“Imagine communities without them...”

Threats to neighbourhood centres and their communities in Sydney’s inner city, inner west and eastern area populations

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UTS Shopfront: Working with the Community

UTS Shopfront acts as a gateway for community access to the University. It links disadvantaged and under-resourced community groups to University skills, resources and expertise to provide both flexible community-based learning for students and to assist these groups to achieve independence and self determination.

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INTRODUCTION

1.1 Aims of the Report

The report written during 2005 aims to identify:

• local issues affecting community service provision in Sydney’s inner city, Eastern suburbs and South Sydney areas and

• threats to community services and Neighbourhood Centres in the inner city, Eastern suburbs and South Sydney Areas

It was compiled on behalf of the Neighbourhood Centre Forum through the Shopfront.

1.2 Research Method

This report was compiled in 2005 on behalf of the Neighbourhood Centre Forum which represents 22 Neighbourhood Centres in the Sydney area. The method of research for this report included background research and a series of in-depth interviews with coordinators and workers at the following Neighbourhood Centres: ECHO Neighbourhood Centre, Harris Street Community Centre, Holsworthy Community Centre, Kings Cross Community Centre, Newtown Neighbourhood Centre, Randwick Information and Community Centre, The Settlement Neighbourhood Centre, South East Neighbourhood Centre and Surry Hills Neighbourhood Centre. The interviews addressed questions focusing on local issues within suburbs and the challenges faced in meeting the needs of the local community. (See Appendix One: Questions for Neighbourhood Centre Coordinators.)

Faye Williams of the peak body the Local Community Services Association (LCSA) also contributed her time to providing an overview of the challenges facing Neighbourhood and Community Centres. All interviews were conducted in accordance with the UTS Human Research Guidelines.
Neighbourhood Centres are sometimes also called Community Centres or Information Centres but for the purposes of this report they will be referred to as Neighbourhood Centres. Neighbourhood Centres are small organisations that help provide services to their local community.

Centres focus on flexible delivery and preventative strategies in the local community. As well as meeting immediate high level needs, Centres also aim to build social capital by promoting ‘social cohesion, social inclusiveness, social diversity, the productive functioning of groups in the broader community and the fostering of community capacity building’ (The Inquiry into Definitions of Charities and Related Organisations, 2001, p171).

The research for this report consists of interviews with Community Centre Coordinators and community workers representing nine centres. The suburbs covered by these centres include Ultimo, Woollahra, Kings Cross, Newtown, Chippendale, Surry Hills, Bondi Junction, Randwick and Botany. Some service delivery extends beyond these areas, but for the main part the area referred to in this report consists of these suburbs.

The people interviewed identified many and diverse types of challenges facing Neighbourhood Centres. Centres are locality focused and the make-up of communities in the areas varies greatly. Some Neighbourhood Centres have satisfactory funding bases while others are inadequately funded. Some Centres work with high level needs that result from poverty while others focus on building social capital. Despite the differing circumstances in the local communities, common themes did emerge.

None of the information in the report is intended to identify any particular Coordinator or Neighbourhood Centre but rather create a picture of the area as a whole.
3. KEY FINDINGS

3.1 Social issues: Gentrification and lack of childcare places

Most of the areas studied in this research are experiencing growing social disparity due to increasing gentrification. Neighbourhood Centre Coordinators identified the main social outcomes of this disparity as increasing marginalisation of the aged, people with mental illnesses and people who are homeless. Another social issue that most Coordinators are concerned about is a lack of childcare places.

3.2 Neighbourhood Centres: lack of local involvement in policy making

Neighbourhood Centre Coordinators feel that there has been an increase in recent years in discouragement of advocacy and a concurrent increase in top-down decision making. Their perception is that the Centres have been placed outside policy-making forums for local community service delivery.

3.3 Funding Agencies: one-way dialogue

Most of the Neighbourhood Centre Coordinators indicated that they do not have a good working relationship with their funding bodies. There is a consensus that the lack of consultation and the one-way flow of information from funding agencies to Neighbourhood Centres are having a negative impact on the provision of services for people in the local communities.
4. RECOMMENDATIONS

4.1 Main Recommendations

4.1.1 Neighbourhood Centres should receive ‘core operational funding’

Core operational funding is funding that goes to the Centre itself, not to programs. Most Neighbourhood Centres receive little if any core funding. Instead their funding is tied to specific services and projects. The problems with funding tied to specific services are:

- Funds tied to certain services cannot be used for locally identified needs within the community.

  For example, a funding agency may use population planning using data from the Australian Bureau of Statistics (ABS) and decide that based on the high number of, say, Italians in an area they should receive funding for support services. However, the local reality may be that the Italian group has been in the area for quite some time and already have established support services. The same community may include a ‘recently arrived’ Central American group with greater needs but smaller numbers which means they have not been prioritised and will not receive any funding. If the local Neighbourhood Centre wishes to support this group they will have to do so with little or no funding because their funding is tied to other target groups. Also, the ABS figures may be out of date or the criteria for the target group may exclude others who need the service. There are many versions of this story.

