



SUPPORTING FAMILIES in Mental Illness

New Zealand

**Submission by Supporting Families in Mental Illness
NZ to**

**Productivity Commission's Issues Paper
(October 2014)**

More effective social services

VISION:

*To carry a message of hope for family, whānau of people who are
experiencing a major mental illness*

Background

1. Supporting Families in Mental Illness NZ Inc. (SFNZ) is comprised of a network of independent autonomous societies across New Zealand, supported by an elected National Council and a National Coordinator. All our member organisations are individually incorporated societies or trusts with charitable status, governed by volunteer boards or committees, and managed by salaried operational staff.
2. We have a network of family / whānau support workers who provide DHB-funded support services to hundreds of family, whānau and people who experience mental illness, including through support groups, information, education, housing and advocacy.
3. The majority of people who experience mental health and/or addiction issues are cared for by family in the community. The involvement of family and whānau improves opportunities for recovery for those affected by mental illness.¹ It is clear that if families are educated and informed about mental illness, they are better able to provide support. The aim of SFNZ is to provide the best possible education, advocacy and support for the family and whānau of people experiencing a mental illness.
4. SFNZ, like many other NGOs, is reliant on a mixture of contracted, largely DHB, funded services and philanthropic funding.
5. Services funded by DHBs are reviewed at least annually and, for many of our member organisations, at a level of funding that has remained largely unchanged, and often at lower rates than DHBs' own comparative services. A recent campaign organised by Platform Trust for 'Fair funding' has highlighted this disparity.²
6. Many of the questions raised in this review have been addressed by previous reviews, such as *He waka kotuia: Joining together on a Shared Journey*.³ The *He waka kotuia* report came to conclusions in five key areas:
 - i. **Improving relations between iwi and Māori and the Crown:** *lack of resolution of Treaty-based issues was seen to be a barrier to improving relationships between government and the community sector.*
 - ii. **The need for participatory democracy:** *developing a more inclusive approach to decision-making is critical to the process of democratising democracy. This requires access to information, timeframes that enable people to consider options, people who can facilitate and negotiate and who have cultural and local knowledge, and leadership within government and within the community.*
 - iii. **Reviewing resourcing and accountability arrangements:** *inadequate or static funding in the face of greater demand for services was a key concern. Many community representatives objected to the power imbalance implicit in the contracting model, seeking instead collaborative approaches based on co-determination of needs, solutions and providing a quality service.*
 - iv. **Strengthening the community sector:** *many organisations face a constant battle to break even. Contracting for narrowly defined services and the costs of increasingly complex accountability*

¹ Recovery is a process, beginning with diagnosis and eventually moving into successful management of your illness. Successful recovery involves learning about your illness and the treatments available, empowering yourself through the support of peers and family members, and finally moving to a point where you take action to manage your own illness by helping others.

http://www.nami.org/template.cfm?section=About_Recover

² <http://www.fairfunding.org.nz/about>

³ <https://www.familyservices.govt.nz/documents/working-with-us/programmes-services/connected-services/he-waka-kotuia-joining-together-on-a-shared-journey-august-2002.pdf>

requirements have increased the difficulties of finding resources for organisational and skill development for community resources.

- v. **Improving the culture of central government:** *many community people felt the government did not understand or respect the role and the activities of their agencies. There is a need for government to change the way it does business and to communicate more effectively with communities.*
7. However, NGOs, including SFNZ, continue to operate in an environment of increased commercialisation. There is an increasing expectation on behalf of funders that NGOs will collaborate to provide services while competing for increasingly limited funding.

Purpose and methodology

8. SFNZ is a member of Platform Trust (Platform). SFNZ has contributed to and supports Platform's submission to the Productivity Commission's October 2014 Issues Paper, *More effective social services* (the *Issues Paper*). The information provided and the views expressed in this submission are additional to those presented in the Platform submission.
9. In preparing this submission, we asked our affiliate SFNZ organisations to respond to each of the questions posed in the Issues Paper. The remainder of this submission reflects the responses of our member organisations.

