

More Effective Social Services - Submission

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Dear Committee,

Thank you for providing the opportunity to submit our feedback to the Issues Paper: More Effective Social Service, October 2014.

CCT is a medium sized social service provider who support over 260 people with an Intellectual Disability (ID) or Autism Spectrum Disorder (ASD) to live in their community in Otago and Southland. We provide support from 1 hour a week to 24/7 1:1. We specialise in supporting people who can challenge both ourselves and/or the community in some way including offenders under the Intellectual Disability Compulsory Care and Rehabilitation Act 2003 (IDCC&R). This support is provided by over 200 staff. We strongly encourage people we support into work or self-employment, assist with developing micro enterprises and provide employment ourselves where people are able to learn the skills required for the roles.

Reading the issues detailed in Chapter 5, Issues for the Inquiry, resonated with our experiences and concerns in regards to the changing contracting landscape. We hear similar concerns raised by our networks nationally and locally in both the disability and wider social service sector.

Whilst we appreciate the opportunity to submit feedback we believe that there are a number of documents already in existence that should inform the commissioning and purchasing process. The Guidelines for Contracting with Non-Government Organisations for Services Sought by the Crown,¹ Good Practice Participate² and Code of Funding Practice³ all address a number of the questions raised in the Issues Paper.

We suggest that the submission process is likely to miss out on the voice of smaller and medium size social service providers who may not have the capacity or time to draft a submission. It is this group of providers who appear most at risk of experiencing negative

¹ NZ Treasury (2009) Guidelines for Contracting with Non-Government Organisations for Services Sought by the Crown. Retrieved October 2014 from <http://www.treasury.govt.nz/publications/guidance/mgmt/ngo>

² Office of the Community and Voluntary Sector. Retrieved October 2014 from <http://www.communitymatters.govt.nz/Promoting-good-practice>

³ Standards NZ (2010) Code of Funding Practice. Retrieved October 2014 from <http://www.communitymatters.govt.nz/Promoting-good-practice>

changes in the current contracting landscape which seems to weigh heavily in favour of large organisations with an ability to deliver services at a national level.

We support the overall direction that Government is heading with streamlined contracting, and outcomes and results based contracts but recommend proceeding with caution as the commissioning and purchasing process has the potential to damage individual and community wellbeing, stifle innovation and limit client choice.

We believe the following are most likely to impact on the social service landscape in NZ:

- Disabled people being seen as valued and contributing members of society
- Aging population
- Immigration - providing services for people for whom English is a second language – impacts on both service delivery and workforce
- Global economic climate and instability
- Changing employment market
- High level of skill required to support disabled people with more and more complex needs in community settings
- Static and decreasing populations in the provinces and urban growth in the main centres
- Technology

Local response to local need within a flexible framework

The devolution of resources and encouraging local solutions, defined by local people, addressing local community need will see transformational change if Government takes a different approach to investing in the social service sector within which there is a wealth of untapped potential. Both central and local needs can be met through Government taking responsibility for setting high level agreement outcomes and in turn allowing local communities to determine how best to achieve the outcomes. A reporting framework such as Results Based Accountability (RBA) has the potential to capture population based results – it will be the means of getting the results that may differ within various communities. The implementation of RBA across all contracts regardless of the client group ensures that the reporting from providers becomes meaningful for both providers and Government in terms of the outcomes achieved.

Such a shift in thinking will require increased flexibility in service delivery. The benefits of flexible service delivery can be achieved in a manner which is accountable through Government setting high level, high trust agreements that detail what, who, when, and let the social service sector determine the “how” with the specific client group they are working with. The risk in increased flexibility being introduced to contracting appears, in our experience, to come down to the relationship with the contracts manager and CE of the organisation. There is a risk of over relying on the relationship that exists between two people as opposed to the two organisations. We have seen situations where this has been detrimental to clients due to a change in contracts manager where there was a shift to focusing on compliance rather than outcomes.

We strongly advocate for a shift to high trust contracts – for highly performing organisations. We see no reason why relational contracts would not succeed and indeed high trust contract

holders have a degree of mana in that they are perceived as being trusted to do their job. High trust contracting and local contracts managers having greater flexibility in co-creating relational based agreements with social service providers would lead to better outcomes. What is not helpful in building trust between Government and the social service sector is the inclusion of gag clauses as a contractual condition. A study undertaken by Dr Grey and Dr Sedgewick (2013) indicate that there has been an increase in gag clauses in contracts with 25.8% of respondents in 2013 being subject to a gag clause. We see no reason for such clauses and call for them to be abolished.

