mental health service spaces and decolonising those spaces.
- People need to feel safe in those services – around the physical environment but also the service culture. In general, services targeted to people with mental health difficulties really need to understand their target cohort and be more accommodating of behaviours that are usually arising out of distress and anxiety. For example, medication has a place in mental health treatments, but it can effect a person's behaviour and this needs taking into account within service design and how people are expected to present there.
- Services should operate with a 'no blame' culture – both for staff and consumers. Some mental health consumers can feel more agitated and depressed if their service places too many demands or goals on them, if they then don't achieve them. Historically, some mental health services have not been flexible enough to allow staff to work with people

in a way they know would help them due to strict rules and parameters that are not holistic or person-centred.

- Mental Health services need to be spread more evenly across the ACT and ACTHD needs to ensure their communications and service guides/information are actually accurate and cover where all the services are. Tuggeranong in particular is often neglected, and even when ACT Government produces things like service maps, part of the Tuggeranong area or sometimes other areas in the South of ACT are cut off the maps. If ACT Government produces a resources with incomplete maps, this implies to people living in that area that there are no services/support in that area, when in fact, there are some.
- It would be good to expand services that can operate via a more mobile model. Due to the high costs of buildings land and rental spaces in the ACT, it isn't always affordable for services to operate in a defined location to serve a geographical population area Mobile support models like *Chat to Pat* that operate integrated medical services for both physical and mental health needs from a van to different locations are proving effective, and should be expanded to cater for more mental health needs and to ensure it reaches equitably across the whole of the ACT.[13]
- A key target group needs to be young people. A recent Youth Engagement Forum held in May 2023 by Tuggeranong Community Council highlighted several important themes for youth including:
  - o Being unaware of what mental health supports were available to them in their area and young people stating that they relied heavily on schools to give them this information – but that schools don't know enough in this area.
  - o Young people wanting more mental health support embedded within their education system and requests for increased school counsellors, youth workers, more peer support group options and more awareness raising for education staff on areas such as neurodivergence and its relationship with mental health
  - o Many barriers to accessing mental health support including finance, but also a requirement to have parental consent – this is especially difficult for young people living in abusive or unsafe environments with those parents and more support services that don't require parental consent are desired.
  - o Young people would like services to offer more assistance with intersecting issues such as general physical health issues and maintaining good physical health, as well as education and support for addiction, with an emphasis on drugs, alcohol, and vaping support.[14]
- This report found that connecting and collaborating more with the education directorate and education institutes around youth mental health solutions is essential in the new commissioning environment.
- Also, young people often feel pushed away from the government/clinical mental health sector and the NGO sector can be a much better placed to pick up on those connections, out in communities and in places where young people present out of choice, rather than necessity.

2. How can ACTHD support service navigation and accessibility?

- ACTHD should include financial support in their commissioning of services to cover the costs of producing easy read documents, information, accessible website plug-ins and translation services such as TIS as standard.

---

[13] *Chat to Pat Mobile Health Outreach*
[14] *Welcome EL - TCC Home (tuggeranong.org.au)* – *2023 Forum Report not yet published, but available from TCC on request.*

- Using and resourcing co-design processes to ensure a transferrable and accessible definition of what is accessible and easy to navigate (this means different things for different people) - so using a collaborative approach
- Connecting and collaborating more internally with the other Human Services directorates and consider more joint commissioning arrangements and pursuit of shared service outcomes.

3. What are the key service transitions where consumers may require additional support?

- Forms and paperwork to move services or get referred on can be overwhelming. Providing support or buddying for people to help them fill these in and navigate service transitions would be helpful. This support is often not thought about when commissioning services and these kind of roles are ideal for volunteers, and this type of volunteering program can be run very cost effectively, and potentially service high numbers of people via a model that is easily able to be rolled out across the service system, in different locations, and targeted at different cohorts.

Authorisation

This submission has been authorised by the Chief Executive Officer of VolunteeringACT.

Jean Giese
Chief Executive Officer