



09 December 2014

**Submission on the New Zealand Productivity Commission's Inquiry:
More Effective Social Services (the Inquiry)**

To the New Zealand Productivity Commission

This submission is from:

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We would be open to speak to this submission.

Nga mihi nui,

Tara D'Sousa
National Manager

Introduction:

Social Service Providers Aotearoa (SSPA) is the New Zealand umbrella organisation for Ministry of Social Development funded non-government providers working with children, young people, families, and communities. SSPA is a registered Incorporated Society (2000) open to all Section 396 Child & Family Support Services (providing Foster Care and residential services) and Section 403 Services (providing Community Services) within New Zealand, approved under the Children Young Persons and their Families Act 1989 and other providers contracted by the Ministry of Social Development. Associated members hold contracts with other Ministries – Justice, Education, Health etc. With a membership of approximately 200 social service providers in 15 regions, SSPA represents an approximate collective capacity of several thousand trained staff.

SSPA is governed by a highly skilled and professional National Executive Committee elected by the membership body at an annual AGM for a two year term. The current Executive consists of regional representation as well as representatives of Māori, Asian and refugee and migrant providers. A National Manager and Events and Administration Officer are based in Wellington.

SSPA exists to support member service providers to make a positive and significant difference in their communities through their work with children, young people and families. SSPA runs best practice professional development for member providers through the provision of resources, facilitation of forums, regional meetings, seminars and conferences. Effectiveness and efficiency of social service practice and decision-making across the sector are also our concern.

SSPA Submission:

The NZPC Issues Paper released on 7 October 2014, and which was presented at SSPA National Conference on 9 October, is a comprehensive document bringing together many ideas and practices from a vast range of services. The Inquiry is considered a valuable opportunity for SSPA members to provide input based on their grassroots experience, made more valid from years of continuous innovation to improve outcomes. Many members will be submitting individual responses; in addition SSPA National Office and Executive summarised the paper and developed some key questions which were used to survey members. The responses¹ have been collated for this submission; however the views in this submission do not represent the views of all SSPA members, rather they are the initial conclusions reached by the National Executive.

We respectfully note that the timeframe for this submission, which at other times in the calendar year would not have been as challenging, have put much pressure on already stretched providers keen to respond to the Inquiry while responding to a high demand for services as is expected in the lead up to Christmas. In addition to this inquiry there have been a number of Responses for Information (RFIs) and / or submissions called by Treasury, Ministry of Health, Ministry of Education and Children's Action Plan Directorate all due in this period with a tight timeline. Cross agency referencing among government

¹ Direct quotes from our members are provided in italics.

departments would assist the sector to also coordinate a single response as the areas for inquiry are similar and overlap.

Who we are, what we do:

The Productivity Commission's approach to the inquiry in terms of setting out to understand the history that has shaped social services and the diversity of services is commended. A particular chronology of events have led to the establishment of SSPA and influenced its development and range of services in response to the changing needs of client children, families and community. Key elements are reproduced below:

SSPA History:

1984 - *Rogernomics* largely contributing to a structural shift in the economy from industry to services, large-scale unemployment, concessions from unions and increasing inequality in the distribution of wealth. Social capital declined sharply

1989 - NZ signs up to UN Convention on the Rights of the Child (UNCROC)

1991 - Ruth Richardson delivers the "mother of all budgets". Poverty levels up by 35% between 1989 and 1993

1990s – Department of Social Welfare and Children, Young Persons and their Families Service (CYPFS, as then known) contracting for bed-nights among agencies at different rates; this resulted in agencies joining up to enable some collective strength, the precursor to SSPA

1992 - First National Conference held by this coalition of agencies; very well attended by section 396 (relating to care of children, Children Young Persons and Their Families Act 1989) agencies; desire to have national representation with regard to relationship with government. Annual Conferences held since; these and all the organisation's activities were focussed on care of children and young people, with significant debate about the role and place of S396 providers, Māori and Pasifika

1999 – A Māori caucus initiated to develop association of iwi social service providers (the precursor to Te Kahui Atawhai o Te Motu, the Māori social service providers' umbrella body)

2000 - Membership extended to Section 403 (relating to family and community services) agencies. The National organisation was registered as an Incorporated Society – NZ Association of Child and Family Support and Community Services (NZACFSCS) and government funding was provided to it as an umbrella organisation.