- Time lags in funding delivery create breaks in service delivery and negative outcomes for the community.

  For example, a successful program for at risk young people is funded to run for one year. At the end of the 12 months the program ceases when the funding ceases until ‘if and when’ another block of funding is secured. Interruption of the program is likely to lead to negative outcomes for the young people participating and the loss of key program personnel.

4.1.2 More local programs and projects to be identified by local communities

Funding agencies should support and fund more programs and projects identified, initiated and developed by Neighbourhood Centres with their local community. As identified by the Federal Government’s Inquiry into Charities and Related Organisations (2001, p58), Neighbourhood Centres are quicker to respond to local needs than government agencies encumbered by bureaucracy. Funding agencies should use Neighbourhood Centres as a key resource in local service delivery.
4.1.3 A regulatory body should be established to ensure better adherence to consultation protocols by government agencies.

There is a perception among Neighbourhood Centres that adherence to consultation protocols by government funding agencies is not sufficient. There should be a regulatory body to make sure that all parties are held accountable to consultation protocols. This includes consultation for needs in the community, funding arrangements and LGA boundary changes. This regulatory body would supervise adherence to protocols such as the recently launched Compact, which has been signed by the Federation of Non Government Agencies (FONGA) on behalf of the human services community sector.

4.1.4 Centres should receive assistance meeting Public Liability Insurance.

During 2003 and 2004 Neighbourhood Centres have experienced increases in Public Liability Insurance of up to 250%. This prevents Centres from allowing community groups to use their rooms and spaces. The outcomes are:

• Community groups do not have a place to meet
  
  Community capacity building relies on the interaction of community members to build informal networks that strengthen social capital in the community.

• Centres are deprived of a source of independent income from hiring fees
  
  Although most hiring fees are determined at a cost-recovery rate, centres rely on independent income for the same reasons that they need core funding (as mentioned above in Recommendation 4.1.1).

  Neighbourhood Centres should receive assistance from government in meeting these new insurance costs.

4.1.5 There needs to be a vision at local, state and federal levels that does not see social services as ‘business’

The feeling is that the provision of community services is being left to the marketplace and this is resulting in service gaps and ad hoc solutions. Neighbourhood Centres are under pressure to become more business-like organisations and if they do not prove themselves as ‘business organisations’ to funding agencies they tend to receive less funding and may be squeezed out of their area by bigger franchised service providers. Franchised service providers do not have the same local knowledge or focus that Neighbourhood Centres do.

There are inherent problems in running social services as a business. When services are privatised or tenders given to business organisations then service provision is looked at in business profit terms; ‘how much’ not ‘how best’ to meet the needs of the community. For
example, a private aged care organisation will make more money placing ageing people in homes rather than providing support services for them to live in the community. In such cases the community suffers while private enterprise profits.

4.1.6 Avenues for community advocacy should be created

Neighbourhood Centres should be encouraged to advocate on behalf of their community and provide input to government agencies, funding agencies, programs and tendering processes. Advocacy should be encouraged at local, state and federal levels.

4.1.7 Centres should do more to promote their value

There is a lack of knowledge in the relevant funding and government agencies about the value of Neighbourhood Centres and the roles they play in building social capital. Centres need to measure and promote how they help the community. This should include:

- studies on the value of preventative programs and
- research on the effects of privatisation of services and funding cuts to local community services.

The Neighbourhood Centre Forum should continue to work with UTS Shopfront Community Program on a project to promote the value of Neighbourhood Centres.
4.2  Secondary Recommendations

4.2.1  Before a community program or project loses funding stakeholders need to understand the reasons why

Coordinators agreed that the sudden de-funding of community programs ‘with no explanation why’ is a common occurrence which has a negative impact. These impacts will not be mitigated if the program is simply re-funded at a later date. Firstly, community members are left without a service for a period of time and key project/program personnel are often lost. Secondly, there is a loss of trust between the funding body and the Neighbourhood Centre which can lead to a less productive working relationship. Most Coordinators feel that there is a need to publicly analyse and explain the reasons ‘why’ when de-funding occurs.

4.2.2  Centres should be supported and resourced to allow independent streams of income to support locally identified need

Many Neighbourhood Centres rely on government funding to deliver social services. However, independent streams of income are possible especially through fundraising and fees for room hire. Coordinators who were no longer able to let out their rooms because of high insurance costs, or had been moved to premises where such rooms were not provided, lamented this loss of independent income. Independent income is important because it allows Centres to meet local needs that have not yet been identified by funding agencies.
5. THE CENTRES

5.1 Why Neighbourhood Centres are Important

5.1.1 Neighbourhood Centres are inclusive

Coordinators believe that people return to Neighbourhood Centres because no other organisation has a similar umbrella approach to issues and because they act as a gateway to community services. Funds specifically designated for target groups and decreasing resources in community services have meant that more and more people are accessing Neighbourhood Centres for help.

Neighbourhood Centres have a philosophical commitment to help anyone who walks through their door. Coordinators feel that services other than Neighbourhood Centres are becoming increasingly target-group oriented and do not provide services for those outside their target group. For this reason Neighbourhood Centres are the last port for people seeking help who do not fit the criteria of a target group.

