

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

Ageing population; Ageing in place. This will have a greatest impact on the types of services required in the future.

Women live longer, and are often more likely to be independent.

By 2035 Bay of Plenty will experience a declining population as the population of young people are overtaken by the number of people over 65+. Social - Implications of poverty and lack of educational achievement – need skilled people to be able to provide for future generations. Recognise that the biggest portion of population are young, Maori and Pacific.

Strengthening the basis of Whanau family responsibilities to provide for future aging population, ensure that the aging population are resilient and can be independent.

Economic - The miss-match currently of education and employment expectations.

Immigration – rising numbers and need to enable them to become integrated into communities and contributors to community.

International models where retirees continue to get a reduced salary for a year as they do project work – eg support a school with reading recovery

2. How important are volunteers to the provision of social services?

We understand that there are 800,000 hours of volunteer work per week undertaken in New Zealand. This is an essential component of providing services alongside paid service provision. (p 23)

It is our recommendation that the number of hours offered 'in kind' to community service provision be recognised in funding applications.

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

We consider that Iwi will play a considerable role in the provision of social services in the future. However, Iwi will be supporting and providing services, and will continue hold the Crown responsible for the funding aspect as with any other group in the community.

Achieving a complimentary role with Government and will add value to what is already being provided.

Can add sustainability to community needs as they may be able to consistently fund a service based on need rather than money allocated by Government.

Iwi is more likely to hold a community focus rather than nationally funded when it comes to social solutions complexity when iwi are located in different communities across the Motu

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

This is currently a rapidly evolving area that needs to be taken into consideration.

Adds an additional income stream that is independent of government and can be self sustaining.

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

Restrictive attitude of Government and approaches to funding in this sphere.

Government: Very little appetite for risk.

Experience of private business, they view Government as having low trust issues.

There is a real need for opportunities for innovation to be undertaken at a privately funded local level. This innovation needs to have opportunity for being tested without the fear of failure.

Government needs to work with Leaders in the philanthropic sector - as an asset in policy development and funding distribution. It is also where a lot of the 'learning by doing' wisdom lies.

Funding going through indirect agencies to reduce some risks perceived by the Crown. Often funding goes through several layers of government and each level it goes through they take a slice of the funding – impacts on the organisation delivering the service having a reduced budget allocation to do the “real” work.

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

Strengths of Maori Providers is the ability to connecting to their communities.

Connectivity, value based – goals may be set at a regional level – not national level and services delivered at a local level. Services offered across the community – not just at Iwi level. They are also able to include a vision that can be multi-generational, rather than a 3 to 5 year strategy of delivery. This makes Iwi ideal providers for some of the really challenging issues that will take time to notice a significant improvement. E.g Health outcomes, socio-economic outcomes and improvements in child development and educational achievement outcomes.

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.

There are many successful overseas models/examples/repositories of experience Tamarak, Rowntree Foundation in the UK, a range of Canadian examples. FSG and GEO in the US... ASB Trust, Inspiring Communities, the Todd Foundation and the Working Together More group in NZ

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

Successful examples: REAP in NZ. Intermediate school clusters connected to Pukekohe Intermediate and funded by the J R . McKenzie Trust STRIVE in the U.S and other 'Collective Impact' initiatives– all build the relationships, and then evolve the services at a local level. \$ value attached to the collaborative / integrated services. More value if able to be at a community level needs buy-in (bottom-up approach)

Steeped in complexity when working in the community investment environment. A good site for information and learning is the Stanford Social Innovation Review in the US.

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

There needs to be a way of valuing innovative models that enable integration to evolve/enabling. All successful models are built on the development of trusting, collaborative relationships which take time and effort to evolve. We do not believe that generally competitive funding models work productively in the social services sector. Such funding models need a broad innovative rethink. Focussing on long term sustainable outcomes is the beginning of this process.

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.

The client needs the ability to do it.

Whanau Ora Model

Disability services utilises a navigator. Navigators who needs high skills – There is no value in vouchers.

A good navigator will seek to strengthen the client's capacity and capability.

17. What examples are there of contract specifications that make culturally appropriate delivery easy or difficult.

Widen the perspective of Whanau Ora – to be a mainstream concept of delivering via communities

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

10% of budget allocated to developing innovation– this funding over a 2 year period becomes business as usual.

All decision making needs to be made around Whanau. 'Nothing happens to me without me'

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?

