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More Effective Social Services Inquiry
New Zealand Productivity Commission
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Methodist Mission Southern (trading as The Methodist Mission) responds to the Commission's questions (pp 68-73) as follows.

Q1 What are the most important social, economic and demographic trends that will change the social services landscape in New Zealand?

Economic, Social, and Demographic

- Continued depletion of population to Auckland leading to:
 - Fragile infrastructure in the provinces,
 - Lower numbers of entry-level jobs for low-skilled school leavers in the regions (persistent unemployment);
 - Increasing housing pressures in Auckland (housing poverty, overcrowding etc.).
- A rapid increase in the proportion of new job entrants who are Maori or Polynesian, c.f. the current over-representation of those groups in poor educational outcome statistics suggesting an increase in overall poverty rates, and concomitant lower tax take, and a skills deficit for high wage / high margin industries.
- Rapid increase in over 65s (increased health system costs and superannuation payments, elder abuse, housing poverty).
- And given the close correlation between overall incomes and health inequality and poor social outcomes, the ICT revolution is likely to reduce even further the supply of adequately paid low-skill jobs domestically and internationally.¹

Climate

While sea level rise is now thought unlikely to significantly affect Pacific Ocean atoll nations² and therefore create significant refugee populations, it is likely to affect much low-lying land in New Zealand (which in urban centres like Dunedin tends to be occupied by lower-income families).

Using South Dunedin as an example: the mean tide water table level is currently between 25 and 45 cm below the surface. Council already has to pump seawater out of the storm water system at high tide. It might take as little as 20 years for large parts of this suburb, housing nearly 10,000 people, to revert to swampland (without additional, expensive, remediation). The bulk of the housing is rental stock. The

¹ <http://www.economist.com/news/special-report/21621237-digital-revolution-has-yet-fulfil-its-promise-higher-productivity-and-better>

² <http://theconversation.com/dynamic-atolls-give-hope-that-pacific-islands-can-defy-sea-rise-25436>

average household income is just on \$20,000 p.a.

The implications for internal migration and social housing (whether privately or publically held) given its general illiquidity and the irretrievable loss of capital invested in properties that will be affected by climate change are considerable and all the more so when scaled to a national-level.

Technological

The social services sector now has the ability (although only just, deployment is present amongst only a few providers) to focus on the wellbeing shifts in clients/whanau (a usable and impactful science-of-how-to-do-the-work is now available), and to deliver meaningful and reliable data in real-time for both policy making and decision taking.

Adequately rolled out this should prompt significant realignment of funding in the sector to what is provably working, what can be scaled across populations and areas, and allow for more coherent R&D (testable propositions).

Q2 How important are volunteers to the provision of social services?

It depends on the definition of "social service". The Mission agrees with Hess³ that successful social change strategies can be described as being one of three types:

- Community Development
- Community Building
- Community Organising

Hess says that for successful change to occur, **all three must be brought into play**, and that the hallmarks of each are in how they **engage, lead to, or spring from, the other two strategies**. That is:

- Community Development should transfer expertise and funding (e.g. leadership training and development) to support Organising and deliver programmes and services that support Building;
- Community Building should deliver data toward policy and programme design to Development activities, and surface issues and leadership that can support Organising;
- Community Organising should commission programmes and work in such a way that reinforces and nourishes Building.

The Mission's view is that Community Building and Organising activities must of necessity and design be highly reliant on volunteers.

But for Community Development/Service Delivery activities it is critical that services use the best science possible (which is now considerable), suggesting a very strong need for professionalised provision. The Mission does not, therefore, support a substantial role for volunteers in Community Development/Service Delivery activities.

Q3 What role do iwi play in the funding and provision of social services and what further role could they play?

The Mission is strongly supportive of high efficacy Kaupapa Māori and Pacifica providers working within their communities.

We see a role for a Te Ao Māori accreditation agency to ensure general agencies are working to an

³ <http://comm-org.wisc.edu/papers.htm>

appropriate bicultural standard.

And we see a role for Iwi in the commissioning of social services for their communities.

Q4 What contribution do social enterprises make to providing social services and improving social outcomes in New Zealand?

The Mission is aware of two types of social enterprise:

- Those that exist to employ clients in a “near-work” environment, funding their activities wholly or mostly from tradable activities (e.g. the Dunedin Disabled Person’s Society t/a Cargill Enterprises⁴);
- Those that employ generally and devote the profit from trading to charitable purposes (e.g. Sanitarium or the Salvation Army’s Family Store).

The Mission acknowledges that purposeful occupation is critically important as a pro-social, pro-achievement, activity.

Yet there are significant ethical considerations associated with the near-work environment social enterprises. Firstly in the treatment of the workforce, who if disabled are often paid a percentage of the minimal wage in line with the percentage to which they are considered disabled, and who generally require considerable and expensive third party support in order to participate.

This is sometimes criticised as a patronising faux-employment rather than a genuinely dignity enhancing activity, and there is also criticism from the commercial counterparts to these enterprises who find themselves competing with a subsidised workforce.

In terms of the latter group (e.g. Family Stores) there are concerns with “tail wag the dog” consequences where an operation set up as a cash cow takes over the identity and strategic framework of the broader organisation; and in the general capacity of the Social Service workforce to operate in a classically commercial manner (given how many NGOs struggle to operate successfully in the not-for-profit sector).

The Mission is aware of one charitable organisation that entered into a commercial trading environment in the mid-2000s, made a host of poor decisions, and nearly wiped out their core business (counselling) of which they were the only funded provider in their provincial town. This after their FTE staff in the trading arm went from 3 to 47 in the space of two years (compared to their core counselling team FTE of 2.5).

The estimation of the Mission is that while there is a niche for social enterprise, particularly as research and development exercises, they provide far less long-term benefit than their press would suggest and far greater risk to public good services they are intended to support.

Q5 What are the opportunities for, or barriers to, social-services partnerships between private business, not-for-profit social service providers and government?

There appears to be a number of ideas at play in this question:

- a) That business can be so more efficient as funders of or deliverers of social services that there is room for drawdown of profit – which will always be businesses’ price of entry, however their participation is constructed;
- b) That social service organisations would benefit from the deployment of a more commercial skill set, especially in the areas of product design and implementation, productivity and labour force

⁴ <http://www.cargillenterprises.co.nz/>

management, and horizontal and vertical integration;

- c) That transitioning non-working clients of working age into work should be a focus of much social service delivery, and that the engagement of business in social service delivery would ease that transition.