‘In all other services people are part of a “target group” so if they walk in the door they may not be in the right place because it’s not part of what they do but a Neighbourhood Centre does everything... anyone who accesses a Neighbourhood Centre will get help and support... Imagine communities without them and that.’ (female Coordinator)

‘People in the community shouldn’t be struggling to get access to services. If you’ve got an issue it should be dealt with and there should be avenues for you to get that help. If you’ve got a woman in a domestic violence situation with three kids she doesn’t have to go to three different services to get three different knock backs. She should be able to go somewhere and get the help she needs and get the protection for her kids. It shouldn’t be “Do you fit the criteria?”’ (male Coordinator)

Neighbourhood Centres are also the last port because, even if people do fit the criteria for gaining access to services, many services are not able to meet their needs because they are not adequately resourced. In these cases people are usually referred to a lengthy waiting list. For example, there may be inadequate mental health resources in the area so people return to a Neighbourhood Centre because they offer a safe place to ‘sit and relax and make human contact’.

‘We’re not specific enough for them - we don’t have mental health workers here... (We need more mental health services in this area)... so if they’re accessing a Neighbourhood Centre we’re pretty well the last resort. That says something’. (female Coordinator)
Neighbourhood Centres are also the first and last port because they help people access other services to get the help they need. Many organisations established to help people are instead functioning as a bureaucratic wall between the people and their goal, be it a pension or affordable housing. Neighbourhood Centres are ‘less encumbered by bureaucracy than government services’ (Inquiry into the Definition of Charities and Relate Organisations, 2001, p58) and as such are crucial in making sure that these people reach and receive the services they need. People also need help in communicating with the government service organisations to ensure that their needs are listened to and met.

‘It’s not enough to just refer people to services because, as the end of the referral, a very high percentage of times people just can’t get anywhere... the Department of Housing, Centrelink, places like that.’ (female Coordinator)

People with low incomes, with disabilities, with mental illness, the frail aged, people with addictions and the homeless often lack support services and therefore rely on Neighbourhood Centres for help, socialisation and advocacy. Other members of the community can access Neighbourhood Centres to help form interest groups or volunteer to help others.

5.1.2 Neighbourhood Centres create a sense of community

Centres in the densely populated urban areas provide a space that is the equivalent of the modern village green. Centres provide a welcoming space for people to drop in, make social connections and find out about local issues.

Neighbourhood Centres are particularly important in developing social cohesion. They are located in areas where community and capacity building is of particular importance. As identified in the Federal Government’s Inquiry into Charities and Related Organisations community building helps the community solve its own problems through strengthening social networks (2001, p172).

5.1.3 Local solutions to local problems

Centres have a local focus and are quickly able to identify new areas of need in the community. Centres are a space for public meetings and forums around local issues that can provide feedback on how state and national approaches to a problem are working in a local community. As noted in the Inquiry into the Definition of Charities and Related Organisations (2001, p57-8), ‘Community based organisations are considered to have a good understanding of individual and community needs and be able to deliver services in a more flexible, economical and “user friendly” manner than government’.

5.1.4 Centres save taxpayer money

Centres deliver services cost effectively and focus on preventative strategies. Much of the work done at centres is pro bono; delivered either by skilled volunteers from the community or staff working unpaid overtime.
‘Our art classes are completely unfunded, Greek women’s groups, unfunded, cancer support group, unfunded, our English classes, unfunded, tax counselling, unfunded...’ (male Coordinator)

The main focus of Centres is on preventative methods such as community building. As identified in the Inquiry into the Definition of Charities and Related Organisations (2001) there is a growing trend towards supporting prevention and early intervention strategies rather than focusing attention on dealing with the consequences of poverty, ill health and other social problems.

Centres also try to give people the option of staying in the community rather than going into care or institutions. For example, home delivered shopping for the ageing people improves quality of life, adds diversity to the community and is much cheaper than nursing home facilities.

‘The existence of this Centre saves the government an awful lot of money. Huge amounts. We catch people at crisis point at the front counter before they’re in hospital or in refuges or breaking the law and stuff like that. We link them into services and we make sure they stay linked in. Just the whole notion of Social Capital, if you want to put it in financial terms it’s a very good investment for the government I think.’ (female Coordinator)

5.2 Visibility of Centres and Promotion of Services

Neighbourhood Centres and government need to work together to better promote the work of Centres. Visibility of Centres can be improved by:

• placing them in visible and accessible locations in the local community near libraries, childcare and other frequently accessed community services;

• working to remove the ‘welfare’ connotation to services by advertising services in a positive way, and

• ensuring that new service organisations should take care not to conflate their identity with the established Neighbourhood Centres.