CRM Forum Community Centric Funding Model has several examples of how service delivery decision made locally work well. One example is, the work undertaken in Katikati allowed the community to set its own goals for youth engagement. The solutions have involved joint funding opportunities for voluntary, Iwi, educational, faith based service and philanthropic organisations to work together to meet the goals of the community.

The original REAP Model also allowed regions to set their own educational goals to be delivered by local expertise. There are also some excellent examples from the Inspiring Communities initiatives

20 Are there examples where govt contracts restrict the ability of social services providers to innovate? Or where the contracts are too specific result in poor outcomes for clients?

Too specific in their expected outputs – If a Whanau needs more time to enable positive outcomes – often contracts are too restrictive – One example of a blatant failure was a contract that was set up as place based delivery of a Maori service where the place the service was to operate out of was totally inappropriate. Need to be locally focussed not goals and restrictive conditions set at a national level.

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

- Being accountable is saying how the \$\$ are spent.
- Providing an honest assessment and that failures do occur and that such failures can provide opportunities to learn. Failure should not necessarily be seen as a reason to remove services. 'You can learn more from being specifically wrong than being vaguely right'
- Effectiveness of the Community Response Model – value for money is ensuring that contracts are of a suitable length to be able to effect positive change and embed it in the community.

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?

- To have more flexibility to design and manage contracts that work better for all parties that can be delivered within local communities – often organisations that are regional – staff drive in and out of communities to deliver the services – however, they are not linked to the community to ascertain the community / family goals and aspirations. It is often the local contacts – which can involve the neighbour offering some support for a short term solution and often this intelligence is in a very localised area. Travel time for others to come onto the community – impacts on less service delivery to the actual whanau
- The ability to have 3 year contracts with less reporting and enabling some flexibility.
- The need for Government Departments to Partner rather than CONTRACT with some of the High Trust contract holders will improve the trust issues involved in allowing communities to find more effective solutions. Currently

24 Are there examples of where govt agencies are too dependent on particular providers?

- Govt contracts that roll over provide stability within the community –
- In future provide some of the bigger contracts need 10 year stability to be able to invest in IT, cars infrastructure etc and then still have the opportunity to have an annual review.

- Time line/strategic plan and process that ensures that performance is managed by including accountability directly to the community. Capacity of management is crucial and not always well funded.
- Sometimes lack of local capacity means that an inferior provider is maintained out of a fear that a poor service is better than no service. This makes it difficult for a better provider to set up.

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

Could use NHI number to identify clients. Develop a secure IT system that each organisation that is involved with the one person is registered in the site – Not the personal details that the person is receiving from the contract delivery – Name of organisation, personal delivering the service, time and dates of appointments (works with health – each provider that is involved in home care states name of organisation eg Kaitiaki Nursing services – providing cancer support, District nursing – post surgery wound management, Access home care – assisted shower. The result was more continuity of care and accountability from health providers, more transparency with family. Noted changes were that the Home care gave an assisted shower on Mon, Wed, Frid at 10 am and the DNS could do the wound care when she got out of the shower at 10.45 am. If a health professional missed an appointment then there was more accountability. Also gave the health professionals a contact person and number to improve better communication (with client consent). A barrier is the cost to agencies and lack of funding to develop solutions and solutions need to be integrated across sectors.

26 What factors should determine whether the government provides a service directly or uses non-govt providers?

Who is the better organisation to deliver the service? Governments should remain the major provider in Health, Education and Housing. What is the most effective way of getting the result the community wants?

27 Which social services have improved as a result of Contestability?

None to our knowledge. The competitive model does not lend itself to long term sustainable results which are the goal of social intervention. Contestability is the antithesis of resilient community building.

29 For which services in which parts of NZ is the scope for contestability limited by low population density?

Contestability is not appropriate – With the exception of a new contract that has been identified by the community and is able to be community led and therefore there should be opportunities in the process allowing within the tender to enable collective contracting opportunities to occur. Request for proposals – outline collaboration and then enable collective approaches from the inception of the proposal – the process needs to be fair and open

30 Is there evidence that contestability is leading to worse outcomes by working against cooperations? One example of it not