2004 – Review of CYFS; Family and Community Services (FACS) formed as a separate unit in MSD

2005 – NZACFSCS had a name change, rules revamp, and new constitution and was registered with Companies Office as Social Service Providers Aotearoa, Inc.

2006 to 2008 - Contract funding from CYF, regular discussions with MPs and key government officials; regular annual conferences: Bottoms Up (2006 Invercargill); Blown Away (2007 Palmerston North); Soar with the Dream (2008 Dunedin). Ministers of Social Development usually attended as did officials and staff from CYF, FACS and other government agencies; associate membership to non-contract agencies offered. Relationship with government positive through Pathways to Partnerships (Labour government); Funding for Outcomes introduced.

- Regional Meetings set up
- Membership up to 275, views canvassed via "Talking Back Questionnaires", submissions in response to CYFS papers and social policy. SSPA Position Papers on Drug and Alcohol, Youth, Cultural Position, Kids in Care

2009 to 2010 – Annual Conferences continue: Te Puawaitanga O Te Kakano – Sowing Seeds of Change (2009 Whangarei); 2010 Christchurch Conference finished the night before the September Earthquake. Loss of files, information and capacity from SSPA National Office (located in Christchurch from 2010) with the second big earthquake Feb 2011

2011 to 2012 - Common Language, Common Sense, Common Ground Conference (2011 Auckland); National Seminar Series on the Green Paper; SSPA National office moved to Wellington

- Changes at MSD – Investing in Services for Outcomes (ISO); Benefit review and reforms; White Paper for Vulnerable Children
- SSPA Conference - Improving Outcomes for Children and Whānau post the Green Paper (2012 Wellington)

2013 to 2014 - Joint Conference with Fostering Kids: Working Together Post the White Paper (2013 Auckland); National seminar series on Collective Impact to Action; National series of Political Panels;

- Submission on Vulnerable Children Bill (www.sspa.org.nz)
- Election Statement (www.sspa.org.nz)
- SSPA Conference Collaboration and Innovation for Vulnerable Children and Whānau (2014 Invercargill)

SSPA Members' services:

SSPA has surveyed its membership to ascertain the range of services they offer that aim to build resilience and well-being of children, whānau and communities. Some of these, such as alcohol and drug services, violence crisis services, children's specialist services are not included in the "Diversity of Social Services" diagram in the Issues Paper (Pg. 16). A menu of our members' services including those delivered under contract to CYF and FACS includes:

1. Integrated strengths-based models: e.g. Right Service Right Time (RSRT Christchurch), Te Aroha Noa (Manawatu)

2. Crisis intervention and specialist services: violence crisis support, child and youth bed-nights, day programmes, safe-houses, foster and respite care placements,
3. Ongoing individual, family and community services: alcohol and drug services, violence intervention and education for men, women and children, mental-health services, sexual / physical / emotional abuse social work and counselling services for children, young people, adults and families, advocacy, mentoring boys and girls, family therapy, family reconciliation.

Many members are on high trust contracts with Ministries of Social Development (MSD), Health, Education, Justice etc., and many receive capability investment resource (CIR) funds from MSD.

Collaboration and partnership between whānau, community agencies, iwi, local and central government, non-government organisations, and other stakeholders is central to empowering relationships for delivering effective service; therefore SSPA members actively seek out collective action for client whānau. Collaboration is across sectors – health, education, social services; and across interest groups – private, public and civil society.

SSPA has focussed on four key areas for this submission and responses from our members as received through the survey on this Inquiry have been provided under these headings:

1. Social services context, definitions in the NZPC Issues paper and social services appropriations as relevant to SSPA members

The Issues Paper includes services in health, education including tertiary, ACC, corrections, housing, labour, Maori affairs, justice and social development within the purview of “social services”. These account for government spending of \$34 billion a year (15% GDP); of this \$833m or 2.4% is the spend of MSD. Most of SSPA members are providers receive funding from MSD and, for the purposes of this submission, comment is on the MSD model of “contributory funding” for NGOs (Refer No: 3 below)