‘The difference is incredible [with good visibility] particularly for organisations that cater for people with disabilities because people can just drop in, it’s not hard for them to find us. And often it’s just “Hi”. You know sometimes that’s all that people need because it may be that no-one else talks to them for a week... I think that wouldn’t be replaced [if the Centre wasn’t here].’ (female Coordinator)
5.2.1 Neighbourhood Centres need to be in visible and accessible locations

The positions of Neighbourhood Centres in the communities they serve should reflect their importance within the community but increasingly more Centres are working out of invisible and inadequate premises. Neighbourhood Centres are likely to have been forced to move to these new premises because of rising rent or being ‘moved on’ by local council landlords. Neighbourhood Centres often have had no choice in moves from central, visible locations to a series of temporary premises or to buildings with poor visibility and accessibility, separated from other services.

‘As a Neighbourhood Centre it’s not in an ideal position, as I said it’s in the back of a building... And it’s disappointing because it’s a new council and they had the chance to house us where we were, in the front part of the building. This organisation has had full frontage to the park for close to thirty years before the old building was bulldozed down. Moving us here is a pretty bad way of treating the community.’ (female Coordinator)

5.2.2 Positively promoting services to remove the ‘welfare’ connotation

Promotion should focus on removing the ‘welfare’ connotations of services so that people who need help can receive it in a dignified way. For example, community transport should be advertised so that ageing people feel comfortable using it.

Services that allow the aged, people with a mental illness or people with a disability to stay at home improve their quality of life, add diversity to the community and save the government money. It is important to promote services in a way that not only let people know about them, but also presents them in a positive way.

5.2.3 Maintaining the ‘brand’ of community-run Neighbourhood Centres

In many areas local government has moved toward setting up Council-run ‘centres’ with names that are easily conflated with the Neighbourhood Centres featured in this report.

The Neighbourhood Centres began as grass roots organisations and have built tradition, trust and reputation in their communities over many years. These community-run Centres offer referral services, advocate on behalf of residents and function on a community development model.

Council-run centres are quite different: ‘Council-run centres are generally places people can go to look at development plans or register their dog’. While both types of centres are needed, Council-run centres should take care not to confuse members of the community by using names that suggest they are THE local neighbourhood centre, offering the same services and programs as a community-run Neighbourhood Centre.
5.3 Overlaps in Service Provision

The work of Centres often overlaps with other services. Some critics equate overlap with inefficiency but there are a number of reasons why overlap occurs.

• Some services have funding that is tied to target groups

If a person does not fit a target group, or their circumstances change and they fall outside a target group, they may have to seek another service within the same area. So, for example, there may be three services in an area that offer English classes, but only one that accepts everyone who wants to improve their English skills. The others may have their funding tied to a target group, for example Temporary Protection Visa (TPV) Holders.

• Services in the area are not able to meet the needs of the community because they have not been adequately resourced

In this case the overlap amongst organisations is aimed at covering the service gap in the area. For example, frail aged people may be referred to services that have a long waiting list and in effect they do not receive any support. In this case Centres may liaise with other Centres outside the area to meet the need until the local Centre receives adequate funding to meet the needs of the frail aged in their community.

• Centres facilitate access to services

A service may be well resourced to meet the needs of its target groups but has an administrative barrier to access. For example, aged people or people with a disability may have difficulty getting the required information from website or negotiating automated telephone prompts.

• Overlap occurs because the areas that Centres cater for are constantly changing

Many Centres have to move premises frequently. Centres move because they are in council-owned buildings and council decides that they want the premise for another use; or if the Centre has a private lease and can no longer afford the rent; or a greater identified need in another location encourages a move. Boundary changes in Local Government Areas (LGAs) also mean that services change to cater for new boundary areas.

5.4 Governments’ Commitment to Consultation Processes

Government should consult with and include Neighbourhood Centres and local communities in determining the needs of the community. This should include both the funding and defunding of services and LGA boundary changes. Currently government at all levels and their agencies rarely follow consultation protocols and this is partly because there is no accountability to adhere to consultation processes.
‘They’ve got so many glossy documents that set this ideal of service provision, which I might add we aspire to and in many ways actually do, but they don’t. So we’re not only aspiring to their standards but we’re living by our main funding body not doing that or even paying us much courtesy when you try and quote it back to them. They do the report, they don’t look at the implementation.’ (female Coordinator)

5.5 Working Conditions at Centres

The situation is that qualified, over-burdened staff are leaving to pursue less stressful, more economically advantageous employment and graduates are not attracted to the sector. The main issues are:

• Inadequate premises

Because Centres were not funded to make the transition to new OH&S standards, some Centres still breach the requirements.

• Low pay

Positions with tertiary educational requirements offer inadequate salaries to attract graduates.

• Stressful, insecure workplaces

Coordinators reported high levels of stress from dealing with people at crisis point, not being able to spread themselves far enough to cover the workload and no security of tenure because of the nature of funding for the Centres.

• Overwork

Understaffing at most Centres means that the Coordinator role often encompasses two or three fulltime jobs.

• Professionalism and experience not valued by government decision-makers

Most Coordinators felt that they received very little respect from the authorities that they deal with.