Businesses as Providers

Assuming that were there sufficient profitability in the current social services sector, business would already be heavily involved; the Mission understands profitability in the sector would have to be improved by the principal funder in order to get greater business involvement. Classically, profitability can only be improved by one of the following:

- Increased volume (with no increase in fixed costs). Volume is controlled by government contracting. Unless government is willing to expand the market so that business can enter, there is no room for improvement here.

However, if government were willing to expand the market, it is unclear why business would do any better than NGO providers.

- Increased prices (with no increase in costs or drop off in volume of sales). Pricing is controlled by government contracting. Unless government is willing to increase prices so that business can enter, there is no room for improvement here.

However, if government were willing to increase prices, it is again unclear why business would do any better than NGO providers.

- Decreased fixed costs. Reductions in fixed costs are more likely to come from increasing the average organisation size (scale). Business may find some interest in this opportunity, but will likely focus on the major centres where the volume of staff will be such that it will be possible for businesses to systemise their infrastructure to the extent required.

The Mission notes that there are already several large NGO providers with systemised infrastructure, and the sector is seeing a large number of mergers already underway. We are unclear as to what business will bring that NGOs could not at the same scale.

- Decreased variable cost. Wages generally constitute 70% or more of social sector agency costs and NGOs typically pay their staff between 75-80% of the going rate for the job (repeated recruitment firm surveys over the last 10 years).

There seems little room for an immediate decrease in variable costs, and doing so over time will require an increase in productivity.

Productivity could be raised with the deployment of a higher skill set in both the front line and in management (see below) but this is likely to cost more in the short term.

That is: labour unit costs will likely have to rise before any productivity gain can be achieved.

And this will likely also require a scale in organisation size (to support best-in-class productivity tools i.e. infrastructure demands) that will be ill suited to the provinces, unless there is a radical reorganisation of the current competitive NGO market into something approximating the Public Health Organisation way of arraying services (see our response to Q10).

In the event that prices were raised (see above), however, the Mission understands that NGOs would be highly likely to deploy their additional income toward improving services and the quality of

staffing.

Business may find some interest in this opportunity, but will likely focus on the major centres where the volume of clients will be such that it will be possible for businesses to focus on the theoretically easy to resolve caseload in sufficient volume for it to be profitable.

And again, the Mission notes that there are already several large NGO providers with systemised infrastructure, and the sector is seeing a large number of mergers already underway. We are unclear as to what business will bring that NGOs could not at the same scale.

In addition to these limitations there are some additional concerns raised by the entry of the commercial imperative into the provision of social services. These are:

- The likelihood that business will balk at the current onerousness of current government contract conditions, the short-term nature of the contracts, and short lead-in times for new delivery. Were government to ease these conditions it is likely business may become interested, but at the same time, were government to ease these conditions, NGOs would be equally able to respond creatively.
- Commercial services are traditionally operated to the rules of scarcity (driving both pricing and product design), which conflicts significantly with the essential nature of common or public goods which are traditionally shared and are beneficial for all or most members of a given community.

Social services, of course, are generally defined as a common good because of the wider impact on society of lower crime rates, reduced health and social welfare costs, and higher income taxpayers (higher education, lower unemployment, and lower absenteeism).

This gap shows in the significant ethical costs on practice that generally arise when for-profit providers enter the market. We see this now in the commercial aged care industry where major providers make record profits⁵ while the workforce is subject to inequitable⁶ rates of very low pay, *all* at the taxpayers' expense (both for the funding of the industry but also in the lowered tax take and higher Working for Families payments required by the workforce).

- The lack of tailoring to local conditions that results from mass scale enterprise. This is particularly of concern in regards social services which are generally constructed to specific demographics and economic conditions. For instance, Nelson has the lowest proportion of population aged 15-24 of any provincial centre in New Zealand. Dunedin has no primary industry to speak of and no entry level jobs (but very high numbers of youth associated with tertiary education). Provision in the two towns is structured very differently.

Associated with this concern, is the lack of feedback loop that results from mass scale enterprise housing its decision-makers in localities other than their service delivery. The opportunity for local innovation and for enhanced collaboration is much reduced when management and governance are not routinely engaged in the community of delivery.

Commercial Skills

However, there is an argument to be made that leadership within the NGO social service sector is too homogenous and insufficiently trained particularly in the areas of product/service design, risk management, productivity and labour force management, quality control, and supply chain management.

This is likely the product of several factors:

⁵ <http://www.stuff.co.nz/business/industries/10050398/Ryman-celebrate-record-profit>

⁶ <http://www.stuff.co.nz/the-press/business/9681673/Appeal-Court-hears-case-for-pay-equity>

- In the personal experience of the writer, the sector has for some time repudiated the value of business management techniques, preferring to focus on organisational-culture management matters.

Government has made some moves to address this in the last few years with the Capability Assessment Tool in 2013 and CIR funding over the last 3 years. More of this kind of support would assist as change is tentative amongst SME NGOs, especially in the provinces.

- Managing a non-profit organisation with more than one government contract is a far more complex exercise than running a commercial organisation. The purchaser and the consumer operate independently from each other, funding is low and non-negotiable, external regulation is extraordinarily high particularly for multi-disciplinary providers, validation is low, accountabilities are extremely high, consumers are generally held in low esteem by the funder (taxpayers), and standard competitive practices are frowned on by all (e.g. paid fundraisers).

Put simply we are confusing, complex, and frustrating to have to govern or manage and this inhibits those with commercial skill sets engaging. Were the sector better able to demonstrate its achievements (see "Technological" under Q1), some of these potential employees might be secured.

- The sector pays between 75-80% of the going rate for the job. Potential employees with strong commercial skills generally find their employment elsewhere. Raising the average remuneration would assist, although the Mission recognises this would require government to up its spend (see the productivity argument above).
- The sector has no mechanism for easily negotiating mergers or takeovers in the way that the commercial sector does. There are no shareholders, bankers, venture capitalists, or mentors brokering collaboration initiatives, and there are few if any measures with which an organisation can benchmark itself to other agencies.

There is therefore, no mechanism for surfacing, testing, or building, the kind of commercial skills described above from within the sector. Specific training has also been weak with qualifications such as the Unitec Diploma in Not for Profit Management retaining a heavy focus on organisational culture rather than commercial management tools.

There are a number of agencies which might be encouraged to step into this space including Community Investment (a division of the Ministry of Social Development), the Community Development Group of the Department of Internal Affairs, or the Social Sector Trials (once at maturity).

Transitioning Non-Working Clients into Work

In provincial New Zealand where alternatives to school are limited, there is considerable room for greater involvement of business in the transition of non-academic youth from school to work, as in the Otorohanga Youth Programme⁷.

