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Submission on NZ Productivity Commission Issues Paper – more effective social services – Oct 14

Victory Community Health supports this inquiry and wishes to see ways of improving how government works with community agencies to *“achieve better outcomes”*.

Yes, all social service providers have a *“deep understanding of their client’s needs and communities in which they operate”*. We also affirm we need *sufficient, stable and predictable funding, and flexibility to adapt services”*.

We fundamentally disagree and are frankly offended by most of the premises and assumptions on which this issues paper is founded and presented. This paper continues the theme of seeking to improve a fundamentally flawed system of *“commissioning and purchasing”*. Both of these words and meanings relate to the business/corporate world and have no place in the world of community based, charitable, common good organisations. They are the reason why significant positive outcomes have **not** been achieved to date. In fact, we believe they have continually eroded the sector and its capacity to deliver desired outcomes.

In order to achieve better outcomes for families/whanau our recommendations are as follows:

1. DEVELOP AND INCORPORATE THE PHILOSOPHY AND LANGUAGE OF THE COMMUNITY BASED, CHARITABLE (CO) SECTOR. CO’s *“currency”* is relationships and values. The currency of business and enterprise is profit. CO’s develop trusting and respected relationships with their people and communities. It is not so much about services for, as **support for people**; it is not about **doing to** them, as **working with** them. CO’s take an empowerment perspective, not a fix-it one. *“Service provision”* implies a fix-it model, and is based on a mechanistic perspective of problem solving, and not engagement and processes. Much of the language in this issues paper is delivered in a business or corporate language, and the questions seem to lead the reader down certain pathways or suggest agendas based on efficiency and delivery methods. We are choosing to not answer the specific questions, rather wish to raise the response to a highlighting of the philosophy which underpins this paper which we believe does not nor ever will help get to the real issues and ways of working that do create positive change.

Most CO’s, regardless of whether large or small, have developed in response to identified needs in a community – whether geographic or interest based. Even naming CO’s as *“providers”* suggests a power dynamic between government goals and funding and a *“If we give you this, will you deliver that”* attitude. *“That”* might not really be what is useful. So the provider is reduced down to a transactional relationship with a *“client”*. Rather we believe if a funder could take the *“If we work together for a common outcome for your people/whānau/families”*, then we can transform lives. Genuine social work (as distinct from *“social service provision: is not about “matching services to needs of clients”*, it is about people forming relationships to work together for a change.

2. FUND ORGANISATIONS NOT SERVICES.

For a **genuine change in the outcomes** we seek, CO’s would be much better served to be funded in a global way. They could use those funds based on their *“deep understanding of their (people’s) needs”* to make sustainable and long term changes, and break the cycles of dependency and poverty.

Government (central and local) in the main knows the organisations that it will likely *“commission or purchase”* from or better still form alliances with to fund. They have established relationships and

“We provide community-owned, low cost, accessible and appropriate high quality services and activities that support health and wellbeing.”

reputations for proof of quality and efficiency. They also know all the typical and continuing vulnerable communities (the census data tells this year after year) throughout NZ.

A genuine high trust, stable, realistic, and predictable organisational (as distinct from a service) agreement would

- a) reduce bureaucracy;
- b) increase efficiencies for the CO to get on with the work, rather than spend relentless energy on securing other funds and accounting for them;
- c) mandate CO's to work together in multi-disciplinary ways which would
- d) result in improved outcomes for vulnerable people and communities.

After all *"health and wellbeing is a multi-layered social and ecological phenomenon created in the context of community life"* (Community Health and Wellness. McMurray, Clendon, 2014). It is for government to rely on those professionals IN the communities to understand and better know how to create positive, sustainable change for the people within them.

3. FUND SUFFICIENTLY FOR CORE SUPPORT FOR VULNERABLE PEOPLE AND COMMUNITIES

CO's have to raise or seek funds to supplement any current government contract. This creates a multitude of effort and complexity and generates a false picture of what need actually exists within communities. Because every CO is funded by multiple sources the duplication of effort to seek and account for this funding creates a bureaucratic mountain each and every year, which perpetuates inefficient use of a limited resource. Any government contract because of specific and targeted need ends up being only a contribution toward any organisation. Funding must be sufficient to ensure sustainable, effective services.

4. FUNDERS NEED TO COLLABORATE

A recommendation for improved efficiency to address #3, is for funders to collaborate more closely on their joined up working with an organisation. Funders need to spend time with organisations to truly understand the depth and breadth of their work.

5. CO'S WORK EFFECTIVELY WHEN RESPONDING TO DETERMINANTS OF HEALTH AND WELLBEING

Most programmes, interventions and contracted work strike only at the symptoms rather than the causes of poor health, education, social and justice issues. They seek to fix problems, rather than engage the dynamics which generate wellness and people functioning at their potential. Social and health care workers hold a much larger frame of understanding of how the various factors contribute to the current status of a person – they are limited only by the siloed, problem focused contracts within which they are funded.

6. INCORPORATE THE NOTION OF RECIPROCAL DETERMINISM

People affect and are affected by their environments. Places where people feel respected, they belong and are part of, generate empowered and engaged people who will actively participate in their own wellbeing.

7. CREATE AGREEMENTS TO WORK TOGETHER – REMOVE "CONTRACTS FOR SERVICE"

The current contracting environment mostly mitigates against positive outcomes that are generated from within an organisation. The system pits organisations against each other in a contestable and competitive way, rather than encouraging ways for organisations to collaborate and complement the work of one another on a continuum of support and upskilling for better outcomes. This results in services being hard to reach, as they are limited by criteria, funded outcomes, rather than responding to real need and building relationship to reduce that need.

Community-led activities and services are well documented as being an innovative and appropriate approach to improving health, social and educational outcomes in communities, and reducing social inequalities and barriers to support for vulnerable people

Yours sincerely



Kindra Douglas, On behalf of VCH Board

"We provide community-owned, low cost, accessible and appropriate high quality services and activities that support health and wellbeing."