The relationship between the Government contract manager and their understanding of the work of the organisation is imperative in specifying, measuring and managing the performance of services where outcomes are not easy to observe or attribute. Previously contracts managers were based in the regions but increasingly are based in Auckland, Wellington or Christchurch and may lack an understanding of the local environment. We also tend to see less of the contracts managers which is unfortunate as this provided a platform from which to build trust, identify areas of non-performance and share stories of success. It would be beneficial to devolve the relationship management roles back to a regional position. Many high performing providers are small to medium sized who may not have the size or capacity to write up in journals papers what they do and how they do it. But they exist and relevant Government officials will know who they are and how they work.

We recommend fostering an increase in bottom-up experimentation through the inclusion of innovation funding as standard across service delivery contracts. Collation of this information and sharing what does work to shape future service delivery and celebrate most promising practice would be welcomed. We do not believe the current system reinforces successful approaches nor do we believe it encourages the reform of less successful approaches.

Funding allocation should remain with Government and service provision increasingly be devolved to the social service sector. An example of where we believe better outcomes could be achieved from within the social service sector is in unemployment such as youth, disability, mental health, single parents, and long term unemployed. The social service sector in our opinion is more creative and responsive than Government agencies such as WINZ and Workbridge to address the needs of client groups that may experience multiple barriers to gaining employment.

We support a move to an investment approach to social services spending and believe that this will result in better allocation of resources and improve social outcomes. As an example, an investment focus would allow us (CCT) to trial 2 new models for people we are supporting that could reduce social service spend significantly. But investment needs to happen with people, their families, and staff and this commitment cannot happen if there is no resource for this up front.

Contracts can restrict the effectiveness of social service providers

Contracts can be overly restrictive and insufficient resources available for social services to undertake their work effectively. An example of contracts restricting the ability of social service providers to innovate is the current MSD Supported Employment Agreements. This is an

outcomes based contract but does not reflect the diverse support requirements of people with intellectual disabilities and instead favours those with lesser barriers to employment.

Funding allocated to Supported Employment is dependent on a person being placed in employment, at minimum wage or above, for a period of six months before being “counted” on the contract. The negative side of this outcome based contract is that providers have tended to sway their efforts in the direction of people with less significant barriers to employment in order to meet the contract numbers. The risk associated with outcomes based contracts is organisations focus on easy outcomes in order to achieve targets and remain viable. The most vulnerable of populations and those with complex support and intervention requirements may miss out. The rate at which providers are paid is the same regardless of the support requirements of the individual.

The Supported Employment Agreement also specifies that the person cannot be employed in the provider organisation. Our organisation has created social enterprises that are viable and we are able to offer employment opportunities to people we support based on at least the minimum wage. We are unable to account for our work in this area so therefore this work is unfunded. There is no external incentive for us to grow employment opportunities through our social enterprises as we receive no financial support our initiatives.

Whilst we appreciate that changes in Government take time our experience has been that contracting terms and conditions do not keep pace with social change or Government directives and contract language and reporting data can stem from outcomes that may have been sought 20 years prior.

The very nature of the contracting arrangement creates dependency: the social service sector could not function effectively in their work without Government funding and Government may struggle to achieve their outcomes without the work of the social service sector. The problems with dependency occur when a contract is awarded to a new provider and there has been no consideration by Government on the unanticipated consequences for the previous contract holder and ultimately the client group they serve. Organisations require a level of certainty and a variety of contracts and income streams to remain viable.

We believe that contributory models of funding should be abolished and providers paid appropriately for the work undertaken and outcomes achieved based on the explicit support needs of each individual within the client group with whom they work. Contributory funding is both unethical and stifles innovation. We hear from Government officials that it is the responsibility of the provider to secure additional funding to support their work under contributory funded services (MSD vocational support would be an example) and yet have other Government contracts that specify that working with a person under two contracts is duplicate funding and not allowed. Provider efforts are instead focussed on generating income rather than improving the quality of the services simply to remain viable.