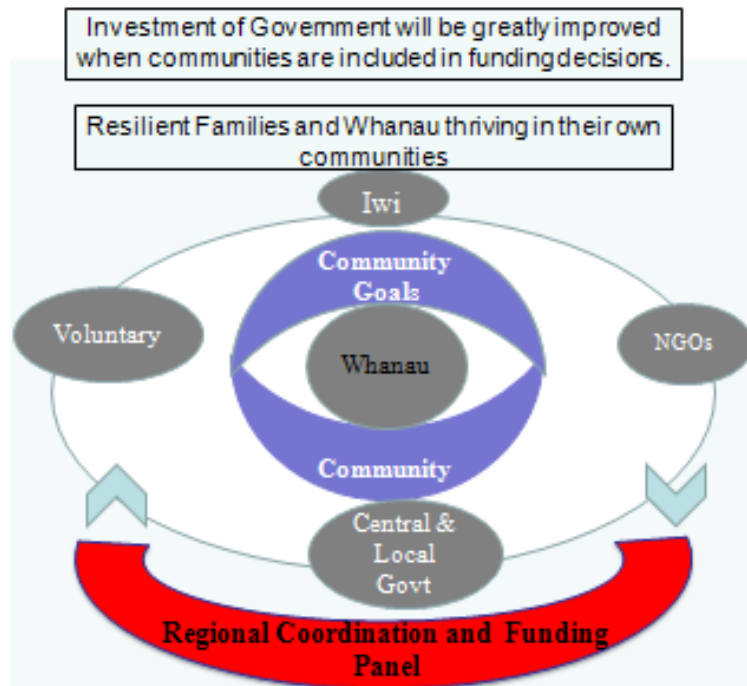
working is the GETS system – how you would co-operate with other agencies in what is seen as a confidential process and there is no indication of who the players are and the timelines are usually very short to do any assessment of opportunities for collaboration. So contestability at contract stage and then the organisation is supposed to work collaboratively after they have competed and some have missed out on the contract – it doesn't work. Sometimes there are opportunities for those not gaining the contract to sabotage those who have been successful.

31 What measures would reduce the cost to service providers of participating in contestable processes? & 38 Do government agencies engage with the appropriate people when they are commissioning a service?

- Community involvement – defines the needs
- Primary govt response – rfp from providers (needs to have collaboration and co-operation. In the primary documents – needs to encourage the collaboration to occur. Need to have the space for this to happen and the contract proposal is often too short to enable the collaborative approach to happen for the funding – and then put in a proposal that enables a collaborative contract to be given
- Building relationships is fundamental in any effective community services.
- Needs to be strengths a based approach
- Needs to foster and be a \$\$\$ commitment within the contract to value collaboration and co-operation. These are often about good working relationships and they take time to develop

Our response to Questions 31 – 40 is to submit a copy of the BOP Community Response Model.

The BOP Community Response Model aligned with the Mauri Model to build capacity and be community centric



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This Model was developed by the BOP CRM and Staff from the Ministry of Social Development. It is a framework that enables communities to actively set and participate in their own development utilising any or all of the funding and delivery mechanism available. The model is currently being tested in conjunction with the Western Bay of Plenty District Council in Katikati and Te Puke as a means of developing and undertaking community led youth development in these communities.

This model was developed as often, a contestable funding tool is used to drive costs down at the expense of added value and outcomes. Contestability is a tool to enable, foster and give effect to collaboration - not as tool to drive down costs. Competition gets in the way of collaborative process and therefore productivity (really good outcomes)

Collaboration needs to happen at a local level.

The CRM Forum also recommend that a small % of each contract distributed has mechanism to allow the contract holder to be innovative with the same target population. an

Questions 41, 42, 43, 44. Which types of services have outcomes that are practical to observe and be reliably attributed to the services?

Social sector trials – mutli agency approaches and Whanau Ora eg insulation of house

Strength based approach and preventative approach is more effective than the reactionary model.

Questions 46, 47

There is not enough experimentation and innovation and there is no investment in effective evaluation and this is where effectiveness can occur. Often there is some expert input to set up and this shared data systems, understanding the value and then decisions are made on a shared basis. Redirecting funding to areas of greater value. FSG model and framework – Not achieved easily in the short term – however the long term benefits are extremely valuable. Need to invest in education and learning to create change

Questions 48, 49, 50, 51, 52, 53, 54

Investment in outcomes however, this will need to be a community centric approach. There needs to be a funding model that incorporates a different lens (not the commercial lens that is presently used) to be effective to create positive change within communities for families to be resilient. Refer to Vivian Hutchinson – How Communities Heal 'Its going to take community'
<http://www.nzsef.org.nz/howcommunitiesheal>