The Issues Paper also sets out models in health, housing, education and corrections as examples of selected NZ initiatives. While these have some bearing on the work of SSPA providers, they have remained largely unknown in the way they have been implemented and their impact (Refer Section 4 below). *“Has not touched us”* says one SSPA respondent. Cross-sector Trials are better known; however there has been insufficient time for these to be evaluated for their long-term impact. One comment: *“Existing tried and true services are often exactly what is needed as opposed to new options....”*

The international examples provided by the Issues Paper are also somewhat limited and again mainly in the health and corrections areas. We respectfully submit that many excellent social services innovations are happening within New Zealand among small rural communities, school communities, Māori and Pasifika groups and migrant and refugee families. It is also acknowledged in international thinking *“that innovation in social services is characterised by incremental changes and adaptations rather than disruptive processes. Most of the time, an innovative solution is characterised by the implementation of a new idea or a new step into a pre-existing process in order to better adapt it to new needs and/or make it more efficient. This kind of cumulative changes can have greater impact on the*

quality and responsiveness of social services in the long-term but they are not always visible in the short-term."² Further comment in this regard is made in Section 4 below.

This submission aims to provide a broad view of social services: "*social services (are those activities) designated to provide meaningful opportunities for social and economic growth of the disadvantaged sector of the population in order to develop them into productive and self-reliant citizens and promote social equity*".³ Another simpler definition is provided by the Thesaurus: "*an organized activity to improve the condition of disadvantaged people in society*." In this context we have reservations with the definition of "service integration" (Page 38 Issues Paper) as our understanding of the WHO definition of "right mix of curative and preventative services" brings to mind a medical model which does not quite capture community. We believe integrated services are those that collaborate to deliver to a continuum of need moving clients from vulnerability to well-being, meeting them where they are. The opportunity to review social service productivity should consider existing highly creative collaborative New Zealand responses, alongside the compelling challenge of engaging hard-to-reach, transient "at-risk" families. It is vital to turn the problem on its head and **recognise that it is services that can be "hard-to-reach"**. Community-based approaches are often more accessible through direct and personal engagement with all family members. They usually invest time and resources to build relationships and have flexibility of practice and programme content. They link families to networks of support that can be sustained over time enhancing the resilience of families⁴.

We acknowledge the need for an investment approach to social services but submit that the forward liability model that emerged from the Welfare Working Group's benefit review and reforms is flawed in that it assumes that a reduction in fiscal costs of welfare will maximise employment and social outcomes. Actually forward liability should be about the "deadweight costs of taxation"⁵ (equivalent to 20c in each tax dollar) not about the redistribution of taxes from beneficiaries to other taxpayers. It can serve to perpetuate a deficit model. We submit that this approach emphasises risk rather than benefit and agree with Chapple⁶ that it needs to be balanced by a cost-benefit analysis. In the context of social services, the agencies concerned must be tasked to improve social outcomes, not merely reduce the forward liability. This will look more positively at "risk" as an area for management but also essential to innovation.

On trends that influence the social services context, the following were provided by SSPA respondents (ticking as many options as applied):

- 91% - increasing vulnerability and increasing inequality;
- 82% - increasing poverty and complexity of social issues;
- 64% - government policies and programmes;
- 55% - capability and accessibility of social service providers;
- 45% - diversity and changing population structures

² INNOSERV Project: "Pushing research further: international expert meetings on innovation in social services"

http://www.dwi.uni-heidelberg.de/md/dwi/innoserv/international_expert_meetings_on_innovation_in_social_services.pdf

³ National Statistical Coordination Board, Republic of the Philippines: <http://www.nscb.gov.ph/ru12/DEFINE/DEF-SOC.HTM>

⁴ Cortis et al., 2009

⁵ Forward Liability and Welfare Reform in New Zealand, Simon Chapple: *Policy Quarterly – Volume 9, Issue 2 – May 2013*

⁶ Ibid

“Rising inequality is contributing to less connected communities....and (therefore) less resilient communities”, says one of SSPA’s member providers. This indicates that they strongly consider the impact of structural issues on the lives of ordinary New Zealanders which suggests systemic mitigation is required, i.e. state intervention via universal services and other initiatives that improved income, housing and employment as key drivers for equity of social access and outcomes.