Age care community supports have been historically able to be designed around what the person needed to age in place, at home with the necessary support. We have seen this happen to a point where relatively large packages of support are in place but this is still infinitely

cheaper than rest home placement. Now in rural Southland you can have 1 hour of household management and 3 showers a week. This is all that is available to keep people out of rest homes. The next step if you need more support is rest home level residential placement. This is a nonsense and a ridiculous system that places undue financial pressure on a budget that will increasingly become stretched with the aging population.

The current MoH Independent Living contract deems that people are not eligible unless they are able to move out of home in 3 months. Investment is needed for young people moving from home and people with an intellectual disability take longer than 3 months to work on this transition from home to flatting but are unable to access this support.

Client directed budgets

We support a move towards individualised budgets as a means to increase self-direction and control and create greater choice for each person. Within the disability sector individualised budgets align with the Disability Action Plan 2014 – 2018 Priority 8 “Promote disabled people having choice and control over their supports/services, and make more efficient use of disability support funding.”⁴ We recommend fast tracking the availability of Enhanced Individualised Funding, pooling all available resources rather than the current model which only allows people to access their home support and personal care entitlements.

We ask that the committee be mindful of the perceived complexity of Individualised Funding (IF) and the devolution of responsibility to the individual or their family. We hear first-hand from families that have investigated IF that the responsibility is overwhelming. They like the idea of IF in principle but some have neither the skills nor the time to manage budgets, pay taxes, ACC levies or act as employers on behalf of their family member when their family member may not have the capacity to manage their own budget. We are aware of organisations offering support to act as the employer and “take a slice of the pie” along with the host agency of individualised funding that also takes their “slice of the pie.” This erodes the choices for the person through minimising the amount of funding received by them due to organisations top-slicing the funding that was designated for the person.

We acknowledge a risk with devolution of funding and recommend that robust monitoring of financial controls be put in place, particularly when families are managing on behalf of a family member with limited capacity to advocate for themselves. The funding must be used in the best interests of the person for which it is intended with robust and transparent accountability processes implemented to minimise the risk of abuse of the funds. Supported decision making for people with learning disabilities should be invested in so people can make good decisions for themselves in all the areas they are able.

Compassionate profit needs to be reinvested for the social good

We have been alarmed by the increasing trend towards private for-profit providers entering the social services arena for the very reason the title for-profit suggests. We believe that this is potentially detrimental to vulnerable clients and hear first-hand reports of “cookie cutter” service delivery in the area of home care in particular that is not responsive to client needs. In

⁴Ministerial Committee on Disability Issues. *Disability Action Plan 2014-2018: cross Government priorities to make a difference*. Retrieved from Office for Disability Issues. <http://www.odi.govt.nz/>

addition we are aware of for-profit Australian providers that are now delivering social service support in NZ. We question what, if any, thought was put into where profits may be reinvested and what impact this could have on the NZ economy? For-profits should not be delivering services to vulnerable people for whom the reinvestment of compassionate profit by a social service provider is often the difference between having the ability to provide quality support - or not. If Government funding is returning profit to shareholders it is not doing what is intended - social good. Government should give serious thought to this. What extra could be achieved for the end user with this surplus that is not used for its intended purpose but is returned to shareholders and is this the best use of tax payer's money?

We are aware of Australian providers that are "positioning" themselves in NZ without any current contracts for service provision but in anticipation of the re-tendering of Government contracts in employment support.

Working together towards shared goals

Collaboration has and is working well in many sectors and we would suggest the biggest area requiring improvement is having Government and the social service sector working in genuine partnership. We welcome initiatives such as the Social Service Sector Trials and commend Government on making an effort to improve cross sector collaboration.

Whilst still in project stage we believe that the Enabling Good Lives Pilot shows real potential for cross Government integration of services and the devolution of pooled funding to the individual and how this can make a difference.

In Otago providers meet regularly and share ideas, share training across agencies and work together when there a common issues or goals. Otago has a good reputation nationally for collegial work and support and as an organisation we work hard to ensure this remains a focus for us.

A local example we are aware of is the Greater Green Island Community Network where a cross sector of business, Government, education and social service providers form a steering committee based on a shared vision of the community but with unique interests and input into how this vision is achieved. This is supported by Department of Internal Affairs Community Development Fund.