We note that this is complicated in regions where the match between industry and the population of NEETS (not in education, employment, or training) is poor, for example Dunedin. The three largest employers in Dunedin are all white collar (University of Otago, Southern District Health Board, and Local Government).

In those regions the creation of trades' academies *within* the school system is more likely to generate the best outcomes for NEET youth.

⁷ <http://www.otorohanga.co.nz/youth-programmes.html>

Q6 What scope is there for increased private investment to fund social services? What approaches would encourage more private investment?

In responding to this question, the Mission has presumed that the Commission is referring to social bonds or similar arrangements.

As yet, there is little evidence of enhanced provision as an outcome of social bonds and some evidence of significant failure⁸.

There is, however, inherent additional expenditure in the form of the intermediary and independent assessor costs and the “financial return” paid to investors when delivery is successful.

Given that government is set on no additional investment in the sector, these extra costs are likely to be met from within the existing quantum of funds already in play.

This funding model is likely to be risk averse and like most modern investment programmes focussed on very short-term results.

It assumes that private investors have sufficient capability to assess social return and delivery of social services yet there is no evidence that this would be the case, and the overall concept experiences many of the deficits of commercialisation outlined in our response to Q5, above.

Alternatively, if government is willing to increase its spend in the sector to provide for a level of profit for investors, then the Mission can see no reason why NGOs would not be able to achieve similar productivity improvements as business (as per Q5).

Q7 What capabilities and services are Māori providers better able to provide?

See Q3.

Q8 Why are private for-profit providers significantly involved in providing some types of social services and not others?

The Mission notes that this question includes the provision of Early Childhood Education and residential aged care both of which heavily target families with disposable income and the bulk of which may be considered generic, that is, there is no social “problem” that is being fixed by these services, and retention in the service is generally the definition of a successful outcome.

These services can therefore be easily scaled, require little tailoring, and average performance is generally regarded as satisfactory.

Social services that focus on the remediation of deficits or maladaptions in the family/whanau system are, however, none of those things (easily scalable, off the rack, and/or accepting of average performance).

The overseas evidence from involvement of for-profit providers in the classic social services (e.g. Atos Healthcare in the UK) suggests the industrialised for-profit model has substantial risks when applied to remediation / resiliency services, including, in Atos’s case the distressing early deaths of dozens of their clients⁹ and a now 18-month backlog¹⁰ faced by the new provider.

⁸ http://en.wikipedia.org/wiki/Social_impact_bond#Benefits_and_Costs_of_social_impact_bonds

⁹ <http://www.theguardian.com/commentisfree/2012/jul/31/disabled-people-benefits-panorama>

¹⁰ <http://www.theguardian.com/society/2014/nov/08/fitness-to-work-assessment-backlog-maximus-health-services-atos>

Q9 How successful have recent government initiatives been in improving commissioning and purchasing of social services? What have been the drivers of success, or the barriers to success, of these initiatives?

The Mission's short answer is that we defy anyone to say that they have robust evidence with which to answer this question.

The core issue is that very few data are available on what works and what doesn't. In May 2011, Professor Sir Peter Gluckman wrote¹¹:

On the other hand it is clear that an evidential approach is not being systematically used in deciding what programmes to offer and which to maintain. Too many programmes appear to have been started on the basis of advocacy rather than evidence or have characteristics which cannot scale. As a result opportunities are being lost and funds are being wasted on programmes that will not achieve their objectives. This reflects a general lack of critical decision-making in developing, applying and monitoring programmes in the social domains. Just because an intervention appears promising in the short term, or is promoted by anecdote, does not mean that it is effective over the long term.

The situation has not changed much in the intervening 3½ years. The Ministry of Social Development runs no coherent database for service provision. There is no tracking of outcomes, clients, spend per client, efficacy by spend. MSD cannot even say how many individuals or families were supported by services they funded for any of the last 10 years. They can only report on the number of cases or walk-ins, with no accounting for duplicates.

Social service agencies for their part are extremely poor at internal monitoring. While the few, larger, social service providers do have electronic systems, very few of these can produce any reliable evidence of meaningful outcomes.

In addition, evaluations of programmes tend to be expensive and rare. For instance, Family Start, a \$40m p.a. national programme that has been running since 1998 is reputed to have been evaluated only once, in 2005, at one site.

There is now, quite a lot of internationally validated research into what does and does not work in social service delivery. There are a few systems for monitoring and evaluation that can be built in to delivery and run (once established) at a lower cost to an agency than the current briefing / debriefing model.

There is even a way of monitoring overall client resiliency and progress in a quantitative manner (called Partners for Change Outcomes Management System or PCOMS)¹².

However, were government to adopt these as its base standards, there may still be issues with roll-out. These issues lie at the core of what isn't working within the sector: the fractured, competitive nature of much of the provision, the insistence on the "perfect market model" (multiple providers in the same area delivering the same service), the low pay rates, the lack of research and development, the palliative and event-based nature of much of the intervention, the lack of workforce development, and the dividing up of provision by agency rather than geography.

The Mission notes again, that the contracting of multiple providers bring no price advantage to government, as successive governments have all set the price for the work prior to tendering.

¹¹ Page viii, Improving the Transition Reducing Social and Psychological Morbidity During Adolescence

¹² www.heartandsoulofchange.com

Successive governments have struggled to have a coherent aim for the impact of the work undertaken, preferring to count throughput and very few agencies and certainly no recent government has engaged in much if any market research amongst the clients.

Q10 Are there other innovations in commissioning and contracting in New Zealand that the Commission should explore? What lessons could the Commission draw from these innovations?

The Mission considers there are three significant opportunities for improving outcomes in the sector:

Recognise the Nature of the Work

The current focus is on “fixing” the laundry list of problems clients are experiencing and there is little evidence, if any, that this approach has any efficacy above placebo and natural remission rates.

If we want change in our social statistics we must develop skills in the client group so they can better operate their lives.

New Zealand’s social services workforce is dominated by three core ideas that simply do not stand up to scrutiny.

- That families needing help do so because they have experienced a failure “event”;
- That holistic engagement will deliver the best results;
- That problem solving empowers the client.

In reality:

- Failure events are usually symptomatic of longer-standing maladaptions in the family system than they are of A Thing Going Wrong. Some families have out of the blue traumatic failures, but the bulk of those families receiving social services support have multi-systemic, multi-generational, issues, of which the latest crisis is a manifestation, not a cause.
- In practice, holistic engagement operates more to keep the family stuck needing help than it does to free them. The evidence now strongly supports the clients picking one issue to work on at a time¹³. The development of skills (self-management, decision-making, consequential thinking, delayed gratification, interpersonal skills) that occurs as that is worked through can then applied to the secondary and tertiary level issues (if they still exist).