Questions and SFNZ affiliate responses:

1. What are the most important social, economic and demographic trends that will change the social services landscape in New Zealand?
- *New Zealand has a changing demographic landscape – not only do we have an increasingly urban population, the population is ageing. In many of the larger urban areas there is an increase in migrants. All of these changes have an impact on community social service needs.*
 - *The effect of these changes is highlighted in a white paper commissioned by SFNZ by regulatory economist, David Pickens, which looks at the availability of appropriate housing for people with serious mental illness. The discussion paper Accommodating People with Mental Health Illness: Can we do better? was released for consultation on 1 November 2014.⁴*
 - *Some member branches noted growing concern internationally about the increasingly prevalence and impact of depression. The projected increase in the prevalence of dementia, with our aging population, is also a concern and will change the social services needs of New Zealand.*
2. How important are volunteers to the provision of social services?
- *Volunteers are an essential part of New Zealand society. Much of the work of volunteers goes unreported, such as mowing a neighbour's lawn or taking someone to the doctor. Many employees working in the community sector contribute unpaid hours by working overtime, not claiming expenses and/or travel time;*
 - *In particular, the care provided by family members to a person in need of assistance due to disability, ill health or mental illness reduces cost to the Government, but places a heavy cost on family and whanau.*

⁴ <http://www.supportingfamilies.org.nz/SFNZ/SFNZProjectsResearch.aspx>

3. What role do iwi play in the funding and provision of social services and what further role could they play?
 - *Iwi organisations play a key role in Māori economic and social development. There is scope for greater collaboration between kaupapa Māori providers and other (mainstream) services, including through Whānau Ora contracting.*

4. What contribution do social enterprises make to providing social services and improving social outcomes in New Zealand?
 - *Small-scale social enterprise models are in place and provide income for individuals and families to support people to move away from benefit dependency. Business models on a small scale, such as Jon's Kitchen Café are community run and while aiming to be self-sufficient are also reliant on funding from other sources and the work of volunteers.*

5. What are the opportunities for, or barriers to, social-services partnerships between private business, not-for-profit social service providers and government?
 - *The largest barrier to development of combined charitable and corporate social enterprise is the lack of appropriate legal entities, which would enable profits to be paid to both shareholders and to the non-profit organisation. Investors are reluctant to become engaged where they cannot guarantee a financial return.*
 - *Other barriers include a lack of education for businesses around the needs of social service providers, and a lack of government incentives for business to contribute to social service partnerships.*
 - *But opportunities do exist: better communication and understanding of social service needs could facilitate private business investment in the community sector and the growth of social-services partnerships. There are well-established networks in the community sector among organisations with proven track records of service provision. These networks can play a key role in identifying opportunities for social services partnerships with private businesses and government. The inclusion of more business people on the Boards of social service providers can also facilitate the growth of such partnerships.*

6. What scope is there for increased private investment to fund social services? What approaches would encourage more private investment?
 - *Seed funding to establish new opportunities.*
 - *The development of appropriate legal structures, as is done overseas, and as noted above.*
 - *Acceptance by private businesses that they have a social responsibility to contribute to the wellbeing of their community. This could be achieved by the volunteering of time (e.g. BNZ "Closed for good" campaign) or donations that are specifically targeted. (E.g. scholarship, research opportunities).*
 - *Increased knowledge of community social needs. Networking with social service providers within communities.*
 - *Greater promotion of the feedback we receive from those who use and value social services.*

7. What capabilities and services are Māori providers better able to provide?
 - *Māori providers are the leaders in engaging and supporting Māori. As noted above, there is scope to work more collaboratively with aligned mainstream providers as well. There is also some concern that Whanau Ora contracting has limited innovation and self-determination in kaupapa Maori services.*