• Grant writing capacity

Centres that do not have a ‘Coordinator’ role find it difficult to apply for and achieve funding, which has implications for the rest of staff and service delivery.
‘When we advertise for positions we get one or two people. [We] have interviewed people for administration positions, they’re really keen, they want to do the job and then right at the end of the interview when we start talking about money they turn us down. That’s happened more than once. The last girl we interviewed was really qualified [for the job] but when we started talking [about money] she said “I’m earning more at my job in the chicken shop”. That’s a part-time job being paid 17-18 dollars an hour. We only get half of that. We just can’t compete. It’s an issue for us.’ (male Coordinator)
6. **SOCIAL ISSUES**

6.1 **Gentrification**

Coordinators in most of the areas reported increasing gentrification in their local community. Gentrification means that formerly working-class suburbs are becoming middle-class suburbs. Coordinators identified the main social problems that occur with gentrification as lack of social cohesion, urban design that excludes traditional residents and the growing lack of affordable housing.

New residents moving into an area that are of a different class, generation and make different lifestyle choices leads to a lack of social cohesion between old and new residents. Coordinators feel that older residents, especially, are afraid that the social diversity in their communities is being eroded by a middle-class monoculture.

‘We simply don’t want this “clean up” of people you know, homeless people and different people moving out of the area. We like to co-exist with these people… that’s why a lot of people live in areas like this, there’s a place for everyone.’

(female Coordinator)

Regeneration of inner city suburbs should be designed to maintain the character of suburbs and be as inclusive as possible. Coordinators stated that gentrification has caused a lack of affordable housing. Some residents have moved out of the area while others lodge at boarding houses or, in extreme cases, become homeless.

6.2 **Ageing Populations**

The aged can roughly be divided into ‘aged’ and ‘frail aged’, these categories are non-age specific. People are living longer and this creates new issues in the community.

Many aged people volunteer at Neighbourhood Centres and help to run programs. Aged workers commented that the ability to work helps them to maintain their sense of self. Workers also mentioned that they felt volunteering prevented the ‘slide’ experienced by aged people who no longer have a paid job or whose social network has diminished.

‘Some of the ones on the front desk are in their 80s. And we’re very aware of how important it is for them to continue to do that... You can just imagine if they weren’t able to do that or we didn’t support that to happen.” (female Coordinator)

Other ageing people have contact with the Neighbourhood Centre by using it as a ‘village green’, a focal point to meet people. This may mean joining a group or it may be something as simple as having a coffee room to socialise in.

A difficulty in running classes or groups for the aged is that government and funding bodies want quantifiable outcomes from classes. For example, to fund a knitting class at one Centre the funding agency wanted to quantify the outcome by counting the people that attended the group and the rate at which their skills improved. From the community standpoint the
A group was organised to socialise people and develop networks that could be taken outside the Centre and thereby improve the health of the community by building social capital. As the Coordinator at the Centre commented ‘It’s not about the knitting’.

Frail aged who find it difficult to manage at home benefit from the Neighbourhood Centres by receiving assistance with meals, cleaning, shopping and trips to the hospital.

‘For aged people trying to stay at home in the community right now, in this whole area of eastern Sydney, they have very little chance of getting the level of support services they actually need to be able to do that.’ (female Coordinator)

Aged need help negotiating changes in technology, in particular the Internet and automated telephone prompts.

‘I’ve had so many old women walk in the door and say: “They keep hanging up on me, they tell me to press the hash key and they hang up, and the person won’t talk to me, they don’t answer me”. And you say: “That was a machine you were talking to”. They just can’t get their head around it. Banks as well, people have a lot of trouble with. I think the most important thing is we provide a face and we’ll stick with people until the problem is solved.’ (female Coordinator)

Recently in community services there has been a move towards IT as a labour saving technology that promotes access to services. In the transition to IT management factors such as the digital divide must be taken into account. Coordinators caution that the aged, people with a disability and people on low incomes may have difficulty using technology that is generally considered mainstream by people on the other side of the digital divide.

### 6.3 Childcare Needs

Coordinators identified a huge need for more childcare places in their areas. The problem with a lack of childcare facilities is that children are not being socialised with other children and mothers are not given the choice to raise their children and work. Currently Neighbourhood Centres are being forced to refer people to waiting lists rather than services. It is not uncommon for childcare services to have waiting lists that are years long.

‘We must get ten requests here a week to help find childcare for people and of course we can’t — all we can do is make sure they’ve go the same lists we’ve got and tell them just to be persistent... There just aren’t enough places.’ (female Coordinator)

Some Neighbourhood Centres offer cheap childcare but finding experienced staff is an issue as wages are low. Centres also have trouble meeting the new OHS and insurance requirements.
6.4 Mental Health Services

Coordinators agreed that there is a general lack of services for people with mental illnesses in the area.

‘There is a health clinic that helps people with their medication but in terms of any back up support or following up someone who has become unwell there’s nothing in place for people with mental illness.’ (female Coordinator)

The Richmond Report (1983) confirmed high levels of abuse in institutions and recommended that people with mental illness should live in the community. However, the transition from institution to community was not supported. Patients were bussed straight from institutions to boarding houses. Coordinators say that people with mental illness often become homeless because of lack of support for them to live in the community. Some Neighbourhood Centres ‘found’ people in boarding houses years after they were bussed there. Others noticed an increase in mentally ill people presenting at the front counter.