All respondents spoke of the increasing complexity of social issues, intergenerational deprivation and a sustained lack of adequate response which has the potential *“for New Zealand to become a far more violent society”*

2. Role of state, non-government agencies and other actors in the social services space:

In response to the SSPA survey question about what should determine the decision for services to be delivered by government or non-government agencies, most respondents recognised the key partnership relationship among all the actors that should be strengthened in the interests of best outcomes for client families. The following were offered as factors that should influence the location of service responsibility / accountability:

- Universal services should continue to stay within government responsibility (several responses)
- Government intervention should continue with respect to statutory services: *“NGOs are able to provide low-cost services, but many are at stretching point and would struggle to take on statutory obligations.”* There was also some support for the state services returning to providing key therapeutic interventions (as in the past)
- Lifting the criteria for access to government services means more work deferred to NGOs (this trend has grown since the amendments to the CYPF Act and CYF practice to adopt a “differential response” in 2005⁷)
- Trends of increasing complexity of need and differential response means traditional NGO early-intervention work often cannot be done; this creates a cycle of NGO response to predominantly high-end need
- Many respondents were clear that local needs are best met by local providers who are present and carry the relationships with whānau: *“(NGOs) at the grass roots....can identify and understand the uniqueness of local communities and individuals...”*
- Iwi should look after iwi (culturally appropriate services): *“Iwi social services should always be given paramountcy as they are often left to deal with the more hard-to-work-with whānau that other agencies struggle with.”*
- Quality of services, capability and cost were also mentioned as key determinants
- Validated research and the needs of the community should be considered.

⁷ “Differential response” – a response that varied depending on the kind of report. For example, responses to reports of neglect often differed from responses that concerned sexual abuse....(could be) referral to other organisations (including NGOs) or departments for the provision of services <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj25/a-differential-response-model-for-child-protection-25-pages32-48.html>

- Well-balanced providers with a strong ethical basis able to respond to the needs of the community (*It doesn't matter who provides the service as long as these criteria are met*)
- Who will do the best job and full funding so that the best job can be done (mentioned many times) – the current MSD funding model does not allow for this: “NGOs are on the coal face and are not given anywhere enough funding”. (Refer Section 3 below)
- “There should be a fair, transparent and equal tendering process for service”

3. Contracts and Funding

a. MSD Contributory Funding Model:

It is significant that NGO social services are not fully funded by MSD and have not been for several decades in New Zealand, with the exception of very few programmes (e.g. Social Work in Schools, Social Sector Trials and some Christchurch earthquake-related programmes). This is in contrast to full costs being paid for services in the health, justice, police and education spheres.

In July 2014, SSPA ran a survey to explore the evidence on service funding. Service Budgets of respondents ranged from \$110,000 to \$1.7m, with average budgets in the \$450,000 to \$500,000 range. In terms of services contracted by Child Youth and Family (CYF), Family and Community Services (FACS) or other MSD departments all respondents reported a difference in cost of MSD related service compared to MSD funds received. The shortfall ranges from 22.5% to 90%; the average shortfall is 39.7%. This means that providers have to self-fund almost 40% of the services they provide to vulnerable children and whānau. This seems to be backed by the macro-data presented in the Issue Paper (Pg. 23, Fig. 9) showing that charities received 50% funding from government contracts and grants.

24% surveyed SSPA providers over-deliver on contracted services by more than 50%; 22% each over-deliver by 10-25% and 25-50%. Up to 10% services are over-delivered by 16% respondents. “Currently we over-deliver on our contracts - but ... we actually can't close our doors after 6 months (when) we've delivered our contract numbers...” In short, the government is not paying for what it is getting.

In response to the current SSPA survey for this Inquiry, this continues to be a significant response:

- “Under performance is often a result of underfunding.” Fully-funded services rather than 60% funded (on average) will ensure budgets match needs;
- Iwi should get enough funding to use appropriate interventions to address the long-term systemic abuse that has affected many Maori;
- Funding insecurity is a consistent tension: ...”assured funding would aid in planning for future service delivery”

Another point made by SSPA National Executive is that there have been no CPI adjustments to funding for at least the last 10 years; this means that funding levels have not just been standing level but falling behind. Given the greater complexity of the work devolved to the

NGO sector, the greater costs of response have not been acknowledged and remunerated; this situation has inherent issues of justice in terms of fair working terms and conditions for service providers and staff. However many providers have been unable to address this question directly in contract negotiations:

- The inconsistency between programme requirements and funding is often not addressed because some providers are *“scared of making too much of a fuss in case the (funding) is cancelled....the goal posts keep changing”*

Finally, it must be emphasised that there is no additional funding for evaluating outcomes of the service purchased (say 1% of the contract price), despite the notice from MSD that Evaluation is going to be a contractual requirement. This squeezes margins even further under the contributory funding model.

b. Contracting and Funding Experience:

In other feedback regarding Contracting and Funding the following emerged:

- 90% respondents have experience of the relational aspect of contracting as having a big impact on their terms and conditions, e.g. frequency of reporting, assured funding etc. The relationships are important but they need to be embedded in the institutional structures rather than personalities. Often they are regionally or locally held, and this is appropriate; however these do not translate to central management and are often inconsistent.
- 90% of providers who responded are contracting under an outcomes framework, but these outcomes are often inconsistently arrived at.
- 78% respondents are involved in either High-Trust contracts (which do not mean they are large providers), multi-year (or extended tenure) contracts and tendering processes. Many respondents report positively about the High-Trust contracts, but some say they are as much work and involve as much control of the work as regular contracts.

c. Impact on Families:

Most critical for practice is the issue of how the constraints in contracting and funding impact on client families, particularly children. SSPA National Executive are concerned in situations where, for instance, bed nights are estimated in an ad hoc way and then adjusted in the contract, sending funding figures up or down without regard for children who may then end up without a safe care situation.

The current approach in social services purchasing is one of “commodification”, a transactional way of looking at services as if they were packaged like shoes or other market product. In reality effective social services follow a developmental process and it is an over-simplification to deal with them in a linear way.

d. Impact on the Sector:

- Another important point to make in this section is the obvious disconnect between the language of “collaboration” and the environment of “competition” evidenced by a competitive tendering process. In the words of one of our respondents, *“We are fighting each other in this space”*. Another respondent rightly points out, *“If agencies*

are working together it is unfair to expect them to compete for the same funding". It was pointed out that competition was largely discredited in the health sector, so it begs the question of why it is being revisited.

- Greater transparency in the negotiation process; *"(at present it) often feels like a "take it or leave it" approach.*" Many providers do have a good strong partnership with officials at MSD; this is really valued and seen as the basis for trust and transparency
- Tenders often have time-frames that are too short; the outcomes of tendering feel like they have been pre-determined and the call is simply an empty exercise. There is a lot of work involved in a Request for Proposal (RfP), providers need to feel it is meaningful

e. Suggestions for improvement of institutional arrangements for the purchasing of social services are:

- Clear information provision will prevent confusion; providers do not have the capacity to focus solely on funding and contracting processes.
- Longer-term contracts (three-year terms have been suggested) are more reflective of outcomes and impacts than 1 year contracts.
- Where there are multiple contracts, streamline to one consolidated contract
- Provide for capability building in data collection and evaluation skills.
- Build flexibility into the contract because the reality is that practice must align with development processes.
- Compliance tasks should not dominate; the cost of compliance needs to be factored into contract negotiations because of the imperative for increased vetting of the children workforce (since the Vulnerable Children Bill).
- Ensure purchasing staff in MSD understand some of the complexities of service provision beyond theory.
- Consistency of contracts (compliance, reporting, flexibility etc.) across the sector.
- Tenders should not be awarded simply on the basis of the cheapest services.
- The reporting-funding cycle needs to be locked in (for all contracts, but especially for streamlined contracts); if funding is late it creates a cash-flow problem for providers.
- Ministry audit reports tend to focus on the negative; what are providers doing well, can these be noted and acknowledged? Audit and monitoring processes need to be streamlined across agencies.
- Local social services mapping used to be done in partnership with government on a regular basis; this gave the community voice and encouraged collective action where appropriate.
- The current institutional arrangements do not have scope for "client voice".