In the Mission’s experience (now validated with data), sequencing the work produces shorter engagement times and higher success rates, and secondary issues tend to disappear in the face of the clients’ enhanced skill sets.

- Problem solving creates no future ability on the part of the client, does nothing for overall client resiliency, and the solution can often be a poor fit for the family, as they are silenced in the process^{14,15 16}.

¹³ <https://heartandsoulofchange.com/content/resources/viewer.php?resource=article&id=59>

¹⁴ http://www.socialworker.com/feature-articles/practice/10_Things_I've_Learned_From_Clients/

¹⁵

<http://books.google.co.nz/books?id=36DrAwAAQBAJ&pg=PA279&lpg=PA279&dq=silenced+by+social+worker&source=bl&ots=a3x6Cjt3pn&sig=1oLiv5ycSyoAWSwTA5JNeyr72Bc&hl=en&sa=X&ei=Bl1RVLiSM4TWmAX33YHgDw&ved=oCCYQ6AEwAg#v=onepage&q=silenced%20oby%20social%20worker&f=false>

¹⁶

https://www.google.co.nz/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=oCBwQFjAA&url=https%3A%2F%2Fwww.soa.org%2Ffiles%2Fsections%2FDOn-t-Solve-The-Problem.pdf&ei=6V1RVPKzKYXPmwWznYH4BA&usq=AFOjCNHZwgoiFzzZ8Y08Gf_MYVIEYr9NfA&sig2=BL8RYU9Ocb5YQN6E8B8sMQ&bvm=bv.78597519,d.dGY

The Mission is not proposing that social work engagement be replaced by night classes.

We point rather to the disability support sector where work is ongoing, complex, and most often 1:1, but still manages to incorporate a learning/developmental cycle for the clients: they make positive adaptations, deploy external resources, and seek to improve the management of their circumstances.

If we are to reduce the overall levels of social service assistance required in New Zealand, then the aim must be that regardless of the duration of the engagement, the client leaves with more self, life, and family, skills than they began the encounter with. After all, it is the lack of these resources that has contributed to the degree of need for help in the first place.

Standardise Provision

The Mission does not understand why the social services sector does not operate a model similar to that of the health sector; in particular the arrangement of medical practices all with distinct micro-local characteristics, overseen by a geographically bound (generally regional) Public Health Organisation (PHO), referring into specialist, more regionally based secondary and tertiary provision.

- We know that all families need help from time to time, as we know that all people face health cares from time to time. We know that there are populations where the social service need is higher (low-income neighbourhoods), as we know that there are populations where the healthcare need is higher (those aged over 65).
- We know that the bulk of the work requires only generalist support with referrals to specialist intervention for a smaller proportion of the population, and we know from the single desk experiment in Christchurch, the Early Years Hubs, and Whanau Ora, that single-site accessibility to services eases access; as we know that GP practices based in neighbourhoods eases access.
- We know that statutory intervention is required for a concerning, persistently present, but statistically small proportion of the population as it is in mental health (with its emergency psychiatric services, mandated and forensic wards).
- We know that much of NGO sector work is so prescribed by contract that for the bulk of the work social sector agencies are interchangeable (evidenced also by multiple providers in a single town holding the same contract, e.g. Parenting Through Separation); as was the case with Primary Health Organisations pre-rationalisation.
- We know that the most “distinctive/characterful” services provided by NGOs and valued for their efficacy tend to be secondary or even tertiary services; as is also the case in the health sector, but that local flavour amongst GP practices in response to their micro-local conditions.
- We know that government controls the pricing, as they do in health, so the market model is largely redundant.
- We know that research and development is largely funded by third party sources (philanthropic giving, grants etc.); as it is in health (Marsden, Callaghan etc.).
- We know that the data sets available through Statistics New Zealand by geography should allow for predictions of social service demand and population-based funding (because poverty and demographics are the major predictors), much as is the case in health.
- We can reliably hypothesise that bringing the bulk of generalist provision together in neighbourhood centres will allow for better quality control (internal and external) and drive the use

of the best science, as it has in health.

- We can predict that neighbourhood centres would support the establishment of cross-disciplinary teams, lower competition between providers, and reduce infrastructure and marketing and recruitment costs, in the way it has in health.
- We can also predict that neighbourhood social service centres would be viable in even relatively small semi-rural communities (in our catchment these would be Milton and Balclutha) as are GP practices, supported as they would be by a wider regional PHO-type structure.
- We know that self-funded alternative interventions (e.g. talking tours, kids camps) are present as they are in health (e.g. homeopathy), and generally with the same degree of evidence for impact.

The Mission proposes the Commission consider the efficiencies, enhanced quality assurance (efficacy), and organisational simplicity of moving to a PHO type model for delivery.

Be Driven by the Data

One of the long-standing barriers to improved productivity in the social services sector has been the lack of a reliable method for generating data on client engagement and progress.

This coupled with the fractured nature of the sector, resistance to anything other than narrative accounts, and the relatively low-skilled nature of the sector's management and governance; has generally meant that it has not been possible to identify what works, and even then, why it works.

The Mission reports to you that we have proto-typed, implemented, and is now mentoring other organisations in the use of QualityWorks – a nine element quality assurance system that has at its heart the PCOMS tools for measuring client resiliency in real time, in a numeric format.

We are not the only provider who has experimented with systems like this, although it is our understanding that we are one of a very few that are currently able to generate high quality quantitative data on outcomes (and staff productivity).

But it is now possible to know. To know how many clients, for how long, how often, from what address, with what demographics, needed what kind of help, what resources it took to do that work, and how it worked out.

Were the Ministry of Social Development to know that across all of its funded providers, the opportunities for enhanced targeting would be immense.

Even putting aside the outcome measurement aspect, it is unconscionable that Government is not doing what it manages to do in post-secondary education via the Tertiary Education Commission's SDR process: gathering in regular, electronic reports, on the basic bio data and educational performance of students.

Q11 What other international examples of innovative approaches to social service commissioning and provision are worth examining to draw lessons for New Zealand?

We have no comment to offer at this time.

Q12 What are the barriers to learning from international experience in social services commissioning? What are the barriers and risks in applying the lessons in New Zealand?

There are four barriers of concern to the Mission:

Nature of the Provider Base

In the UK, local authorities control the distribution of funding/provision of education, health, police, and social services, this allows for greater local tailoring and integration. As a result there are fewer, but more coherent, providers. In New Zealand that is not the case. Picking up UK commissioning of services and not amending for the New Zealand funder/provider context would be a mistake.

