



auckland north community and development

Auckland North Community
and Development

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o Te Raki-pae-whenua

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Submission on More Effective Social Services – NZ Productivity Commission Issues Paper October 2014

Auckland North Community & Development ANCAD (previously NSCSS) works across five Local Board areas, including Devonport Takapuna, Kaipatiki, Hibiscus and Bays, Upper Harbour, and Rodney. We also work at a regional level both in the area of community development as well as the provision of community and social services.

ANCAD has a membership base of over 150 community groups on Auckland's North Shore including, arts, environment, health, migrants & refugees, Maori, Pacific, older adults, family services, education, community, youth and disability sectors.

We are affiliated to Community Networks Aotearoa in Wellington, Social Development Partners, Christian Council of Social Services and ANGOA in the social policy field.

Introduction

ANCAD welcomes the opportunity to comment on the issues paper. It raises many important issues that affect the capacity of the community service providers to improve the lives of people, families and communities with whom we work.

ANCAD hosted a workshop on the 4th November for community providers in Takapuna to discuss this issues paper. People and organisations from across the social services sector in Auckland north and central participated in the discussion. This submission is informed by their views as well as our years of experience working with communities and agencies developing and delivering services in response to social and community needs.

We recognise the benefits of overcoming problems of service fragmentation and a lack of collaboration where they exist, promoting integration and joined up services, within a person-centred service delivery. Our response, however, is framed by a number of considerations that are not evident in the issues paper.

The first is the extent to which structural factors impact on individuals, families and communities causing poverty and serious disadvantage and are beyond the scope of a social services delivery framework to solve. Many structural factors appear to be worsening with significant impacts and demands for family, community and social services to increase..

a strong vibrant connected community

It is important also to understand the history of contracting and service delivery. From 1991 to 1993 the government brought in a competitive contracting model, which created a plethora of competing agencies.

In determining an appropriate model for contracting and service delivery, a 'one size fits all' approach fails to recognise that solutions to serious long-term problems must be tailored and premised on the understanding of specific localised problems. Solutions must be flexible enough to meet multi-faceted issues. Causes are complex and require multiple methods and approaches.

We endorse the 'whanau ora' approach that puts the person at the centre. This appears to be working well in the delivery of health services. We stress the importance of other relationships and the building of functioning families and healthy communities is critical alongside a 'targeted' focus on the individual which will not be enough to solve complex problems. Social service delivery must provide for a range of service types and relationships that cater to people with single simple issues through to people and families with a complex range of needs. Here in Auckland North the feedback we receive from agencies is that more individuals are presenting more complex issues than they used to.

ANCAD firmly stresses that specialisation and professionalism play an important role in developing expertise at the delivery and policy and procedures level. Simple 'self-help' models may well be a valuable part of an integrated system but do not necessarily offer the right approach on their own for a varied client base. This latter point recognises the inherent sophistication of integrated models and collective impact frameworks allowing for more choice and the right service for the right person.

The issues paper does not appear to recognise the critical importance of data analysis and interrogation of evidence. Where are the universities in all this? The importance of their role is not outlined? Rigorous research, a clear overview and understanding of social service structures are extremely important in any decision making around proposed models and future structures. We urge key people in universities who understand the history of social services are brought into the conversation and assist with evidencing good practice and models of working. Also it is important to recognise the importance of training in the community sector. Training in what can be sophisticated evaluation and evidence gathering techniques requires concerted resourcing. Community organisations often do not have the time or expertise to effectively design and deliver a good evaluation model, and this is seldom funded (apart from MSD and its promotion of the RBA model in Auckland). I discuss the limitations of a single outcomes framework later in my submission. Lack of appropriate design and place based outcome models are a flaw in the current funding/contracting framework.

Collective impact models are highly demanding and sophisticated requiring strong leadership and facilitation. Our view is that this is the way of the future but there must be recognition that this requires considerable resourcing. The North Shore Family Violence Prevention Network and the North Shore Child Focus Group have come together to form a collective way of working in Auckland North, which has been funded through the Ministry of Social Development from their

Community Investment Resource. In our experience, however, this kind of resourcing is seldom funded or not funded adequately. Money is targeted to the clients and the service delivery and not available to improve the organisations capability and capacity. We applaud MSD for their current fund for increasing capability in the sector. Traditionally, however, this is the most difficult area to get any resourcing for and many community organisations are struggling working often on low salaries, long hours unpaid or significantly dependant on volunteers. For example, internships and placements in the social sector, such as social workers, are not resourced like other professions. The community sector is very often the 'poor cousin'. We urge that the funding/resourcing of the community to deliver social services should have some 'parity' with the cost of resourcing government service delivery. We need to empower communities rather than only focus on the individual. A thriving social services sector is VITAL to a well-functioning society.

The issues paper proposes ranges of funding/contracting models. Again we caution against a one-size fits all approach. The strengths and weaknesses of different models evidenced through experience and evaluation should inform any contracting implementation model. Attempts to establish a more joined up, wrap around, consolidated, collaborative and integrated sector is a worthy aspiration in our view but we also believe that it is important to think further about why social services have developed the way they have around separate programme areas? Often this is to meet a specific social need. Specific specialisation may be meeting an important need in the community and a particular programme may have delivered many gains and outcomes that a new contracting model cannot afford to lose.

What is important to any new contracting/funding model is the type of relationships it fosters between central government, local government, businesses and the multiple providers in the community sector. There is huge potential for government and community agencies to develop relationships with businesses to advance social and economic outcomes. An ultimate goal would be respectful and reciprocal relationships between community, business and government as providers of innovation for funding and resourcing of prevention and intervention where necessary to build thriving healthy communities.

Our reservation with the one-size fits all approach relates also to the results based accountability outcome framework. Successful evaluation recognises differences between people, places and programmes. The requirement of differentiation raises doubts over the efficacy of a single common outcome framework such as RBA promoted by the current government. Outcome goals and measures should be developed and established where the delivery takes place. It should be based on effectiveness of service delivery or a determinant of programme shortcomings as the basis for improvements and not just as a reporting tool. Reporting with this framework can create considerable work for the provider without the benefit of activating any real learning and improvements in service delivery.

Along with a more place-based approach to social services, we also want to advocate the benefit of the smaller providers who often know their own local areas 'backwards' and are very familiar with history and development of local social issues. They can be extremely responsive to local issues and understand what is required to solve these specific issues locally. We warn against a model, which sees big national providers taking over the work of smaller providers. Many

significant gains and important knowledge would be lost with this particular model. A joined up/collaborative 'continuous and active learning approach that allows for specialisation would address the diversity and complexity of social issues and needs far more effectively.

Greater acknowledgement is required about the role of structural factors and inequality as key determinants of health and well-being and therefore as drivers of demand for community services. The key role of community services providers is to be responsive to the needs of the most disadvantaged and inform government of the issues and gaps to ensure that resources and services are directed where they are most needed in an effort to reduce inequality and increase the health and welfare of citizens. A worrying trend is that being a 'voice' for the most disaffected and contributing to the making of good policy at a local and central level is seen merely as 'advocacy' and as a subversive role to undermine government. We stress that advocating for new solutions and informing policy plays an extremely important and necessary role in communities. Agencies need to be able to alert government to important factors and issues around service delivery. The making of relevant innovative and therefore effective policy needs to be a collaborative exercise between communities, agencies and government. This process is critical to the design of 'Better Social Services delivery.'

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