4. Innovation:

SSPA members were asked in the survey for their knowledge of and to comment on recent social service initiatives. Their responses are here:

a. Whānau Ora:

- There was 100% support for the Whānau Ora initiative, but respondents confessed to a limited understanding of how this works in practice and lack of clarity on how it is being rolled out in some regions.
- Some members have identified the potential for further collaboration in the whānau ora model.
- One respondent said that its success in different areas is dependent on the leadership.
- Another commented: “..... works well but needs way more funding to implement real long term support and changes”.
- Another view is that it would be fair and reasonable to allow the same flexibility of service provision in other approaches (rather than the current prescriptive terms).

b. Social Sector Trials, Social Investment Bonds, ACC Sensitive Claims Tendering and Client-Directed Budgets:

- 67% respondents have some awareness of social sector trials, social bonds and ACC sensitive claims tendering. Some are not sure what they are about or what they have achieved.
- “We don’t need trials we need long-term goal orientated programmes”.
- The experience of ACC SCU Claims is varied; from “too long to get our people help” to noting the intent to change the processes which are “....still underway and messy but the end goal (is a) more rounded approach to responding to victims of sexual violence.....”
- Only 28% have some idea of client-directed budgets.

c. Other Comments regarding Innovation:

Other community-led collaborations and innovations were highlighted as valid-

- In post-EQ Christchurch RSRT, Canterbury Family Violence Collaborative and Alliance of Six Co-location of services initiatives
- Palmerston North City Council efforts in collective action

Concern was expressed as follows:

- Too many fragmented approaches and lack of acknowledgement of existing integrated and innovative services that are producing valuable outcomes.
- The government pre-determines what the clients’ needs are and limited information and knowledge can result in expensive “new” initiatives (e.g. Social Sector trials)
- Practice prescribed to the degree that innovation is superfluous
- Budget and staff so tight that there is no room or time for innovation.

The INNOSERV “Pushing Research Further: international expert meetings on innovation in social services” held in Budapest and Brussels in June 2013 (also mentioned above) highlighted some contradiction and lack of an integrated approach on the issue of social innovation and the definitions provided in the EU context of different legislative proposals, recommendations, programmes and research projects. The workshops recommended that before thinking about how to foster and scale up innovation, it is necessary to clarify what kind of innovation should be promoted. Additionally, “in order to strengthen and support the

implementation on innovative solutions, meeting real needs and promoting social inclusion, a close cooperation with users (communities / families), social partners and civil society organisations should be reinforced.....and fund targeting in order to avoid “innovation for the sake of innovation....”⁸

d. Barriers to Innovation:

- The **sustainability** of innovation is linked to funding and to the survival of lessons learned through easily accessible information systems / databases. Short-term funding can abort this process.
- It is important to support innovations that are about **accessibility of social services**, yet this process issue is often overlooked.
- The **transferability** of innovative practices and adaptation of new solutions to different contexts is sometimes difficult because they arise at micro-level and under particular and given local conditions.
- Given the investment approach is based on a forward liability model, innovation could be perceived as a way to keep on offering services using less financial resource. This presents the risk that “**efficiency**” in times of crisis is perceived only as a way to reduce costs. There should however be no efficiency without quality.
- In the context of **measuring social innovation**, highly structured measurement frameworks can have the counterproductive effect of inhibiting innovation.
- A **lack of skills, tools and technology** for connecting different actors and organisations must be considered in capability funding for innovation.
- **Risk-averse** attitudes and policies, and behaviours that exhibit fear of failure can severely inhibit innovation.
- Finally, **competition** for meagre funding is a barrier to knowledge-sharing and transparent communication between all potential collaborators.

Conclusion:

In summary, SSPA makes the following observations and recommendations:

1. There is a need for a diverse and agile sector; no one response fixes complex social issues, no single formula works more quickly than others for all service users. We require multiple services to work together.
2. Flexibility of response requires corresponding flexibility in the institutional frameworks of commissioning and purchasing of social services.
3. Outcomes need to be measured and more services are actively working with clients to define which outcomes and what indicators best reflect change. There is no one outcomes-based framework.
4. Localised, region-specific, culturally appropriate, financially sustainable and empowered service providers are best able to work in partnership with government and other actors to improve outcomes.
5. These should be fully funded via multi-year contracts that will assure long-term funding and encourage innovation and risk (to a manageable degree).

⁸ http://www.dwi.uni-heidelberg.de/md/dwi/innoserv/international_expert_meetings_on_innovation_in_social_services.pdf

6. Recognise existing, tried and tested services are often exactly what is needed rather than new options.
7. Innovations that are based on more realistic and evidence-based approaches to meet needs, not short-term easy-to-measure interventions