We are aware of a number of mergers within the disability sector and ourselves took over a smaller provider earlier this year. This has been very successful so far but processes such as mergers take time, effort and resources to do well in the first instance and getting all parts of a merger or alliance financed – if you want to make a good job of it - also remains a challenge.

Bigger doesn't necessarily mean better

The uncertainty of the future of contracting has left many organisations feeling vulnerable. We hear a lot about collective impact and yet have not as yet heard of any collective bid for a contract being awarded. Instead we continue to hear of large national providers, including Australian providers, being awarded contracts. It would be useful if Government could share

stories of success including examples of where collectives were successful with contract bids and information on why the contracts were awarded to the collective.

The tendering process is competitive but don't underestimate the ability of the social service sector to pull together and respond. What would enable this to happen would be more support and information for smaller and medium sized social service providers to form alliances and partnerships. Government needs to clearly articulate the changes in contracting and what social service providers need to do to meet requirements. Sufficient time must be provided for the social service sector to self-organise around achieving shared objectives and changes in contracting.

Our opinion is that the decision makers are weighting their decisions based on the size of the organisation and ability to deliver services nationally. Bigger does not necessarily mean better. We are concerned that Government is swayed by the glossy brochures and swanky reports produced by large providers who due to their sheer size have the ability and financial resources to produce quality promotional material. Being a large organisation does not necessarily equate to providing quality services. Due to their size these organisations can be less responsive, and innovative to respond to local need at a local community level and compliance driven rather than client driven.

Government appears to contract with large providers to reduce their workload, e.g. the number of contracts, and therefore to reduce their need to deal with risk. Bigger providers have more ability to deal with media in negative circumstances therefore reducing ministries need to manage this. It appears that entering into contracting relationships with providers can be based on this rationale rather than on good outcomes for people.

We acknowledge that national providers and subsequently fewer contracts align with the Government direction but believe Government is at risk of losing the innovation and responsiveness that exists with smaller and medium sized providers. The Putting People First Report⁵ prepared for Minister Ryall on Disability Support Services actually recommends increasing the number of organisations and support options as a means to counteract the levels of abuse and improve safety and wellbeing within the disabled population.

Provider diversity ensures consumer choice. Again, if high level outcomes are identified and agreed then how the organisation works with individuals to achieve the outcomes is where creativity and innovation at a local level will stem from. Life styles are not homogenous and communities are diverse. One size is never going to fit all in a disability context. Diversity allows providers to develop niche skill, models that attract different people. A disability provider with an aging population and staff skilled to meet this groups needs are not going to be very successful with disabled 20 year olds who are getting involved in criminal activities. Staff will be stressed and leave and neither can the two groups mix in many settings successfully either.

⁵ Van Eden, K. Putting People First. A Review of Disability Support Services. Performance and Quality Management Processes for Purchased Provider Services. Prepared for Hon Minister Ryall, Minister of Health. November 2013.

The commissioning process as it currently stands again favours larger providers who have the advantage of resources to employ professionals to write tender documents. We ask that a greater amount of time be allowed from the release of tenders to the closing date to enable small and medium provider's time to come together and develop quality proposals. With the tender process we recommend a shortlisting process and visit the shortlisted providers to learn more about their work. Review the impact on the existing provider (if there are any) of a potential contract loss and what impact this would have on the client group. Allow for a longer transition period if there is a change in provider and a vulnerable client group. The recent tendering of mental health contracts by a DHB which included a shift in the model of service delivery away from centre based support to that of navigators, raised concerns in terms of the lack of investment in tracking outcomes for this vulnerable population when a change in provider occurs. Our understanding is that within a few weeks of changing providers there were two hospital re-admissions and one arrest with no investment by Government to track the impact on this population of a change in providers and the model in which people were being supported.

NZ does not have the population to have more than 3-4 large providers with these sorts of capabilities. Other countries have hundreds of large providers who can evidence what they do and how they do it. It does not mean it doesn't happen here. I have been to USA, England and Vienna with New Zealanders and Australians this year and from all I saw and learned, we do very well in NZ and our organization also does it very well. But as we are not large we spend our limited resources on the outcomes for people, not journal articles, writing books and self-promotion. With limited resources we can't do both. But both are important in changing society to accommodate all people.