Size and Distribution of (Client) Market

New Zealand is extremely unusual in international terms for having a third of our population in just one city. Our provinces have relatively scattered populations. This distortion is unique to us. Services provided overseas often operate off higher economies of scale and more tightly grouped populations.

Failure

New Zealand chose to invest in Charter Schools just as the model was imploding in the UK and US (corruption and low achievement.)¹⁷. We have adopted national standards for our primary schools and unrealistic targets for NCEA achievement in our secondary schools, just as these are being shown (again the UK)¹⁸ to lead to grade inflation, and stagnation and decline in PISA rankings.

The Mission suggests that it would be good practice to wait for innovative overseas models to enter maturity, ensuring all the consequences have been adequately identified, before we look to adopt.

Indigenous and Immigrant History

The crown's relationship with Māori via Te Tiriti o Waitangi and our colonial history with Samoa, Tonga, the Cook Islands, and other Pacific Islands Nations provide the crown with specific obligations that overseas social services are not tailored for, nor recognise.

While New Zealand has much to do to better the social statistics of Maori and Pacifica citizens, it is abundantly clear that Australia and Canada, the US, China, French Polynesia, (the list goes on), are hardly exemplars on how to get it right.

Q13 Where and when have attempts to integrate services been successful or unsuccessful? Why?

Noting our point in Q10 and Q30 as to the lack of brokerage mechanisms in the NGO social services sector, it is the Mission's experience that NGO providers struggle to integrate at the strategic level because of the short-term and extremely competitive funding market.

However, the Christchurch single-desk pilot (prior to the earthquakes) was a significant innovation, due almost entirely to the leadership of the 5 agency Directors in post at the time.

There are a small number of integrated contracts (where it is the funders who are brought to collaborate through a single instrument, rather than the providers), but these appear to suffer from a lack of coherency in the quality control expectations (who audits? to what standard?).

More typically integration has worked when mandated in multiple agency contracts (e.g. Early Years Hubs, Whanau Ora). The Mission's experience, as an Early Years Hub provider, is that this mechanism works relatively well.

Q14 What needs to happen for further attempts at service integration to be credible with providers?

The Mission recommends the Commission:

- Establish a strong vision for the impact of service provision – how will New Zealand be different?;

¹⁷ <http://www.theguardian.com/education/2011/nov/28/us-charter-academies-free-schools>

¹⁸ <http://www.listener.co.nz/commentary/editorial/true-merit/>

- Establish a testable, evidence-based, logic model for the provision of services (something long missing) to meet that vision;
- Establish mechanisms for the assertive promulgation of evidenced best practice (many providers are simply unaware of what is possible);
- Accept that there will be losses from the provider community during the transition process.

Q15 Which social services are best suited to client-directed budgets? What would be the benefit of client-directed budgets over existing models of service delivery? What steps would move the service in this direction?

Answered jointly with:

Q16 Which social services do not lend themselves to client-directed budgets? What risks do client-directed budgets create? How could these risks be managed?

Under the current, fragmented many-small-providers model, the Mission sees that only generic, non-problem-centric services (e.g. Early Childhood Education, residential aged care services) are suited to client-directed budgets.

The limitation in the current market model is that the assumption of perfect knowledge (the clients are aware of all of the providers and can adequately choose) is wrong. By definition, this is a client base with restricted information resources.

Also incorrect is any assumption that providers will refer on the basis of fit rather than financial advantage.

Under a Public Health Organisation (PHO) style system, however, the Mission contends that a basic infrastructure grant plus “bums on seats” funding would not be inappropriate for first tier provision of service delivery (rather than participative activities – see Hess reference under Q2).

In any system, wholly client-directed funding for community building or community organising activities would be inappropriate as they are not service delivery activities (see Q2); nor is client-directed funding likely to be appropriate for any pilot or research projects.

Q17 What examples are there of contract specifications that make culturally appropriate delivery easy or more difficult?

The Mission is a general (i.e. non Kaupapa Māori) provider. Almost all of our contracts require us to self-certify in some way our adherence to the (principles of) the Treaty of Waitangi.

This seems extraordinary in a time when our early childhood centre receives its certification of proficiency externally (ERO), our foundation education arm gets its from NZQA, and our Early Years Hub gets its from CYFS.

The Mission is concerned that many providers who have policies and procedures that they themselves are satisfied with in regards to bicultural practice may have had no independent, appropriately qualified third party certification of same. We are keen to see the establishment of Te Ao Māori certification agencies.

Q18 How could the views of clients and their families be better included in the design and delivery of social services?

To almost every degree imaginable.

There is currently very little collection of client-derived information on the quality or experience of their receipt of service, or on the design or delivery of services. Government does not contract for this, and what is not contracted for, is generally not undertaken.

What there is frequently comes from worker impressions within a limited scope of engagement. Noting the probable, unintended, contamination of that information stream by worker interests, the Mission suggests this is a highly unreliable source of data.

The social services market is rare in that the service purchaser (usually government) rarely if ever talks to the service consumer, and the service provider generally attempts to talk as little to either group about their aspirations, caught as they are between inexact models of delivery and a punishing contracting environment.

The Mission uses the Partners for Change Outcome Management System (PCOMS)¹⁹ which captures the clients goals, measures progress and significantly, measures the quality of the alliance between practitioner and client (as it is a major predictor of success). Engagement is highly targeted to the client's aspirations, needs and resources.

We are strongly supportive of greater inclusion of the client voice in the design and delivery of social services.

Q19 Are there examples of service delivery decisions that are best made locally? Or centrally? What are the consequences of not making decisions at the appropriate level?

As in all things, for effective outcomes, any decision-making should be undertaken by the people closest to the impact. Management literature is full of examples of this rule being ignored and the consequent failures that arose.

New Zealand is not a one-size fits all country. The demographics in Otago-Southland are significantly different from those in Northland, despite both being geographically large provinces with only a few significant population clusters.

There are two critical questions: how much money reaches a given geography and for what outcomes; and how that funding is arrayed to best achieve those outcomes.

The Mission suggests that a population funding model managed centrally would resolve the first question.

The second question requires a locally-derived solution set.

Most importantly those solutions must be created by a more coherent, more skilled, and more representative leadership (including Boards) than is currently present in social services delivery particularly in the provinces. See our answer to Q10 for a proposed mechanism.

Q20 Are there examples where government contracts restrict the ability of social service providers to innovate? Or where contracts that are too specific result in poor outcomes for clients?

Contracts that focus on the remediation of the symptoms of client or family dysfunction often restrict the client's ability to take full advantage of assistance, and to miss out on the sense of achievement when positive change happens.