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

- *Financial return: profit is only possible from some social services; mental health and addiction services are not one of these.*
 - *Stigma or a lack of understanding: mental health issues are not well understood, and there is a lack of support for services such as providing needle exchanges, gambling or alcohol services.*
 - *There are tax incentives to provide certain social services.*
9. 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?
- *Improvements include greater integration and sharing of knowledge and education opportunities within some locations, such as the Nelson DHB.*
 - *Drivers of success include communication improvement amongst DHB and service providers; networking and cooperation among service providers; and a greater understanding of the benefits and effectiveness of forming regional alliances to promote cost savings and social service delivery.*
 - *Barriers to success include: siloed systems – funding from one government agency limits access to others e.g. DHBs limit access to MSD funding. Cross-sector funding was one of the recommendations made in He Waka Kotuia⁵ report, but was not implemented.*
 - *Success is also dependent on the skill level of funders and their knowledge of the community – competent individuals mean better outcomes.*
 - *Another barrier is the lack of ongoing funding. New initiatives are easier to fund but hard to sustain, even if successful. Sustainability is one of the main issues facing smaller NGO's such as SFNZ.*
10. 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?
- *There are ongoing community-led projects such as the development of a Commissioning and Funding Framework for Mental Health and Addiction Services, sponsored by Dr John Crawshaw in collaboration with the sector. The purpose of the framework is to provide guidance to the mental health and addiction sector about service configuration, planning methods and results-based funding to support achievement of the goals of Rising to the Challenge⁶.*
 - *Other innovations include the formation of regional alliances and strengthening connections between proven service providers who are specialist in their respective fields.*
 - *Regional alliances and stronger connections between complementary organisations results in better service provision and more cost effective outcomes.*
 - *There are risks associated with moving money towards fund planning / policy writing / management and away from working on the ground. Even though the priority has been to fund more workers at the ground level, compliance, re-inventing the wheel and repetitive supplying of information takes too much time.*
11. What other international examples of innovative approaches to social service commission and provision are worth examining to draw lessons for New Zealand? *n/a*
12. 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?

⁵ <https://www.familyservices.govt.nz/documents/working-with-us/programmes-services/connected-services/he-waka-kotuia-joining-together-on-a-shared-journey-august-2002.pdf>

⁶ Rising to the Challenge: The Mental Health and addiction Service Development Plan 2012-2017 <http://www.health.govt.nz/our-work/mental-health-and-addictions/rising-challenge>

- *New Zealand does not have the population to generate the level of commercial investment seen in other countries.*
 - *New Zealand has specific demographic and cultural needs, particularly with our population becoming more diverse.*
 - *There is a strong sense that the government is not focussed on poverty and how life is for a majority of New Zealanders.*
13. Where and when have attempts to integrate services been successful or unsuccessful? Why?
- *The Children's Team set up in Marlborough in response to the Vulnerable Children Act 2014, is an example of planning and collaboration between providers working well. Relationships of trust are developing amongst the members of this network, as a deeper understanding of participant's roles and activities has developed.*
 - *Another example is SFNZ's regional alliance bringing together Supporting Families Nelson, Marlborough, Westcoast and Canterbury. This alliance has been successful in developing a standard contract for services with the Canterbury DHB. SF Canterbury will be the lead contract holder, reducing the number of contracts issued by the DHB (overtime, as new contracts will be negotiated as they fall due). Other opportunities to reduce overhead costs are also being explored such as single insurance policies, shared employment contracts, and job descriptions, and shared accountancy services.*
14. What needs to happen for further attempts at service integration to be credible with providers?
- *There need to be changes in the DHB contracting and RFP processes.*
 - *In relation to service integration, good planning requires supporting data to show how outcomes are to be achieved. We also need transparency around agencies' financial planning and contracted providers. At present there is a lack of clear communication around how, what, where and when the intended service integration is to be achieved.*
 - *While we are open to integration, it is essential to keep our local identity, knowledge and ability to respond to community issues as a priority.*
 - *There also needs to be respect for diversity and the provision of niche services; in particular, support for families often goes unrecognised.*
15. 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?
- *Client-directed budgets are best suited to social services that are working directly with clients, particularly where there is a tangible cost to the service e.g. respite, sports and leisure activities, education. The potential benefits of client-directed budgets include greater integration between client service providers.*
16. Which social services do not lend themselves to client-directed budgets? What risks do client-directed budgets create? How could these risks be managed?
- *Client-directed budgets are not appropriate for secondary services like SFNZ's family and whanau support. Support provided to the carer(s) of a client of mental health services cannot be measured solely by reference to that client, as individual family needs vary greatly and can be unpredictable. These kinds of broader support services do not lend themselves to client-directed budgets. Current debate regarding PRIMDH reporting has highlighted a number of issues with client-directed budgets, for example, there is no consensus on what constitutes a "family" for the purposes of counting, as a family could include 1 or multiple members. The family may not be in the same area as the family member receiving a consumer service and may not want to be counted as a service user. PRIMDH reporting for family/whanau service providers is being trialed but the mapping of what and how to record is not yet agreed.*