Contestability not suited to all social services

We are not aware of service improvement as a result of the contestability process. Sadly we have seen a decline in the quality of services when contracts have been awarded to new providers using a business model to deliver social services. An example would be in the home care sector where at a local level contracts were awarded to a new provider. We have first-hand accounts that the change in provider has resulted in decreased quality of support with "cookie cutter" service delivery at best. The self-funded social work support that the prior provider offered, where required, in addition to the home care contract has been lost.

Contestability works best when the client group is not vulnerable or has a long term relationship with the service provider. If Government chooses to tender for services where existing providers have a close relationship with a vulnerable population then the transition process to the new provider needs to be well managed over a longer period of time, ensuring that the client group is not harmed in the process.

Data collection and reporting

We do not believe that Government agencies and service providers collect the data required to make informed judgements about the effectiveness of programmes. We believe that at times the contracts and reporting requirements for social services do not keep pace with changes in direction of social policy or Government direction and the data provided to Government would provide little value. An example of this would be the current MSD Vocational Services

Agreement which collect the number of hours people attend the service and the number of hours of community participation. The number of hours people attend the service holds little value for either the service or Government. In addition the number of hours of community participation (determined as the number of hours away from the provider premises) could involve people being driven about in large vans for hours on end. The fact that “the Commission has found no consolidated data on Government purchases of social services from non-Government providers⁶” would in itself inform the committee that data collection and analysis needs to be improved at all levels.

Data collection and analysis is hindered by the IT infrastructure of providers who struggle to develop this expensive resource. Government needs to invest in support structures for the social service sector to have access to information technology and methods of data collection that improve reporting. The MSD funded Capability Investment Resource⁷ had up until the latest round an ICT component of their funding streams for which demand was extremely high. This indicates a need within the sector that requires further investment. There are also differing qualities of reporting across various Government departments. Having a single portal where reports can be submitted electronically would advance reporting in the right direction. A one off injection of money to help small to medium providers develop an IT infrastructure to assist with reporting and planning would be a good use of money. It would free up time and other resources for more productive hands on work.

Results Based Accountability should help with this measurement and where results are not achieved at an agreed rate, then contracts should be moved to providers who can meet those agreed outcomes. There is a risk that data can be skewed to tell a tale you wish to sell. Some organisations are very good at using rhetoric that Government understands yet does this make them a high performing provider? People’s stories are powerful but people are also entitled to their privacy. Some stories celebrate the most basic things most of us take for granted and in most people’s world would not be anyone else’s business. But because disabled people start from such a back foot, we are celebrating basic rights being met. This is a difficult balance to get right.

Working with Maori

NZ has a bicultural partnership model (Treaty of Waitangi) that needs to sit at the forefront of all services. We believe that by Maori for Maori delivery of social services can be the most appropriate, ensures provider diversity and enables people to access support that is culturally responsive should they so choose. We suggest that inequalities in health, education and employment for Maori be best addressed through Maori service providers and where capacity or skills are lacking then partnerships encouraged with non-Maori organisations that have the capacity and skills. We are mindful that the Maori population in Otago and Southland is disproportionately lower than in the North Island and that the skill base and capacity of Maori providers may not in some instances be available at a local level. Local Maori organisations have many different organisations approaching them wanting to form working partnerships and seek advice. This puts undue pressure on local Maori organisations that do not have the

⁶ October 2014, New Zealand Productivity Commission, More Effective Social Services, Issues Paper page 21

⁷ <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-services-for-outcomes/capability-investment-resource.html>

capacity to respond to the large number of non-Maori organisations that approach them. For this reason we believe that a number of social services in Otago and Southland could perform better in this area if the capacity of Maori organisations was addressed and supported by Government. Cultural competence should remain a general contractual requirement. Whanau Ora can be applied widely – not just within a Maori context.

Consultation needs to be genuine with widespread engagement

Including the views of clients and their families in the design and delivery of social services is clearly detailed in Good Practice Participate as previously noted and enclosed with the submission.

We support the shift towards increasing consultation with Disabled Persons Organisations as is evident in the Disability Action Plan 2014 – 2018. We ask that the committee be mindful that this should not be the only mechanism by which the views of people with disabilities be considered as DPOs are not representative of the voice of all people with disabilities and we perceive a risk that consultation with DPOs may be viewed as full consultation by Government and that consultation becomes a tick box exercise rather than a fully consultative process. We believe that what is noted above and specific to the disability sector can also be applied to other sectors.

