

**REGIONALISM  
AND  
THE BROTHERHOOD  
OF  
ST LAURENCE**

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The Brotherhood of St Laurence has only recently moved to a partial localised model of management and service delivery. Prior to the development of a regional framework in the late eighties we operated a hybrid model that combined functional with a central project orientation.

In the core of Aged Care there was a Director of Aged Services until the early eighties. Aged Services tended to operate independently of other activities of the organisation (a cause of persistent tension amongst the staff).

Other services such as Material Aid, Napier Street Cottage and a range of Labour Market and Community Development activities operated on a fixed term basis. Some such as Material Aid have been sustained over a long period of time, others either closed down or were (in a limited number of cases) transferred to other agencies.

Chronologically this period covered the years late sixties to early eighties.

Crucial to an understanding of this period and of the current one is the nature of the external environment. It is probably a little trite to say that the social environment, including the way we operate today is vastly different from that previously in the 70's.

- (a) Centralised Governmental decision making
- (b) Unco-ordinated submission based funding arrangements
- (c) Absence of planning mechanisms at governmental levels (Policy of Laise fair)
- (d) Independence of large Non Governmental organisations
- (e) Informal relationships

The degrees of freedom available in the 60's - 80's were substantially greater than today. It is not the purpose of this paper to explore the outcomes for service delivery resulting from the planning/service delivery models of that period.

Sufficient to say the period was characterised by inequitable service development with the best services operating in areas with supplementary resources and technical skills.

It must be recognised however that the flexibility that such a system allowed did enable some creative service models to develop. These tended to emerge from informal associations and organisational reputations. For better or for worse the world we currently operate in is quite different.

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It is important that the organisation moves on from its preoccupation with the models of the 70's and tackles the issues in ways that recognise the changed nature of the external environment.

This paper will primarily focus on service planning and delivery. The way in which we operationally support this process (through administrative, financial means) while important will need to be based on the nature of our service model.

## **THE EXTERNAL ENVIRONMENT**

The way in which Community and Health Services are planned, structured and delivered is under considerable investigation. There is absolutely no doubt that mind set changes will occur within the next 2-3 years. In many respects the alterations to our system that have taken place in the last few years have been interim and/or preliminary adjustments that will enable a new service system to emerge.

For the first time the State and Commonwealth have come together (through the Council of Australian Governments) to plan an intergraded model of service planning and delivery. The voluntary sector will ignore the process at its peril.

## **KEY ELEMENTS OF NEW MODEL**

### **1. Governmental Regionalism**

Both State and Federal Governments have substantially regionalised their operations. State or Central offices now have strategic roles with regions having extensive delegations. Regional Office of governmental departments have local consultative and planning groups that seek to involve voluntary agencies.

### **2. Integration**

The most significant change for the sector will be the need to collaborate and develop partnerships with other agencies and state and Commonwealth departments. A major priority of Government in the development of new models is to eliminate duplication.

Particular emphasis will also be placed on the relationship between associated systems such as Health.

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A further development or stage of integration is a comprehensive move from individual service types i.e. Aged Care, Family Services to a model that combines or groups according to type of support required.

(a) **Generic Services**

- generally available i.e. Child Care

(b) **Continuing Support**

- social support, skill development

(c) **Risk Reduction**

- early intervention services

(d) **Crisis Support**

- short or medium term services

The model supplies and requires substantial ongoing involvement and collaborations at a local level. It also requires a move away from the functionally specific.

3. **Priorities, Outcomes and Funding**

As indicated earlier we have substantially moved from a submission based model of service delivery. The Commonwealth now sets the priorities and determines particular target groups to be assisted. It is of course their responsibility to ensure the needs of its various citizens are met equitably.

They also specify the particular outcomes required. The degrees of freedom available to participating agencies are limited.

4. **Client Focus**

Another major theme is that of client focus. Basically it means that the clients needs take precedent over those of the service provider. Services are required to meet the requirements of the client rather than the client fitting into the range of options provided by agencies.

This will in itself require service providers to develop more flexible service models. It will also mean shorter service life spans.

The cynic would suggest it is just another rationale for a movement of power from the NGO to Government.

