

**Productivity Commission
Effective Social Services**

Submission by John Angus

PART TWO

RESPONSES TO QUESTIONS RAISED IN ISSUES PAPER

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

Volunteers are important at two levels; governance and at services delivery. In governance the reliance on volunteers is almost total. At service delivery level the reliance varies widely.

Government could support organisation using volunteers by not applying the full measure of requirements on them as on paid employees. For example not applying fully fines or other personal financial obligations on volunteer directors (this has been proposed I see in respect of health and safety proposals). Or for agencies, by not applying all of the provision for paid employees (but not perhaps the health and safety ones.)

Government could look at some reward for corporates who run volunteer day schemes (paid day off a year for approved voluntary work

3. What role do Iwi play in the funding and provision of social services?

In the first part of this submission I have emphasized the role of families and community based informal groups. The organizational structures of Maori fit this well – whanau, marae, hapu, iwi.

Partnerships with iwi, mandating partnership a lower levels, have great potential – some already realized.

Iwi have delivered support services to their people but are wary of how they will be compensated/funded. In the 1990s, CYPF legislation made it possible for Iwi Authorities to deliver support services to vulnerable children of their iwi. However there were major issues over funding (no new money was appropriated. The funding was expected to come from existing allocations) and only a handful (6-7) took up the 'opportunity' and then only briefly. (See Part One)

4. Contribution of social enterprises

I really cannot comment on this except to say it is considerable and often innovative. Scale is difficult to estimate with some clarity over definition.

5. What are opportunities for/ barriers to social service partnerships?

Given goodwill on both sides there are many opportunities.

The Telecom/Spark experience is an interesting one:

- Set up a separate trust with an independent chair and equal number of members from outside and inside
- Focus on two or three areas where success can be measured.
- Chose best opportunities in those areas and enter into partnership (and in one case buy out) the initiative

Barriers include:

- Businesses justified concern the government will inveigle them into core services funding
- Some charities antagonism to corporates.

In my experience, those corporates who do contribute to the funding of social support providers are in Auckland (where the corporate decision makers are) and the beneficiaries tend to be Auckland based providers.

6. Scope for increased private investment

I have seen this work –using angel investors

7. What capabilities and services are Maori providers better able to supply?

This requires considerable analysis to take into account, inter alia,

- Cultural attitudes to care for children, sick people and old people
- Strength of ties within Maori organisations

8 Why are private for-profit providers significantly involved in some services and not others?

Historical e.g. provision of aged care and of child care to people willing to pay.

More recently government use of market provision and big subsidies to providers and users e.g. child care

In health primary care because the funders are prepared to pay the going rate (this almost takes it out of pfp category)

9. Success of recent initiatives

I am not close enough to them to make any robust comment

10. Other initiatives

Spark/ Manaiakalani Education Trust would be worth look – talk to Pat Sneddon.

11 and 12

Don't know enough to comment

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

At a service delivery level in the child and family support field I know about it is Strengthening Families.

See text in Part One, I also agree with Richard Wood's answer

The most successful social sector led integrated initiative was that put in place for the Bolger government by Dame Margaret Bazley in 1996/97.

At that time Dame Margaret, with the active participation and support of the heads of the Ministries of Health and Education, introduced the Strengthening Families Local Coordination initiative. Each local coordination group consisted of a network of Government and community front line workers, including health, education, housing, social support and police workers .

This initiative was, in its day, the largest change management exercise undertaken in the New Zealand public service, joining together some 40,000 front line workers (both Government and non-government) across the health, education, social support, justice and housing sectors. It was supported by workshops and targeted training programmes that were conducted over two years.

The Ministry Chief Executives did not direct it from Wellington. They visited every significant regional centre in New Zealand, briefing both Government agency managers and local Mayors.

The initiative was overseen by a Cabinet sub-group including Roger Cowry, Minister of Social Welfare and Bill English, Minister of Health. Cabinet directives required eleven Government agencies to participate and required local collaboration by those agencies' front line staff. Crown Health organisations were expected to participate and to require, in their contracts with providers, that they also participate.

As noted earlier in this paper we discovered that when agencies actively worked together at a local level, many of the perceived lack of funding and gaps in services actually disappeared.

Strengthening Families still operates across nearly every local authority area in New Zealand, not because of the support of public service Chief Executives (most of whom are unaware of it) but because front line workers find it an effective way of working and vulnerable families seek it out.

However, because the cascading accountabilities put in place by Cabinet in the late 1990's have become disused and there is no overarching mandate, its application is not consistently effective. In addition, uninformed policy people see it as a programme that might be cannibalised for their own pet programmes.

For reasons why integration has otherwise not worked see Part One

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

Devolve power to regional and local areas so decisions can be made here close to providers. This means leadership and cascading accountability across and down through Government agencies.

Ensuring everyone is involved (Government and non-government, DHBs, schools).

Ensuring the workforce (particularly at the frontline) is given permission to work together, trained to work together (staff from one sector may not even understand the technical language used by staff from other sectors), and given opportunities to network. Frontline staff working from time to time out of the same bases or hubs helps.

Funding providers to ensure their frontline staff network with other frontline staff.

Ensuring that the people developing policy and implementing service integration have the knowledge, skills, respect and empathy to work with all the intended partners in a manner that will guarantee success.

15 and 16 application of client directed budgets

Don't know

17. Contract specs

Don't know

18. Client views

Surveys, focus groups

19. Are there examples of service delivery decisions that are best made locally or centrally?

The comments made in your Issues paper in the lead up to this question are all valid, though prescribed programmes that have low recruitment and retention rates have low efficiency too.

20 – 21.

These are off the top of my head.

I think government needs a mix of commissioning/contracting processes

- Ways to encourage and increase family and local community responses/provision of social services e.g. SKIP and It's Okay social marketing
- Funding for local initiatives on SKIP model
- Partnerships with established NGO providers – like trust contracts
- Specified contracts for effective programmes e.g. Incredible Years
- Very tight contracts for any service that has the coercive powers of the state devolved to it.

22 – 25

Not enough up to date info to robustly answer these questions

26. Produce or purchase

Thought your discussion this was excellent.

27 - 35. Contestability

In general I agree with Richard Wood's comments below

In my view contestability is rarely useful, for existing contracts for social services.

It is impossible to encourage integrated/ collaborative working at the front line when agencies are competing with each other for the shrinking funds made available by funders.

Having to reapply for funding every one, two or three years had a debilitating impact on the operation and outlook of community organisations, who were

regularly losing good staff at the end of a contract period, fearful that they might lose their jobs.

Supported by Ministers, the Ministry of Social Development put in place a High Trust Contract system that guaranteed high performing providers ongoing funding, paid up front and not drip-fed over the financial year.

Questions 36 - 51

These questions open up important questions about commissioning and funding processes. I feel that for me to comment robustly on them I would need to do considerable reading and reflection, and that even then my knowledge is limited to some years ago.

Thank for the opportunity to comment on your paper

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