For example, if we are funded to help a 13 year old stay in school, stay out of trouble with the police, and stay off drugs, and the first thing he wants to tackle is giving up smoking, neither he nor the Mission can

¹⁹ www.heartandsoulofchange.com

claim the win. Yet the smoking is the activity that brings him into contact with the other kids who truant ...

The Mission's view is that outcomes more focussed on general client resiliency and life performance, rather than remediation of symptoms of dysfunction would provide far greater opportunities for innovation and for satisfactory contract performance by providers.

Q21 How can the benefits of flexible service delivery be achieved without undermining government accountability?

The Mission suggests that it is possible to significantly enhance data collection, provider transparency, and overall agency accountability, while improving the flexibility of delivery; when overall client resiliency and wellbeing become the primary outcome (see Q10).

The Mission's view is that outcomes more focussed on general client resiliency and life performance, rather than remediation of symptoms of dysfunction would provide far greater opportunities for innovation and for satisfactory contract performance by providers.

Q22 What is the experience of providers and purchasing agencies with high-trust contracts? Under what circumstances are more relational contracts most likely to be successful or unsuccessful? Why?

It depends on the definition of "successful". If the Commission means "completed" then the High Trust Contracts are a biased sample – the initial proposal was that only those agencies thought to be able to achieve the contracts were offered the relational contract.

Having said that, we found High Trust Contracting an easier process to engage with, and we were able to take advantage of our HTC to innovate in our reporting to the funder.

However, the Mission is not clear that this model of contracting did anything substantial to affect productivity or efficacy in the sector overall.

Q23 Do Crown entities and non-government commissioning agencies have more flexibility to design and manage contracts that work better for all parties? Are there examples of where devolved commissioning has led to better outcomes?

We have no comment to offer at this time.

Q24 Are there examples of where government agencies are too dependent on particular providers? Are there examples of providers being too dependent on government funding? Does this dependency cause problems? What measures could reduce dependency?

By observation and major media reports the Salvation Army is in a position of trust with the Government, being singled out as a contract provider before even tendering for said contract^{20 21}.

Here in Otago-Southland there are suggestions of contracts being rolled over despite suspicion of poor quality provision because government funders have not had the tools (data) to refuse the current contractor.

The notion of providers being "too" dependent on government comes from the idea that providers are organisations of special and independent character pursuing their own ends, some of which may coincide with those of government. This is the traditional definition of the relationship between government and

²⁰ <http://www.3news.co.nz/nznews/state-housing-sell-off-worth-5b-2014100618>

²¹ http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11224123

the charitable sector, but has become harder and harder to evidence since the reforms to the social services sector started by the 4th Labour government.

In practice, very few social service providers who have substantial government contracts are doing much that is special or independent of government endorsement. In example, foodbanks run by the major faith-based social service agencies now receive many of their referrals from Work & Income. Some even have front of house offices in W&I Community Link Centres²².

The charitable sector has not had our special and/or independent character stripped from us. Where it has been lost, it is because volunteered it in return for stable income.

If the complaint is that “the community” is silenced, however, then the Mission takes exception. Noting the distinction between Community Development / service delivery agencies, and participative Community Organising and Building activities, as per Q2, service delivery agencies with our professionalised workforce, seldom based (let alone resident) in the communities we service, are not and have not been for some time, representative of those we work with.

We are not our clients, we do not gather their voice, we frequently do not even gather their feedback on our services. The equation of social service community organisations with the community they service is, with a few honourable exceptions (typically Māori and Pacifica organisations), a conceit.

The Mission is not uncomfortable with a dependent third party provision of the bulk of generic social services as per the provision of primary health via PHOs (see Q10). Those that wish to embrace a special character or independence have always been able to do so.

Q25 What are the opportunities for and barriers to using information technology and data to improve the efficiency and effectiveness of social service delivery?

The opportunities are considerable. The Mission has seen a considerable leap in productivity since we instituted our QualityWorks system which includes the use of android tablets, web-based client management software, key performance indicators, and a significant in-house analytic engine.

The productivity of our social worker and foundation education teams has increased several-fold. We are a far more effective and far more efficient organisation than even 12 months ago: initial contact has reduced from an average 13 sessions to 3.1, and contact for a second reason for service is now only 2 sessions.

The primary barrier is the lack of knowledge in the sector as to what can be achieved. It is the problem described by Donald Rumsfeld, former US Secretary of Defence in 2002:

there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns -- the ones we don't know we don't know.

Simply put, many in leadership in the sector do not know what they don't know about ICT, and this knowledge deficit is holding much of the sector back.

Q26 What factors should determine whether the government provides a service directly or uses non-government providers? What existing services might be better provided by adopting a different approach?

The Mission recommends that any services relying upon statutory authority be retained under the direct control of the state.

²² <http://www.workandincome.govt.nz/about-work-and-income/community-link/locations/southern/gore.html>

Q27 Which social services have improved as a result of contestability?

None.

As the price is set by Government and reliable performance data is rare, contestability in the social services sector has traditionally been a question of character, not a competition for excellence.

As well, there is little in the way of in-house research and development undertaken in the sector, typically this occurs when organisations or key staff split off and start up in competition. Inertia has had a greater impact on the shape of the sector than contestability has.

However, all services subject to accreditation or external quality assurance have improved considerably over time as a result of external standards setting and evaluation. We draw the transformation over the last 20 years in foundation education provided by PTEs via TEC funding, to the Commission's attention.

Compliance has also driven a sharp increase in the minimum economic size of social sector organisations as greater and greater infrastructure has had to be afforded to meet the conditions set.

Q28 What are the characteristics of social services where contestability is most beneficial or detrimental to service provision?

Not applicable (see answer to Q27).

Q29 For which services in which parts of New Zealand is the scope for contestability limited by low population density?

The entire country excepting Auckland, Christchurch, and Wellington.

Q30 Is there evidence that contestability is leading to worse outcomes by working against cooperation?

While contestability as it occurs now brings with it extraordinary costs for the NGO sector, the Mission believes the primary barrier to cooperation lies elsewhere.

Noting that the NGO sector has none of the third-party mechanisms (shareholders, stockbrokers, bank managers) for structural collaboration that exist in the for-profit sector, collaboration and merger are generally the province of leadership.

Moreover, the agents with the greatest amount of information and power in the sector, the Chief Executives, have a direct conflict of interest in any merger consideration. As well there is little incentive for NGO leaders to sacrifice their own roles (the golden handshakes, directorships, and share gifts of the corporate world are wholly absent).

Again the Mission notes that this question would be irrelevant in a PHO-model system for social service provision (Q10).

Q31 What measures would reduce the cost to service providers of participating in contestable processes?

We have no comment to offer at this time.

