

Summary of Questions

I am offering this response as a mature social scientist specialising in social gerontology. I undertake population ageing research and engage in policy processes at a local and regional level. I am involved in social sector collaboration and developmental projects. I am actively involved with a social enterprise and passionately advocate for ageing social change at a local policy level.

For the purposes of this paper I will confine my perspective to the need for a strengthened social sector given the doubling of the mature, older and older old population in the next ten years. My focus is that a 'productive' longevity economy will depend on reducing dependency, valuing older people as consumers and contributors and being responsive to the individual diversity that comes from a longer lifespan.

There are challenges at all levels of policy making particularly leadership within Local Government. It includes an attitudinal refocus within the 'third sector and home care service industry. The possibilities for innovation are very significant and international examples are well documented.

Ageism is deep and we need to 'get over it' in New Zealand. The most valuable contribution to enable active ageing and appropriate health and social care services in a longevity economy is in my view, language. Words shape our reality.

In a recent report commissioned by the Bay of Plenty Regional Council. I noted this fact p.8 <http://www.boprc.govt.nz/media/374303/final-trends-and-transitions.pdf>

We need to stop calling a cohort of people with a 40yr span of living 'the elderly' or a demographic lump of 65+ with all the negative associations that this evokes. It limits perceptions of the marvellous human achievement of longevity and a longer quality of life. Perceptions of deficit ageing lead to service demand expectations and therefore increase social cost. The alternative is to take a strength based approach that recognises a new paradigm of well being, diversity and engagement. We can then really focus provision of compassionate services that support dignity and autonomy for those with later life needs.

There is an urgent need for an opportunity perspective to population ageing.

The Treasury *Quality Of Life Model* is a great starting place to assess policy at Government, local government and social service supply at a community level.

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

- 1 [Global, New Zealand and local community populations ageing.](#)
 - [Quality of life issues for mature, older and older old people will influence the sustainability of the economy.](#)

- Diversity needs to be widely understood in policy development and service delivery. Diverse communities – some high ageing, diverse individual physical and cognitive ageing, wellness and perceptions of independence and dependency.
- Institutionalization of older people.
The commodification of care for older people for private enterprise gain is appalling. 'Retirement' reservations are not a long term sustainable model. International models of community care initiatives are exciting. Even dementia people can be deinstitutionalized.

2 Transitioning children through schooling to realistic and optimizing education/ skill training opportunities, especially Maori and Pacifica peoples

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

Volunteers are extremely vital – for themselves, others and community cohesiveness. An ability to afford to become a volunteer is a growing issue. Capacity to value, train and support volunteers is challenging for not for profits.

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

There is a need to assess how many 'overlords' or layers of bureaucracy are needed when there is a need to direct scarce resources to clients.

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

SE's have a distinct role to create social change through independent innovation. Entrepreneurial activity is vital in the social sector. Social organizations often have conservative and traditional modes of operation that are historical, controlled or limited by founding objectives, members and funding streams. SE's can act in spaces where governments are not i.e. emergent social change. An example is SUPA-NZ.com that works with business to create age-friendly business services and product orientation through an accreditation programme.

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

See above. There appears to be an encouraging shift towards more corporate social responsibility in New Zealand.

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?

Little effort is focused on enabling the shifts to an active ageing society (prevention), despite global efforts e.g. WHO, UN, OECD etc to redesign community infrastructure, modify housing or transport efficiency.

Despite ageing being the no 1 on the Govt science challenges list, the lack of focused support to research and innovation at a community level is appalling. Communities need to learn to relate to older people and begin to focus on local initiatives that reduce dependency.

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?

PLENTY. AUSTRALIAN OR CANADIAN AGE-FRIENDLY EFFORTS AND POLICY FRAMEWORKS ARE A GREAT BEGINNING. They are driven by Government leadership!

Please consider a specifically targeted small grants research fund, available for social sector co-coordinating agencies to distribute at a community level.

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

It is urgent that we adopt an inclusive lifelong learning agenda e.g. European Economic Commission. Clearly a position that reduces dependency and increases contribution. Elders have learning needs – reduces medication/ depression/ dementia creates inclusion and encourages wisdom sharing.

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

A clear understanding of age diversity, respect and autonomy.
AGE-FRIENDLY TRAINING at all levels of service delivery.
(see SUPA-NZ)

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?

Some Communities are ageing faster than others even in a city or region. Some will go into decline sooner than others. Services will become unmanageable for the agency and

inaccessible for older people particularly for those who are frail and living alone. This is already the case in some NORCS(naturally occurring retirement communities). The contracting process needs to ensure local provision where possible to maintain 'collective over view and connectivity. Examples of empowered older people co-ordinating essential services exist. There is a need for 'funders/ contractors to invest in empowering older people not just hire commercial for profit companies.

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?

Despite best intentions, knowledge about the future impact of ageing communities in order to do strategic planning. Lack of Govt leadership.

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

All services. Older people, family and whanau could help themselves if they had local access to a comprehensive information, advice and advocacy service. English models exist.

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?

A well designed funding application that includes an evaluation capacity and capability building stream that enable the provider to self evaluate and learn alongside an independent research overview.

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?

See above
There are probably few not for profit providers who can afford or manage appropriate data collection. It would require analyst services.

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

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?

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?

¹ Case studies on innovative approaches to age-friendly social change.

2 NZ models for co-operative provision of 'community care' by elders themselves.

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

Keen to dialogue further on these issues

cgordon@xtra.co.nz
ph 07 576 6727