- *A client / consumer driven focus to funding often means that support for family is overlooked. There is a growing expectation within secondary services that consumers will be discharged as soon as possible, and that this will most likely mean that family members are left to provide care with few resources.*
17. What examples are there of contract specifications that make culturally appropriate delivery easy or more difficult?
- *There are difficulties associated with a lack of funding in mainstream service provision for additional cultural FTE/ support.*
 - *Funding focused on service delivery fails to take into account other costs associated with providing a service including training, cultural competency and capacity building.*
18. How could the views of clients and their families be better included in the design and delivery of social services?
- *At time of discharge when delivery of future social services are being discussed, it is important that families are included and that a full needs assessment is undertaken to ensure that the delivery of social services meets the clients' needs within the community and aligns with family aspirations for the continuing wellbeing of their family member. The design and delivery of social services should reflect what is required to achieve positive outcomes for both client and family. All goals set in the needs assessment should be attainable by the client, and followed up on to ensure goals are met.*
 - *Other ways that the views of clients and their families could be better included are: more opportunities for providing feedback; open planning and prioritising sessions; and recognition of the role families play in supporting discharge plans and recovery, including options such as Individual Funding and/or Funded Family Care Schemes being made available to all family carers not just those caring for people with a specific disability.*
19. 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?
- There is a strong sense that local decision making is critical to service delivery. Social services have developed as a response to the needs of different communities. There is a risk that decisions made at the national level may not account for regional variation. For example, Te Whare Mahana⁷ was set up in response to the needs of the community, and provides both community and residential services. Te Ara Mahi⁸ is a training and employment service for mental health clients established in Nelson, Marlborough and the Westcoast. Te Ara Mahi provides training and pre-employment skills, staff have local knowledge and are able to respond to the needs of the local employment market and the needs of the clients.*
20. Are there examples where government contracts restrict the ability of social service providers to innovate? Or where contracts that are too specific resulting in poor outcomes for clients?
- *Contracts that are too specific do not allow for the flexibility necessary to deliver services that meet the needs of the community. Short timeframes to respond and prepare proposals can also act as a barrier.*
 - *Communication and clear reporting avenues promote better understanding of service providers' needs and requirements.*
 - *Some organisations also do not have the time or skill needed to prepare proposals, which is often a time-consuming and complicated process.*

⁷ <http://twm.org.nz>

⁸ <http://www.tearamahi.com>

- *Innovation often occurs where individuals or organisations have the capacity to spend time planning and sourcing alternative funding, but this is difficult for many community sector organisations.*
21. How can the benefits of flexible service delivery be achieved without undermining government accountability?
- *Good policies and procedures on how a service is to be delivered should be incorporated at the planning stage, including quality measures or accreditation via an approved provider.*
 - *Good evaluation and reporting is also essential (although we note the difficulties associated with overlapping or duplicative reporting requirements, discussed elsewhere in this submission).*
 - *Auditing, review and accreditation processes need to be in place to ensure that policies and procedures are being implemented.*
 - *Appropriate design of relevant reporting systems making sure that the information requested is relevant to the service being provided.*
 - *Narrative feedback should also be incorporated, developing relationships of trust between funders and service providers so that verbal feedback is used at appropriate times.*
 - *Funders should make time to visit, and should be given access to services so that they can see the operations first hand.*
 - *Government and non-Government agencies should be required to meet the same reporting, auditing and/or accreditation standards for the provision of like services.*
22. 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?
- *A lack of trust between funders and services providers is a critical issue in the mental health sector. There is a sense that funders do not take the time to learn about the service providers in their area, or the particular community needs to which those providers respond.*
 - *In this regard, SFNZ refers to and supports the submission made by Platform Trust and agrees that an approach based on 'collective impact' provides a structure for the development of relational contracts.*
 - *Effective relationships between parties has the potential for all those involved to achieve better value and understanding.*
 - *Current contracting models that rely on a strict set of procurement guidelines do achieve their intention that is, the services that are contracted for are delivered. But contracting models based on high-trust or relationship models do provide an opportunity for innovation. An example of this is a pilot programme allowing flexible use of funding to provide respite via Atareira, one of our associate organisations.*
23. 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?
- *Yes, there is flexibility to design and manage contracts that work better for all parties. NGOs are dealing at the "coal face" of service delivery and are specialists in their respective fields of operation. NGOs design methods and systems that respond directly to our clients needs. For example, SFNZ's top of the South Island regional alliance is an example of a flexible and responsive approach to service delivery. As noted above, our affiliate organisations in Nelson, Marlborough, West Coast, and Canterbury have come together to progress towards future economies of scale and services provided, including centralizing funding for those branches. These types of initiatives should be supported by commissioning agencies, where there is a clear need for more flexibility in contract design and management.*