The methodology used to quantify the numbers of people with a mental illness is problematic because people with mental illness exist in the margins of communities and are transient. They could be in jail or in boarding houses or drifting between communities. Under the current funding processes the difficulty in quantifying the mentally ill makes it difficult to secure adequate funds to meet their needs.

Because of the limited resources in the area of mental health the emphasis has been on keeping people off crisis point rather than to help them get well.

‘There’s almost a non-existent emphasis on recovery by the Department. It is merely maintenance. It’s just “keep people on their medication and maintain their illness”, there’s no emphasis on recovery which is very sad for people because it means their diagnosis is a life sentence, particularly if they’re short of money.’ (female Coordinator)

This situation creates a cycle in which people reach crisis point, are helped and then are left without support until they reach crisis point again.

‘To just sort of wait for a crisis, do something about it, that’s not really adequate. Basically it’s around getting them back on their medication, maybe putting in a support worker for two days who checks on them to make sure that they’re taking it. People need more than that.’ (female Coordinator)

There are very few places to refer people who present to a Neighbourhood Centre with mental health issues. Unless the person is a danger to themselves or others a crisis team will not attend.
‘While crisis teams are important there needs to be a more holistic approach to mental health care. Typically people are not at crisis point and there are no services for them, so all we can do is look after low level needs by giving a person someone to talk to or a safe space to relax.’ (female Coordinator)

6.5 Boarding Houses and Refuges

Boarding houses accommodation is classed as ‘Secondary Homelessness’ because people have no tenancy rights and can be evicted at the personal discretion of the boarding house owner. The shift from public institutions to privately run boarding houses has meant that people are now seen as users of a service rather than people with needs.

‘The one common need is money; people in licensed boarding houses don’t have an income. 100% of their pension goes to their board and rent which gives the manager, who’s a private for-profit manager, the power to give money as he or she sees fit.’ (female Coordinator)

Some Neighbourhood Centres provide support through boarding house programs to licensed boarding houses. This includes programs such as transport training where people are taught how to use public transport.

‘Most of the residents have spent their entire lives, some of them even their childhoods in institutions. They are on maximum doses of old style medications to keep them really passive. It just leads to depression, further depression. So what our project has been doing has been going in and saying “Do you want to go out of the house?” A lot of people have never left the house. One woman was in forty years, twenty in the institution, twenty in the house, and she hadn’t been outside. So we teach them how to use public transport.’ (female Coordinator)

There is a lack of low-income housing and support services. When people can’t access low-income housing they resort to refuges — which only cater for short term stays — or homelessness.

‘Generally a refuge will take someone for two or three nights so we tend to see them every three days. They come back after they have been kicked out of one refuge and find another one. So they’ll come back and stand at the counter for a day ringing people up trying to find somewhere to stay for the night. Then they’ll be gone for three days then they’ll be back again to go to the next place.’ (female Coordinator)
6.6 Homelessness

As mentioned above, Coordinators have observed that many homeless people have a mental illness. So the increasing number of people with a mental illness who are not receiving adequate support result in an increasing number of homeless people.

People on low incomes or pensions who are in Boarding houses or refuges are typically not given support and, as a result, often add to the number of homeless.

Neighbourhood Centres provide important follow up for people who are looking for accommodation.

‘The major problem with the homeless is a lack of commitment to resolving the issue through increased resources.’ (female Coordinator)

6.7 Social Capital: community and capacity building

Social Capital is defined as those ‘features of a social organisation, such as trust, norms and networks that can improve the efficiency of society by facilitating coordinated actions.’ (Putnam cited in Williams and Onyx, 2002, p41)

Neighbourhood Centres strengthen communities by promoting equity, advocating on behalf of groups or individuals in the community and strengthening social networks within the community.
7. **WORKING WITH FUNDING AGENCIES**

7.1 **Economic Rationalism**

Coordinators agreed that economic rationalism is the guiding ideology for funding agencies in their relationship with Neighbourhood Centres. This has resulted in a move towards the privatisation or quasi-privatisation of community services and a ‘greater inter-dependency between the sectors illustrated in cross-subsidisations and funding arrangements’ (Flescher, Gutherie, Steane, Ross & Pike, 2003, p3). Coordinators felt that business imperatives were incompatible with the philosophical goals of Neighbourhood Centres.

Funding agencies currently use economic measures and evidence-based policy to determine the best ways to efficiently deliver social services to people. The Neighbourhood Centres believe that the agencies are not taking into account and sourcing sufficient information and evaluations on services from the community.

In support of the Neighbourhood Centre perspective, the Australian Institute of Family Studies has found that living standards cannot be exclusively judged in economic terms. It has identified the following as essential areas that contribute to individual or family living standards: ‘health, employment, housing, economic resources, transport, education, recreation, the physical environment, community services, social participation, political participation, access to information, family relationships and personal well-being’ (Brownlee in Smith & Herbert, 1997, p4).

It is precisely in these diverse and sometimes overlapping areas that Neighbourhood Centres provide services.