Q32 What additional information could tender processes use that would improve the quality of government purchasing decisions?

The government should be seeking far higher levels of reliable data on the performance of an

organisation's delivery and impact with the target client base c.f. PCOMS (Q10, Q25).

Q33 What changes to commissioning and contracting could encourage improved services and outcomes where contestability is not currently delivering such improvements?

The Mission proposes a radical realignment of the sector along PHO model lines (see Q10).

Q34 For what services is it most important to provide a relatively seamless transition for clients between providers?

All.

These are by definition vulnerable people, who struggle to demonstrate the skills required to adequately engage with the complex and often overwhelming issues they are experiencing.

Q35 Are there examples where the transition to a new provider was not well handled? What were the main factors that contributed to the poor handover?

We have no comment to offer at this time.

Q36 What are the most important benefits of provider diversity? For which services is provider diversity greatest or most limited? What are the implications for the quality and effectiveness of services?

The Mission is not convinced that at the generic/primary provision level, provider diversity has much direct benefit for the client.

In our experience clients generally only care when they have had a poor service experience (not been listened to, follow up hasn't occurred on time etc.) and their response is to no longer trust that provider or (on occasion) that class of provider.

The Mission is also not convinced that at the generic/primary provision level there is much in the way of diversity of service provision. While the organisations may have different operational histories and culture, these differences tend to be mainly experienced by the staff, not the clients.

Q37 How well do government agencies take account of the decision-making processes of different cultures when working with providers?

We have no comment to offer at this time.

Q38 Do government agencies engage with the appropriate people when they are commissioning a service?

Government agencies appear to struggle to:

- a) Take account of the client voice. While this information isn't generally available, government doesn't seem to look for it very hard (see Q18);
- b) Talk to other government silos about their initiatives to ensure they interact, particularly within a given geography;

Both of which are significant deficits.

Q39 Are commissioning agencies making the best choices between working with providers specialising in services to particular groups, or specifying cultural competence as a general contractual

requirement?

We have no comment to offer at this time.

Q40 How well do commissioning processes take account of the Treaty of Waitangi? Are there examples of agencies doing this well (or not so well)?

We have no comment to offer at this time.

Q41 Which types of services have outcomes that are practical to observe and can be reliably attributed to the service?

The Mission measures practical outcomes for all 1:1 client conversations that are longer than 15 minutes in duration (our definition of a "session") via PCOMS.

It is likely that coordination services such as the Early Years Hub, and community building and community organisation activities will struggle to provide direct evidence. So, we do not measure outcomes for hosting the Early Years Hub in South Dunedin, but would expect that those agencies providing services via our Early Years Hub should and could.

Having said that, the Mission is now working on software that will allow our community building project to map by street those individuals with high social connectivity and those with low. A time series comparison could provide evidence of a shift in social connectedness but it would be difficult to attribute that to our service provision alone.

It is our contention that very high levels of reporting on outcomes should be achievable across an integrated provision, similar to a PHO (Q10).

Q42 Are there examples of outcome-based contracts? How successful have these been?

Very few. Most seem to still be focused on outputs, albeit increasingly these are longer-term outputs.

Q43 What is the best way to specify, measure and manage the performance of services where outcomes are not easy to observe or to attribute?

The Mission proposes that government consider predictive modelling of social outcomes from census data by locality. Positive variations over prediction would enable government to identify areas where intensive evaluation and research could provide useful data.

Q44 Do government agencies and service providers collect the data required to make informed judgements about the effectiveness of programmes? How could data collection and analysis be improved?

The Mission refers the Commission to our QualityWorks programme (see answers to Q10, Q18 and Q25).

We consider the low rate of data collection across social services to be unforgivable, when the vulnerable nature of the population being service, the volume of the work, and the cost of the work are considered.

Even if government were ONLY providing unique service numbers and requiring the capture of dates of birth, ethnicity and location, there would be an enormous amount of data available. Especially, in comparison with census data.

Q45 What have been the benefits of government initiatives to streamline purchasing processes across agencies? Where could government make further improvements?

We refer you to our proposal for a PHO-style architecture for the sector (Q10).

Q46 Is there sufficient learning within the social services system? Is the information gathered reliable and correctly interpreted? Are the resulting changes timely and appropriate?

No.

No.

And, no.

Some agencies are making considerable strides, but from the viewpoint of the provinces they tend to be outliers. Dissemination is also complex and difficult, with on the one hand a plethora of "support and coordination" meetings available to agencies, but only a few forums where innovations are shared.

Part of the problem is the quality of leadership, partly it is the competitive nature of the industry, partly it is the high levels of fragmentation, and partly it is the lack of appreciation across the workforce for anything other than passion as a driver of service quality.

Q47 Does the commissioning and purchasing system encourage bottom-up experimentation? Does the system reinforce successful approaches and encourage reform of less successful ones?

No. Mostly because there is so little data on what is successful. So few projects even start with a testable logic model, and reporting too often relies upon symptomatic markers rather than genuine evidence of change. See Gluckman quote above.

Moreover, the sector has a nasty habit of undercapitalising its innovations leading to high rates of innovation failure that are frankly inhibitive.

Q48 Would an investment approach to social services spending lead to a better allocation of resources and better social outcomes? What are the current data gaps in taking such an approach? How might these be addressed?

The investment approach has significant ethical and practical limitations.

In the first, calculating "lifetime costs" is a statistically fraught exercise, and the unverifiable assumptions made or not made can have a dramatic effect on the figures e.g. the performance of the macro-economy and its effect on under and unemployment. We know that half of all crime is committed by young men aged 14-25 and the vast bulk of them grow out of that behaviour. Predicating a lifetime cost on current behaviour in that context would not provide a valid or appropriate estimation.

In the second, the "lifetime cost" tends to be calculated simply from a government / taxpayer perspective. Getting the sole parent of a 1 year old into work saves the country the cost of the DPB or additional WFF payments. Yet having that parent stay at home and raise the child so it has higher security of attachment will very likely reduce that family's experience of stress and the child's chance of criminal offending in its adolescent years and of doing well at school.

In the third, the investment approach tends to focus on a short-term benefit for the government. Yet getting someone off a benefit and into work at McDonalds, is not as valuable (to that person or the taxpayer) as getting them through a two year diploma at polytechnic and into much higher paying work.

Moreover the investment approach can have a significant downside for those individuals and families that do not fit the "average" profile used in the assessment. As Colin James wrote in his piece of the 14th October²³, "some get treated badly". "There are rough experiences." In a system designed to help vulnerable people, is any level of collateral damage acceptable?