Consultation as it currently occurs feels tokenistic, RFP's appear to be done deals, and lack of transparency is an ongoing issue in the sector. The I-Care tool is a great example of a lack of transparency. I-Care is the pricing tool for the disability sector, but only MoH and NASC's are allowed to see it, use it, and get training it, because providers might what? Learn how it works as well so they can enter the assessment process from an informed perspective? Shifting to a more inclusive partnership would benefit both parties.

Volunteers

Volunteers play an incredibly valuable role both through the generosity in giving of their time freely and in building community. Social services can provide opportunities for people to contribute and come together around a shared interest and/or cause.

Recent changes to legislation such as the Vulnerable Children's Act, and the need for Police vetting along with the changes in Health and Safety and the Worksafe environment may influence provider choices in utilising volunteers due to the increased risk that individuals and organisations are liable for.

We were concerned to hear of a disability support service that receives contributory funding relying on volunteers to deliver direct support - having three times the number of volunteers to paid staff ratios. We question the ethics of contributory funding when serving a vulnerable population and whether contributory funding may lead to a dependency on volunteers that in turn could reduce the quality of support.

Social Enterprise as a tool to achieve social outcomes

Social enterprises are a relatively new concept in NZ and we have some catching up to do with our international counterparts if they are to become embedded in NZ. Our own social

enterprises create employment opportunities for our client group and generate (almost) enough income to be sustainable to employ people we work with on minimum wage or above. Our social enterprises do not generate profit for the organisation but rather serve the purpose of improving social outcomes, in our case employment outcomes thus in turn reducing benefit costs and contributing to the local economy.

We receive no Government funding for our work in this area, lack capital to grow our social enterprises, and are unable to financially carry the risk of a failed venture. Investment from the private sector and business expertise to assist in identifying future potential growth opportunities would be welcomed.

The G8 Social Impact Investment Forum held in June 2013 in the UK has led to Australia implementing a strategy for catalysing impact investment in the Australian Market.

The central planks of the Australian strategy⁸ are:

- Leadership to catalyse the market
- Action to achieve breakthroughs:
- Growing capital available
- Encouraging and enabling ideas and social enterprises
- Generating performance data and investment benchmarks
- Policy to enable the field

We recommend that NZ follow suit and develop a strategy and support structures that foster innovation and impact investing. We believe a barrier to private investment and increasing partnerships between Government, social services providers and private business may stem from a lack of understanding of how this can be applied in a NZ context. Further education, information and promotion may be a means by which private investment can be encouraged.

Based on our knowledge of other social enterprises in NZ we suggest that Government consider investing further in social enterprises as a vehicle that can improve social outcomes. We ask that Government be mindful not to view social enterprises as a means by which organisations can subsidise contributory funding from Government, and that Government do not put restrictive contracting terms in place that limit the innovation of growing social enterprise in NZ.

It is worthwhile to note a recent group discussion at a FINZ (Fundraising Institute of NZ) workshop in Auckland in October 2014 where there was a clear message that if organisations were seeking to generate income then they should not be looking at social enterprise as the primary means by which to do this. The social enterprise *may* generate income however social enterprises are more effective as a means by which organisational profile can be increased, and

⁸ Australian Advisory Board (September 2014) 'Delivering on Impact: Breakthrough Strategy to Catalyse Impact Investment.' Retrieved from: http://impactinvestingaustralia.com/wp-content/uploads/0109Delivering_on_impact.pdf

social outcomes met as opposed to having a sole purpose of generating a profit for the organisation.

Leadership lacking within the Ministries

As a disability support service our institutional knowledge sits primarily within this field of work. We appreciate that the inquiry is not a review of public funds allocated to specific social spend areas however have chosen to share our views as invariably resourcing impacts on outcomes.

Leadership and culture within the various Ministries is as important as leadership and culture within an organisation. Ministry of Health in particular lack strong leadership and the culture can only be guessed at. They regularly turnover staff and the historical knowledge within the Ministry is almost non-existent. Projects along with people change regularly. Outcomes are seldom met and projects rarely lead to real change or clear outcomes for most providers. Trials and pilots may lead to small pockets of change for the providers who live in the right region or who know the right people. Every piece of work regardless if the outcome is implemented or not, is based on no change to budget. These are not real projects or real sustainable change. This has been going on for many years and providers have lost any faith they might have had in getting real sustainable change and any realistic pricing which always results in the only thing they have any influence over, wages to direct front line staff, which then stay low.