‘Economic rationalism claims to minimise government by letting the market place decide what services are needed. However two things have undermined this assertion. The enormous rise in paperwork demanded by the need to quantify “outcomes” — outcomes that may not be relevant to the goals of community development, and the rise in Public Relations staff to “manage” relations between funding agencies and the community, including our Centres, and to suppress advocacy.’ (female Coordinator)

7.2 **Top-down Planning**

Coordinators are concerned that economic rationalism creates a top-down approach to service provision. Currently funding agencies do their own internal analysis of what is needed in the community, based on figures from the Australian Bureau of Statistics (ABS) with little or no consultation with Centres. Neighbourhood Centres feel that this lack of consultation leads to inadequate services.

Centres feel they are under pressure to change from the community development role to sub-contractors for funding agencies. The top-down style of management has created a one way flow of information from the government to the community that Coordinators feel is more focused on delivering political outcomes than meeting the needs of the community.
‘It used to be that what was needed on the ground was collected and presented to government and now... it’s a top-down approach. What is happening is: “How can government know what is needed on the ground if it doesn’t ask the ground?” It can’t because we’re dealing with silent groups of disadvantaged people. People with mental health issues don’t tend to have a voice. Frail aged people don’t tend to have a voice. When you become marginalised then you lose your voice. If you don’t have a powerful advocate then you don’t get heard.’ [female Coordinator]

7.3 The Role of Advocacy

Advocacy is defined here as ‘an attempt to influence the decisions of any institution on behalf of a collective interest’ [Jenkins in Casey & Dalton, 2003, p5]. Many of the Coordinators interviewed felt that the government was constraining their attempts to advocate on behalf of their communities.

In the Federal Government’s 2001 Inquiry into the Definition of Charities and Related Organisations the role of advocacy was recognised as a key function of community centres by ‘providing information and advice to government to assist in formulating government policies and initiatives and developing strategies for the implementation of programs.’

Neighbourhood Centres advocate on behalf of the community and individuals in a number of ways as indicated in the following.

- Environmental issues

Neighbourhood Centres have worked with residents on environmental issues including the presence of toxic pollutants in the soil; water, air and noise pollution; and overdevelopment. Neighbourhood Centres function as meeting places for local people. For example, when the RTA wanted to build a tunnel and place a ‘stack’ to release tunnel fumes in the middle of a residential area the local Centre became a meeting place for concerned residents who worked together to raise awareness of the planned stack and lobby government about related health issues.

‘What was happening here is ORICA owns a huge chunk of Botany and it stores petrochemicals and hexacholobenzine (HCB) which are highly toxic which have seeped into the ground they are now in the ground water and it’s seeping into Botany Bay. They left 40,000 barrels down there and what they were going to do was create something called a geo-melt facility. It was particularly frightening because we’re ten clicks from the centre of Sydney. And we’ve got this (proposed) geo-melt facility, which is basically a huge chemical incinerator. Which would be buried in the ground and they pour all the chemicals in it and it heats up to like a billion degrees and incinerates the chemicals. The stuff that is burnt off is then crystallised and used as a road base. The problem with the process was that it has a tendency to explode. The Community had a bit of a win that the geo-melt facility has been stopped.’ [male Coordinator]
• Access to larger councils

Areas that are amalgamated have to make the transition from local councils with a local focus to large councils with broader concerns. Access is made harder because of the diffuse nature of the council’s responsibilities.

‘People are frustrated because you just can’t access the councils as easily as they formerly did with a smaller community minded council. You’re now dealing with a huge “corporation”.’ [female Coordinator]

For example, Centres representing communities that have been amalgamated into the new City of Sydney council have helped constituents to understand, access and communicate with the new council structure.

• Marginalised groups

Coordinators noted that certain groups have been marginalised within their communities. Marginalised people include the aged, people with a disability, people who are homeless and people with a mental illness. These groups often lack the resources to advocate by themselves and need Neighbourhood Centres to help them. Under the economic rationalist framework there is often a gap in services for these groups – they are overlooked because they typically are lower income and cannot pay for the services they need.

Many of the Coordinators interviewed said that advocacy was deliberately discouraged because advocacy is interpreted as criticism of government. Advocacy may conflict with carefully constructed public images of politicians, political parties, government departments or business organisations.

‘The last couple of years with one government department they have censored stuff that’s actually critical and we’ve had this to-ing and fro-ing trying to get us to change it and we’ve said “no”. (You asked what were the difficulties and these were the difficulties.) In the end they gave up on it and accepted it as it was. I was just saying that this is one of the difficulties we have and it stops us from doing the work we need to do in the area because you don’t have the resources or whatever...’ [female Coordinator]
Research suggests that advocacy should be seen as ‘intelligence gathering’ from the ground, providing information that can help prevent problems and successfully manage emerging problems (Einfield in Casey & Dalton, 2003, p7). At present most Coordinators are concerned about the lack of avenues for advocacy and the repercussions from funding bodies for speaking out on behalf of the communities.

7.4 Evidence-based Decision Making

The government has moved towards evidence-based decision making as a means to improve efficiency in service delivery. However, problems often arise within local communities that are difficult or impossible to identify from statistics based evidence.