In the fourth, the investment approach tends to individualise the "problem". Unemployment no longer is a function of macro-economic policy, but an individual responsibility. Yet, there is considerable evidence as to effect of macro-economic policy on unemployment.

The Mission advises caution and suggests there is another way.

Our experience is that the people we work with do not like the circumstances they are living through. ALL have aspirations for a better future. MOST do not feel listened to or adequately worked with by their support agencies. All have greater information about their abilities and resources, their limitations, and their hopes and fears than any actuarial model will.

The research²⁴ shows that 85% of the factors contributing to successful change lie with the client:

40% lie in the client's strengths, resources and resilience
30% lie in the client's experience of their relationship with the practitioner
15% lie in the client's hopes and expectations
15 % lie in practitioner-specific techniques

As in PCOMS, using clinical cut-offs for establishing who receives assistance, better data on how the client is doing, tracking their alliance with the practitioner, and actually listening and working with the client's ambitions will achieve far more than the investment approach.

Q49 How can data be more effectively used in the development of social service programmes? What types of services would benefit most?

See all of above.

Q50 What are the benefits, costs and risks associated with using data to inform the development of social service programmes? How could the risks be managed?

The benefits are considerable within organisations and the opportunities for benefit within geographic areas and across the country as a whole are immense. See our answers to Q10, Q18, Q25 and Q44.

The costs are design, purchase, implementation and roll-out. Behind these sit a considerable number of policy and procedure questions that require attention (what's our definition of a session? How are we using this field?).

From the Mission's experience of implementation the two major risks are:

- Workforce resistance: the workforce is suspicious of data collection believing it interferes in their relationship with the client and that it undermines the regard in which their intuition will be held.

The Mission shares the concerns of some of our major funding partners as to the quality of the current social services workforce (see answer to Q10 – *Recognise the Nature of the Work*), and anticipates that any major improvements in the productivity of the social services sector will require significant workforce realignment.

²³ <http://www.colinjames.co.nz/investing-not-spending-a-tougher-way-of-thinking/>

²⁴ <http://counsellingresource.com/lib/research-library/book-reviews/research-and-critiques/what-works/>

We note however that the sector can easily draw on analogous disciplines such as disability support, aged care support, teaching (particularly foundation education), youth work, and the nascent community building workforce, to expand the skills base available to providers.

- Leadership capacity: the capacity of provider leadership to understand and take advantage of a rich data stream will be uneven at best.

The Mission recognises the uneven improvements in capacity prompted by the Government's Capability Investment Resource funding, and sees that increased wage rates across the sector would likely improve the capability of all staff, but suggests that the greater answer to this risk lies in consolidation of management and governance via our PHO-style architecture (most fully described in Q10).

There are the secondary standard data management risks in regards privacy, data security, and disaster planning, which we would expect a competent leadership to be able to manage.

Q51 How do the organisational culture and leadership of government agencies affect the adoption of improved ways of commissioning and contracting? In what service areas is the impact of culture and leadership most evident?

It is more that the local funding agent for every government department we contract to assiduously follows the rules, even when there are none; whereas senior staff in Wellington have flexibility and are interested in innovation.

Yet it is the local funding agent who best understands our capabilities, the local market need, and the timeliness of either the opportunity or the solution.

Looking to a whole-of-community funding approach would assist considerably, and we hope that the Social Sector Trials are beginning to provide an instructive stream of information in this regard.

Q52 How do the organisational culture and leadership of providers affect the adoption of improved ways of supplying services? In what service areas is the impact of culture and leadership most evident?

There are around 2,300 NGO providers currently contracted to the Ministry of Social Development. Estimating an average 6 trustees per organisation (an average we believe to be on the light side) there are nearly 14,000 individuals involved in the governance of social services provision.

In their 2009/2010 Not For Profit Survey²⁵, Grant Thornton identified the "role of board/governance issues" to be the third most significant issue challenging the sector. The quality of governance in the social services sector is materially affected by its wide distribution and high dilution.

This coupled with the general resistance of SME NGOs to professional manager skill sets (see Q5 – *Commercial Skills*), and the historic lack of monitoring of performance, means that the leadership of service delivery organisations (as compared to community building or organising groups which, see Q2) tends to be focussed on matters of organisational culture rather than organisational performance.

Q53 What institutional arrangements or organisational features help or hinder the uptake and success of innovative approaches to service delivery?

- Lack of reliable, appropriate value, medium-term, R&D funding;
- Low leadership capacity (see Q25 and Q52) which appears to hinder the penetration of new

²⁵ <http://www.grantthornton.co.nz/Assets/documents/pubSeminars/NFP-Survey-2009-2010.pdf>

technologies (soft and hard) into the sector;

Q54 Have recent amendments to the Public Finance Act 1989 made it easier to coordinate across government agencies? Are there any examples where they have helped to deliver better social services? What further measures could be effective?

We have no comment to offer at this time.

Q55 Are there important issues for the effective commissioning and contracting of social services that will be missed as a result of the Commission's selection of case studies?

Yes. The Commission should consider the valuable social benefits accrued from participation in community building and organising activities (see Q2). We know that *low social interaction as high a risk factor for early death as smoking 15 cigarettes daily or being an alcoholic, and twice the risk factor of obesity*²⁶.

In focussing only on service delivery agencies, the Commission is missing that a substantial mitigation against poor social outcomes could be achieved through enhanced participation activities.

There are a number of activities – albeit currently agency lead – which the Commission could look at, including Lifewise's Neighbours Day²⁷ and the preceding Know Your Neighbours project²⁸; Wesley Community Actions' community lead activities²⁹, the Victory School project³⁰.

Inspiring Communities³¹ will be able to provide a broader list of activities worth the Commission's time.

Q56 Are you willing to meet with the Commission? Can you suggest other interested parties with whom the Commission should consult?

Yes we are.

The Mission recommends the Commission consult with Te Runanga o Ngai Tahu, The Local Government Association of New Zealand, the Ministries of Health and Statistics, and Community Investment (a division of the Ministry of Social Development). See also Q55.

Yours sincerely



Laura Black
Director

²⁶ <http://socialcapital.wordpress.com/2012/02/10/social-isolation-predicts-early-death-as-much-as-smoking-or-alcoholism/>

²⁷ <http://www.neighboursday.org.nz/>

²⁸ <http://www.lifewise.org.nz/about-lifewise/our-services/community-projects/know-your-neighbours>

²⁹ <http://wesleyca.org.nz/what-we-do/>

³⁰ <http://www.familyservices.govt.nz/working-with-us/news-room/newsletters/community-connect/issue-09/victory-village-community-of-the-year.html>

³¹ <http://inspiringcommunities.org.nz/>