24. 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 would reduce dependency?
- *In the NGO sector, while the majority of funding comes from government, most organisations also attempt to access other funding options, to ensure funding sustainability and ongoing service delivery at an appropriate level and to an appropriate standard.*
 - *However, this is extremely challenging for NGOs who have volunteer boards, as fundraising is a costly and time-consuming exercise. The reality is that some providers are always going to be dependent on government, e.g. in health (mental and physical) and education.*
 - *The fact that most NGOs rely on government funding causes uncertainty and insecurity for service providers.*
 - *Government departments need to work together cooperatively to reduce duplication of funding streams. Government should establish partnerships between departments to achieve specific outcomes (i.e. partnerships on project outcomes). Government should then identify a lead service provider who has a proven track record in service delivery.*
 - *Sometimes SF organisations see inconsistencies, for example, organisations that receive funding because relationships are strong with funders, even where the quality of service provision is low.*
25. What are the opportunities for and barriers to using information technology and data to improve the efficiency and effectiveness of social service delivery?
- *Barriers include: low prevalence of home computers in some areas, often those with highest need; lack of education; lack of funding for technology, including hardware, software, operational costs and training.*
 - *But there are also opportunities, including: community mindsets changing towards the use of information technology; for example, the use of technology to increase efficiency i.e. 'skyping' for national/international meetings; the use of social media, like Facebook, for improved communication and promotion; cost of access to information technology decreasing; email and other communication tools allowing the provision of support to families with minimal face-to-face contact (although face-to-face contact is still essential).*
26. 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?
- *Factors should include experience, price and accountability. Non-government providers will in many cases have lower overhead costs than government providers.*
 - *Non-government providers know exactly the services that need to be provided to their clients.*
 - *NGOs are able to have a more flexible approach to service delivery that is appropriately tailored to the client/service user and their local community. Funders should target funding, and ensure flexibility in contracting to the extent necessary to meet community needs.*
 - *There is a sense that essential services, i.e. health and education, should only be provided on a not-for-profit basis, to ensure equal access to all.*
27. Which social services have improved as a result of contestability? *n/a*
28. What are the characteristics of social services where contestability is most beneficial or detrimental to service provision?
- *Contestable contracts have led to some areas losing a valued locally-provided service when the contract was awarded to a national provider. Efficiencies and cost saving can lead to services perceived as expensive being closed. There is concern, however, that contracting processes may*

not fully take into account the costs and benefits of a service, for example the benefits associated with local or regional provision of a tailored service.