The lack of trust between the Ministry of Health (MoH) in particular and providers causes millions to be spent for small outcomes. If MoH trusted existing high performing providers to do differently and better and gave them more money to expand and explore then change would occur across the country in a much more transformational way. Change would be robust and deep seated if people, organisations and regions built their own solutions guided by policy and the UN Convention on the Rights of Persons with Disabilities.⁹ For example many parts of Whanau Ora have the same intentions or focus of what our organisation already does in a disability context.

The MoH themselves appear to have no long term plan which may be due to 3 yearly cycles of elections and needing only set their agendas for as long as a party is in place – 3 years. Disability should be a Bi partisan portfolio so genuine engagement and planning can occur. Real investment in the sector can and will lead to people with disabilities becoming valued and contributing members of society with jobs and valued roles.

Government outcomes or change in disability are only achieved through select committee enquiries and litigation. There is no proactive change in Government Disability Support Services (DSS) policy unless their hand is forced. This is sad reflection of our country in relation to disabled people. Litigation is used as a means to get reasonable accommodations for people with disability and their families in this country as the Government's behaviour does not reflect their policies which state they value the disable population.

Constant funding of “new” projects a waste of resources

⁹ UN General Assembly, *Convention on the Rights of Persons with Disabilities : resolution / adopted by the General Assembly*, 24 January 2007, A/RES/61/106, available at: <http://www.refworld.org/docid/45f973632.html> [accessed 1 December 2014]

Current providers get little or no increases in funding and are held to account for being more creative, more person centred, more outcome focused. All contracts needs to be realistically priced and contracting changes need to be more adaptable to keep pace in the context of 2014 and beyond. All new trials are given a reasonable amount of funding, some would say excessive, for the small numbers and outcome that are to be achieved. Funding constant projects has no sustainable impact. It is wasteful of resources which could be better spent building the capacity of high performing organisations already funded to undertake work that aligns with the intention of the pilots.

Recent Government initiatives such as Social bonds, Individualised Funding, and Whanau Ora are great but the majority of disability support services doing the bulk of the work, sit outside of these trials. We are told about the various new model trials under way around the country, but our ability to try to work this way is limited by the funding we receive.

The Local Area Coordinator (LAC) trials rolled out in the Western and Eastern Bay of Plenty¹⁰ do what many support workers already do in a number of disability support services across the country the only difference being that the LACs are paid up to three times the rate of pay of support workers. Examples such as this have the potential to breed contempt and scepticism from the social service sector towards Government.

Doing it our own way

Our organisation has always developed individual services for individual people with their individual funds. The Enabling Good Lives project is what we are also trying to achieve with people in Otago across a wider range of stakeholders. We are doing this with an Otago flavour without “permission” from Ministries. These are all just different labels for the same outcomes. A life like everyone else where you make your own decisions, you learn and develop, make mistakes and get on with life. All these label’s do is add more confusion to the mix and in many instances slow down innovation and new ways of thinking while we have to wait for the Government to work out what the future services might look like without the recognition we may already be half way there.

Having just completed a worldwide Learning journey looking a disability services it would be fair to say in many ways NZ leads the way in disability support sector of social services. A national disability insurance scheme is yet to be implemented and Australia are looking to NZ, England and America for models and ways of working. Learning from international experiences and success stories is very important and where something is working well why would you recreate the wheel? There is nothing wrong with racing to be second!

Peak bodies such as NZDSN play an important role in having a finger on the pulse of both social service delivery and the issues faced by their membership as well as acting as a conduit for information back to Government. The wheels of Government turn slowly and there can be frustration for providers who are still required to collect data that is meaningless and outdated.

¹⁰ <http://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/new-model-supporting-disabled-people/local-area-coordination>

We recommend that the Commission consult with the following parties:

NZDSN

VASS

Platform

NZCOSS

Angoa

Small or medium providers that have good reputations for innovation and great outcomes.

We would appreciate the opportunity to meet with the Commission and look forward to hearing from you in due course.

References

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