For example, according to the statistical data there are places where drug addicts can get clean needles in an inner-city suburb. So it is assumed that all intravenous drug users can access clean needles. However, the reality is that it can be very difficult for drug addicts to get clean needles because many pharmacists will not sell needles to people with addictions.

‘There’s no needle exchange in [this suburb]. So for drug and alcohol users the only way to get clean needles is to go to a private chemist which a lot of them won’t do because a lot of them will say no’. (female Coordinator)

7.5 Funding Models

Coordinators identified issues around population group planning, competitive tendering, proscribed funds and block funding in social service delivery.

• Population Group Planning

Population group planning at a federal and state level uses ABS data as the basis for most funding decision-making. Most Coordinators believe that this is not an effective way of targeting needs in the community. Problems arise because population group planning does not target the highest areas of need in a community and ABS data may be out of date.

• Competitive Tendering

The competitive tendering model is one where a ‘government agency specifies the type, level and location of services it wishes to purchase including the price it is prepared to pay, and invites organisations usually both for-profit and not for profit to tender for provision of the service’ (Lyons, 2001, 183).
Competitive tendering erodes collaborative networks between Neighbourhood Centres that have traditionally worked together and sets up rivalries between Centres as they are forced to compete for the same limited funds. Another problem with competitive tendering is that as local councils amalgamate into larger areas, Neighbourhood Centres with limited resources have been forced to compete for funds with more and better-resourced services.

• Proscribed Funds

Proscribed funds are funds that can only be used for a specified purpose. This is a purchaser-provider relationship with ‘the government as the purchaser exercising a high degree of authority over the way in which the non-government provider organisations makes use of the funds’ [The Inquiry into the Definition of Charities and Related Organisations, 2001, p59].

Proscribed funds can only be used for specific services; they cannot be re-allocated if a greater need is identified. Proscribed funds can result in under tendering because sometimes the funds offered are tied to a specific service that is not needed. Under-tendering usually results in a larger, franchised organisation moving in and picking up the funds traditionally taken up by local organisations with local focus.

• Block Funding

Funds are allocated in blocks where ‘the relationship between the purchaser (government) and provider is then set out in the form of a commercial contract for services, awarded for a fixed period, and new expressions of interest are called for at the end of the contract period’ (Lyons, 2001, 183). The problem with block funding is that when a funding block runs out, even if funding is renewed, there is usually a time gap in service delivery before the arrival of new funds. Interruptions to programs have negative consequences that override the intended positive outcomes of the program.

7.6 Insurance

Public Liability Insurance for Neighbourhood Centres has risen up to 250% in the past two years. Of all the administration requirements insurance is commonly seen as the most problematic because it blocks service delivery, generates huge amounts of paperwork and puts community assets such as meeting halls ‘off limits’ because Centres and groups cannot afford the insurance to cover them.

This inhibits the formation of new community groups and the development of existing groups and cuts off a source of independent revenue for the Neighbourhood Centres. While Centres may seemingly have excellent facilities, in practice insurance issues prevent people in the community from using them.
‘Our insurance situation is that we can’t offer meeting space without the people having their own insurance at the moment. Unless the group can afford their own public liability insurance, which is quite hefty for a small group, they can’t meet. So that stops any awful lot of community events and prevents social capital from building. And we are a public meeting place, we’ve got several rooms for hire and we host things as well — but we can’t do that at the moment. It came into place about two years ago and we had to really enforce it about a year ago and basically lock people out from meeting here, which was just awful.’ (female Coordinator)

Public Liability Insurance has forced Neighbourhood Centres into a position where they cannot afford to let out their rooms, depriving them of a much needed stream of independent income. Independent income is critical because of the low levels of funding and the above mentioned (see 7.5) problems with funding models which means Centres often do not have the resources to meet the needs in the community.
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APPENDIX

Questions for Neighbourhood Centre Coordinators

1. Gaps in servicing

Have you had any needs analysis/service mapping/program analysis done for your Centre? (If there are any documents that have been compiled on successful programs I would like to use these)

Is there a need in the community that has been identified but is not being addressed?

Do your services overlap with other services? [If yes] Why does this occur?

2. Key activities

Can you list the programs that your Centre is running?

3. Local issues

List three issues that you believe to be priorities for action in the community/ies you serve

4. Status of agencies within the communities they serve

How important are Neighbourhood Centres to the community?

What services do neighbourhood centres provide that wouldn’t be provided otherwise?

5. Threats to the Neighbourhood Centres

Are there any threats to your Neighbourhood Centre as a whole?

Are there any issues that threaten provision of current levels of service?

List three things that affect your Neighbourhood Centre’s ability to function in a more effective manner

Are there any problems/inconsistencies with the current process for obtaining funding?

Have LGA boundary changes effected your funding?

Would a merger of LGAs affect your Centre?

6. Funding agencies adherence to consultation protocols

What kind of consultation process do government funding bodies use with your Neighbourhood Centre?

What kind of consultation process do re-zoning bodies use with your Neighbourhood Centre?