29. For which services in which parts of New Zealand is the scope for contestability limited by low population density?
- *Rural areas such as the Westcoast, Northland and the East Coast of the North Island.*
 - *The provision of support services for families/whanau in rural and smaller towns and communities is limited by remoteness. It affects areas such as Acute Mental Health care, suicide support, and medical support, as an example. Cultural isolation also limits scope for contestability, including language barriers and cultural traditions and values. The use of technology could in the future provide a cost effective way of providing services to low population density areas throughout New Zealand. An example would be the use of email and social media to deliver services and create effective communication channels.*
30. Is there evidence that contestability is leading to worse outcomes by working against cooperation?
- *Yes. Organisations that contest provider contracts are not always sufficiently skilled to provide the service needed by the community.*
 - *Some organizations contract to provide a range of services, which can result in their skill-base becoming stretched and weakened.*
 - *Cooperation between services is difficult were organisations are competing for limited funding.*
 - *Networking opportunities and co-design of projects is already happening in some circumstances using resourcing not tagged for service delivery. However, many organisations are already using their reserves making long term sustainability of new projects or initiatives difficult.*
 - *In some circumstances the change over from one service provider to another with the change in contract has led to confusion and disintegration of existing alliances.*
31. What measures would reduce the cost to service providers of participating in contestable processes?
- *Closer relationships with the contract provider. Collaborative relationships rather than transactional relationships utilising the principles of co-design.*
 - *Standard reporting templates and statistic gathering systems between the funder and service provider. Better communication avenues across all aspects of the contracting process.*
 - *Better and more effective use of technology to relay information and provide an opportunity for service providers to make timely responses.*
32. What additional information could tender processes use that would improve the quality to government purchasing decisions?
- *The use of both qualitative and quantitative data (via Narrative Reports as an example), in regards to the service being provided.*
 - *Consistency in reporting systems that are used by MOH. These need to be the same throughout New Zealand, to reduce transaction costs for providers and ensure comparability of data.*
 - *There should be closer relationships and stronger networks between local DHBs and government, and with service providers, so funders can better understand community needs. Funders need to take time to listen to communities. There should also be closer cooperation between government departments to establish a clearer direction of services that are able to be provided cooperatively within their respective areas of expertise, for example MOH and MSD funding.*
33. What changes to commissioning and contracting could encourage improved services and outcomes where contestability is not currently delivering such improvements?
- *Funders should have an increased awareness of service providers' overall skill base and their past history of performance of delivery of services within their community.*

- *Provide educational opportunities for potential service providers to be up skilled to enable services to be provided proficiently within the community. This could benefit rural and smaller communities within New Zealand.*
 - *More long-term contracts. Decisions made locally by people who know the services.*
34. For what services is it most important to provide a relatively seamless transition for clients between providers?
- *Any inter-sectorial service transition, such as transitions between health, social, and justice services.*
 - *The transition from hospitalization services through to community care. This is a vital transition process that can have a profound effect on family/whanau and their respective family/whanau member.*
 - *All mental health services require seamless transitions between services, so that personal stories do not need to be repeated over and over again, further traumatising clients and wasting time.*
35. 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 received a number of enquiries via our website for contact details or information on family support providers in areas where SFNZ no longer provides support due to contract changes. In some instances this has led to branches in another region providing support to fill the gap.*
36. 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?
- *Local response to the needs of the local population, understanding and innovation.*
 - *Quality monitoring and outcomes measures must be tight.*
 - *Diversity is limited for services provided by government agencies*
 - *Rural communities often have fewer options.*
 - *NGO's have traditionally tended to respond to the needs of their communities diversify within the service to cover gaps*
37. How well do government agencies take account of the decision-making process of different cultures when working with providers?
- *Engagement with different cultures in decision-making process is changing slowly.*
38. Do government agencies engage with appropriate people when they are commissioning a service?
- *Not always. The new tendering system in mental health is fraught with problems, and is less effective in reaching the right suppliers than previously.*
 - *Consultative processes need to include a wide range of providers.*
 - *Government agencies should have an established knowledge of service providers within their respective communities.*
 - *Commissioning for any service should be via a transparent process.*
39. 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?
- *Not always. There have been instances where cultural service provider agencies have not always had the skills to provide the specialist services needed and have failed to fulfill their service contracts as specified. Equally, there have been circumstances where providers without cultural competence have been contracted.*
 - *Cultural awareness and relevance should form an integral part of all service provider contracts.*