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## **BSL AND SERVICE DELIVERY MODELS**

The options available to the organisation are quite limited if it wishes to continue to operate services either long term or of a limited duration.

The Brotherhood is one of Australia's largest multi functional agencies. With services in aged care, labour market, disability, youth, family services, housing and income supplementation we have a service range that while complicated, places us in a strategic position within the sector.

The independent or isolationist model of developing a project without community collaborations and participation has limited chance of success. Our last independent project "The Prevention of Youth Homelessness" arguably failed in Dandenong because it was centrally driven and lacked local support, co-operation and service links.

### **(a) Functionalism**

The concept of operating services across Melbourne (and beyond) using a "service type" model is not consistent with existing or emerging models of service delivery.

#### **i. Local/Regional Integration**

Key decisions are now made at local level. Agencies wishing to become part of the planning and delivery process are required to have a local orientation. While it would be possible for a portfolio Manager of Aged Services to operate in more than one region, as planning processes become more generic each region would require a key spokesperson.

#### **ii. Functional Integration**

A functionally specific Manager model would be substantially unable to relate to the service delivery integrations model that is currently being put in place. The focus will not be on the needs of the frail elderly but upon any people who are chronic users of service.

Each area in which we have services will need key workers who can negotiate across a wide range of service needs and areas. The key worker would need to be at a level and authority that would ensure integration took place.

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**(b) Generic Locations**

The key thread of almost all service planning and delivery policy is towards local planning and service decision making. One must at the same time distinguish between strategic priority setting and operational planning and delivery. It is clear that key organisational priorities, policies and standards must be centrally determined. The organisation sets the framework and regional operations develop models etc. within the constraints of the organisational paradigms.

A generic Regional/Local Service model (in most respects similar to that currently operating in Peninsula) is well equipped to address the various demands in the area. It also enhances our capacity to systematically address some of the ancillary elements of Directions 2000 such as leadership, advocacy, and Community Development.

1. Enhances broad participation in local networks and groups.
2. Allow agency to take a generic approach to service delivery.
3. Sensitivity to local needs.
4. Undertake leadership in the community at a level that can be measured.
5. Enhances local credibility.
6. Provides a framework for our advocacy responsibilities.
7. Strategically influence local service planning.

**CHECKS AND BALANCES**

There will always be a tension between localism and centralism. A perennial fear is that given a little autonomy, regional units will spin out of control. While one shouldn't discount the possibility of this occurring a range of measures are available to address the matter.

**(a) The Planning Process**

The Brotherhood of St Laurence now has in place a planning tool that provides a basis for parameter setting as well as outcome measuring.

**(b) The Budget**

The availability of funding will always limit the capacity of the unit to move too far or too fast.

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(c) **Services Development Committee**

The Committee should set service parameters and management the quantum of the programme.

(d) **Performance Review**

Not used in the past to hold General Managers and operations to agreed plans but should be the key mechanism whereby services outcome and performance is supervised.

**SUPPORT INFRASTRUCTURE**

The Regions currently are supported by a range of administrative systems. Their major focus being at the local level i.e. administration, accounting, personnel.

There are not doubt a range of ways in which they can be applied. Each in turn may require a different approach. For example payroll administration may best be delivered at the coal face while the administrative and processing elements of accounting could be handled centrally.

The key task is however to identify the critical points in the various processes that are best addressed either locally or centrally.

The conventional wisdom suggests that matters of a strategic nature are dealt with centrally. While operational activities are delegated down to localities, except where there are obvious advantages to be gained from central processing. I believe the separation of strategic from operational should be followed.

(a) **Finance, Budget, Accounting**

The operational supervision of finances budget etc should be co-ordinated at the local level.

The locality should be in a position to monitor and adjust the yearly budget. It should also be held accountable Detachment from accountability is a recipe for disaster. The locality needs the capacity to structure as well as monitor its budget.

(b) **Human Resources**

There would be little debate about the critical need for a strategic orientation for Human Resources. Human Resource Management is central to the organisations capacity to manage its asset's.

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The day to day handling of personnel matters should increasingly be the responsibility of the line managers. They need support and training to enable them to undertake the various responsibilities implied in this area.

Wherever possible issues should be addressed at the workstation level. The role of H.R. in these situations is to provide policy advise, training and advocacy.