40. How well do commissioning processes take account of the Treaty of Waitangi? Are there examples of agencies doing this well (or not so well)? *n/a*
41. Which types of services have outcomes that are practical to observe and can be reliably attributed to the service?
- *In the context of family support, services such as employment support services within the community have observable and attributable outcomes. These services endeavour to find appropriate employment for their respective clients. They also provide educational opportunities. Mobile community teams provide an essential link between families and services available to them in the community. Respite care is another example where outcomes are observable and attributable to the service.*
 - *Other examples include services where there are tangible outcomes such as passing a qualification or receiving a drivers' license.*
 - *Many NGO's regularly monitor the service they provide to meet their own quality standards, and to measure effectiveness against the values, beliefs and aims of the organisations and their constitution.*
42. Are there examples of outcome-based contracts? How successful have these been?
- *There are examples of outcome based contracts that require a standard or goal to be attained, but these contracts are often short-term.*
 - *Short-term contracting can lead to uncertainty and a lack of investment in innovation.*
43. What is the best way to specify, measure and manage the performance of services where outcomes are not easy to observe or to attribute?
- *Feedback from customers and referrers*
 - *Good and accurate record keeping.*
 - *Reliable reporting systems that are standardised, with agreed protocols in place.*
 - *Good networking and communication within the service providers in the community.*
 - *Quality measures including extending feedback tools such as the 'Real time feedback tool' currently being trialed in some DHBs.*
44. 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?
- *Government agencies/service providers do collect such data. This data should assist in making informed judgments. Good judgment is also influenced by good networking and communication between agencies and providers. Data collection is reliant on the right information being requested relative to the service being provided. Consistency of reporting requirements is also essential - use of one reporting system for each specific service provider rather than using two different reporting systems.*
 - *Technology is making it easier to collect data. However, some of our affiliate members report that contracts based on client contact time do not take into account other client related tasks such as record keeping, travel, training and reporting.*
45. What have been the benefits of government initiatives to streamline purchasing processes across agencies? Where could government make further improvements?

- *Government could make further improvements by providing additional resources to enable RBA (Results Based Accountability⁹), processes to be followed. This is resource intensive and new learning for many organisations.*
 - *SF Nelson, SF Marlborough, SF West Coast, and SF Canterbury have formed a Regional Alliance and together have streamlined their purchasing of the District Health Board Family/Whanau support contract from one central agency. The respondent to this survey would encourage government to support and promote similar streamlining where appropriate.*
46. Is there sufficient learning within the social services system? Is the information gathered reliable and correctly interpreted? Are the resulting changes timely and appropriate?
- *Yes, there are opportunities to further learning and education in the social services system.*
 - *For the most part information gathered is reliable. There is the opportunity to interpret and question information that has been gathered to ensure reliability and positive outcomes.*
 - *Resulting changes are not always timely - too short a time frame to respond to feedback asked for and time frames in initiating process are often too long. If good information is sourced and provided and effective research undertaken then the appropriate results are achieved.*
 - *There is, however, some duplication of effort, with organisations have to provide multiple reports, i.e. to MOH and DHBs.*
47. Does the commissioning and purchasing system encourage bottom-up experimentation? Does the system reinforce successful approaches and encourage reform of less successful ones?
- *No. The guidelines for purchasing social services are very prescriptive, this does not allow for much flexibility and / or experimentation. While there has been some recognition of new and innovative approaches, there is certainly room for improvement.*
48. Would an investment approach to social services spending lead to better allocation of resources and better social outcomes? What are the current data gaps in taking such an approach? How might these be addressed?
- *An investment approach to social services spending has the potential to lead to better allocation of resources and social outcomes. But it will require robust data collection and analysis. While service providers may want to contribute to the necessary surveys and data gathering exercises, this will require time and the redirection of resources from elsewhere in their organisation. This is likely to be a barrier to participation.*
49. How can data be more effectively used in the development of social service programmes? What types of services would benefit most?
- *There is a sense that data provided by services providers is not always used or thoroughly analysed by Government agencies.*
 - *Consultation is another effective way of developing good policy. Family/whanau input needs to be listened to and given due consideration.*
 - *Services that encompass the entire network of support services that are required to provide good outcomes for the service user and service agencies.*
 - *Some of our branches thought there needed to be better analysis of waiting lists, including for counselling services, social workers, children's services, and violence intervention/ courses.*
50. 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?

⁹ <http://www.business.govt.nz/procurement/procurement-reform/streamlined-contracting-with-ngos/results-based-accountability>

- *Benefits include a better understanding of community needs and contracting for appropriate services.*
 - *But data does not always convey the subjective experience of the recipient of a service – how the service helped and the difference that was made.*
 - *Relying on data alone to determine the provision of services could result in those needing services missing out, services failing to respond to local population needs and gaps in service provision.*
 - *Larger organisation also have an advantage in the provision of data to agencies. Smaller areas need smaller organisations to meet a diverse / niche needs.*
 - *Regional / local area analysis is also necessary.*
51. How do the organisational culture and leadership of government agencies affect the adoptions of improved ways of commissioning and contracting? In what service areas is the impact of culture and leadership most evident?
- *An overly top-down approach to leadership within government agencies is detrimental to the effective provision of social services, as it can lead to an agency appreciate “out of touch” with the community. It is important that government agencies adopt a collaborative approach that respects and values community experience and leadership.*
52. 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?
- *Good and reliable reporting systems help to ensure improved supply of services.*
 - *Strong leadership and good policies and procedures are essential to effectively delivering services within the community.*
 - *Community organisations are accountable to a number of different regulatory bodies including the Charities Commission, and funders, both contractual and philanthropic.*
 - *Failure to develop a strong organisational culture and leadership mean that a provider may lack the skills and planning required to effectively administer their contract and can result in a failure by the service provider to meet their obligations.*
53. What institutional arrangements or organisational features help or hinder the uptake and success of innovative approaches to service delivery?
- *Flexible and supportive governance and management help the uptake and success of innovative approaches. Other factors supporting innovative approaches include: good policy and procedural guidelines, good communication, good reporting systems, good audit procedures, a good understanding of the service being provided, an accurate and thorough understanding of the conditions and requirements terms of the contract, and effective networking with other community based service agencies.*
 - *Collaboration does work well – for example the approach taken in Marlborough in response to the Vulnerable Children Act 2014. The Children’s Team process is getting everyone on the same page really quickly. There is an opportunity to learn from others and information is easily transferred and shared. Innovation can occur in a collaborative setting, were there are relationships of trust in place.*
54. Have recent amendments to the Public Finance Act 1989 made it easier to coordinate across government agencies? Are there any examples of where they have helped to deliver better social services? What further measures could be effective?
- *These legislative amendments have provided for co-ordination across government agencies. Multi-category appropriations could mean that services are more encompassing and better able to meet service users’ and providers’ needs.*

55. 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, this is a risk.*
- *The selection of case studies needs to be robust and broad enough for the Commission to gain a comprehensive understanding of the issues facing the sector.*
- *Some of the important issues that could be missed would be the impact of family/whanau on service delivery. Too often family/whanau do not get the opportunity to fully participate in discussion of issues relating to services being provided or being considered.*

Summary:

1. Many Social Service providers began life as groups of volunteers gathering together to meet the needs of their local community. This spirit of working together to solve problems persists, with many organisations being reliant of volunteers including the donation of additional time by employees, over and above their contracted hours.
2. There are examples of networks and collaborative ventures in place as diverse communities respond and adapt to the changing social structure of New Zealand. Social service providers do work collaboratively to provide the best possible support and there are many examples. It is, however, difficult to collaborate fully when organisations need to compete for resourcing.
3. While not directly addressed in this review many of our organisations report an increased complexity of need and poverty in the vulnerable populations supported by many social service providers.
4. *He Waka kotuia: Joining together on a Shared Journey*¹⁰ made several recommendations across five areas, including:
 - appropriately funding all costs (operational and service delivery);
 - recognition of the diversity of social service providers;
 - engagement with Iwi; and
 - reporting requirements should be proportional based on funding level.
5. Many of these recommendations are still relevant and have yet to be implemented.
6. Social service providers should be encouraged to participate with Government to determine the best model for future funding. Funding arrangements should allow services to continue to develop and adapt. Such arrangements also need to include consistent reporting, auditing and/or accreditation processes across all providers – government and non-government.
7. Funding models such as those currently being developed to provide individual, client-directed funding are appropriate for services that deliver a service directly to a person, such as respite. But importantly, secondary services that provide indirect services (e.g. family and whanau services) would be disadvantaged by such a funding model.
8. SFNZ would be happy to participate in any further discussion.

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¹⁰ <https://www.familyservices.govt.nz/documents/working-with-us/programmes-services/connected-services/he-waka-kotuia-joining-together-on-a-shared-journey-august-2002.pdf>



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