



AOTEAROA NEW ZEALAND ASSOCIATION OF SOCIAL WORKERS (ANZASW)

Submission on the More Effective Social Services
Issues Paper

To the:
Productivity Commissioner

Submissions due Tuesday 2nd December 2014



Introduction

Aotearoa New Zealand Association of Social Workers, or ANZASW, is the professional body for social workers in New Zealand. It is imperative that we provide a voice for our members on the More Effective Social Services Issues Paper.

In order to be in a position to write this submission on behalf of our membership ANZASW conducted a survey. An Adobe Form Survey was emailed to 2,880 members. This submission has been based on the responses from our members. The questions in the survey were taken from the Issues Paper itself.

Improvements to Social Services with the intent to provide better outcomes for clients and a better future for the children and communities of Aotearoa New Zealand is essential and imperative to the Social Work profession.

Aotearoa New Zealand Association of Social Workers

Aotearoa New Zealand Association of Social Workers (ANZASW) is the professional body for a national collective of more than 3,500 social workers, who have day-to-day involvement with the most vulnerable people in our society. Our work is guided by a Code of Ethics that is aligned with the International Federation of Social Workers (IFSW).

Social work is founded on principles of human rights and social justice. We are guided by the Treaty of Waitangi and respect the equality, worth and dignity of all people. In accordance with the March 2012 IFSW Global Agenda¹ “we commit ourselves to supporting influencing and enabling structures and systems that positively address the root cause of oppression and inequality. We commit ourselves wholeheartedly and urgently to work together, with people who use services and with others who share our objectives and aspirations, to create a more socially-just and fair world”. We believe the overarching principles of social work are respect for the inherent worth and dignity of human beings, doing no harm, respect for diversity and upholding human rights and social justice.

Our mission is to enable people to develop their full potential; our skill-set is problem solving and facilitation of positive change in individuals, organisations, whānau and communities. We recognise the environment contains opportunities for people to be both agents of change and victims of factors beyond their control. As a profession, we strive to alleviate poverty, foster social inclusion and liberate those who are vulnerable or oppressed. Social work is evidence-based and draws on theories of human development, behaviour and social systems.

Social workers respond to crises and emergencies along with the personal or social problems that arise from experience of barriers, inequities and injustices within our society. Our interventions involve problem solving, development of coping strategies, one-on-one counselling and therapy, family and group work, agency administration, community organisation and helping people to access services, resources and support systems within their community. We work across government and non-government settings including community organisations, iwi agencies, private practice, youth justice, child protection, mental health, addictions and disability. We are involved in research, training, education, professional development, competency assessment, data gathering, risk assessment, structural analysis, interagency protocols and the improvement of social policy.

¹ International Federation of Social Workers, International Association of Schools of Social Work and International Council on Social Welfare (2012). ‘The Global Agenda for Social Work and Social Development Commitment to Action’. Available at isw.sagepub.com (accessed 13 June 2012)

Addressing the Change in the social services landscape in New Zealand

Livable Income/Bridging the Gap

The second Child Poverty Monitor report indicates that one in four children live in poverty and one in ten children live in severe poverty. By definition this means that there are a significant number of adults who are also living in poverty. The long term costs of poverty on the health, education and social system is well known.

There is a desperate need for a recognized standard for livable incomes to not only alleviate the effects of poverty but work towards bridging the gap between the rich and poor. This could be solved by taxing those with the highest incomes and ensuring that this money goes towards social initiatives that improve standards of health, and education.

Mothers and Children

It is important to acknowledge that children are our future and let social policy and social services support this. This can be done by continuing free health checks for children as well as supporting women who are raising their children and stop pressing women into work when children are pre-school age. This can also be aided by providing affordable childcare.

Aging Population

We need increased support and services for the aging population. There is a need for elder care and effective systems to manage elder abuse; this requires a similar response to that of child abuse. We can no longer rely on families under stress to provide this care. A possible solution could be retirement villages or papakainga or mixed communities (e.g.: young parents and older persons) with supports. Local governments would need to invest in this for each region to utilize strengths of individuals in community living and sharing of skills.

Disability

There is a need for improved disability focused services with trained staff to assist. Families are on overload trying to care for and negotiate problematic or non-existent pathways for this group.

Education

Education at all levels needs to be targeted education to address industry and skill shortages and make training/education affordable. We could follow the example of economist Robert Reich in regards to: education, industry and employment. We can create a sustainable industry, developing a middle class income group which would in turn reduce poverty and provide a better future for the children of Aotearoa.

Affordable and adequate housing

There must be more access to and information on affordable housing for first home buyers as well as affordable rentals that are not substandard (need healthy homes). There could be an increase in housing New Zealand 'new house buying packages' similar to the 1960's rent to buy contracts or leases with low rent. Another option is to increase the pool of state housing to increase availability. It is essential to maintain an adequate pool of State Housing that is available for the most vulnerable families. State Housing remains essential for as longer are

there are families living in poverty and unable to meet housing costs which in some cases represents up to fifty percent of the household income.

Autism Spectrum Disorder (ASD)

Concern about the lack of focus and funding for those diagnosed with Autism Spectrum Disorder. We are way behind other developed countries in providing the appropriate therapy and support for children and their parents as well as for adults with ASD. It is internationally estimated that 1 in 80 children are diagnosed with ASD. If any other condition had such prevalence it would be called an epidemic and huge resources would be applied to address the issue. Think of the amount of time, energy, resourcing and planning that went into swine flu and bird flu nationally even though there were relatively few cases. ASD is a lifelong disability and we need to plan effectively for the impact of the increasing number of New Zealanders who live with the condition.

Iwi/Maori

- There needs to be assistance provided to Iwi to help develop, fund and monitor culturally appropriate social services by Maori for Maori. Ensuring Tangata Whenua receive relevant and timely social services now and in the future.
- Encourage greater collaboration between iwi and funders so that the services provided reach the target population effectively. Each iwi will need to have clear measures for their intended outcomes.
- Integrate care across the sector. Ensure standards are equitable. There is a growing population of young Maori and we need to target education presently for healthy development and then viable industry and employment in the future. The focus should currently be on identifying and funding Iwi schemes that are successful with the intention to expand these services locally and nationally.

Enterprise/Business

- Partnerships between private businesses and social service organisations provide opportunities for increased funding and sponsorship which can be used to expand and improve social services in New Zealand.
- If the investment approach was a long-term funding plan in response to needs such as social housing, health, training and employment then this would result in greater social outcomes which would make for more active citizens and a more productive community. Thoughtful and targeted investment in both the Government and NGO social service sectors will help to facilitate change in the long term. This may require greater financial input for a medium term to promote change e.g.: 3 – 5+ years in exchange for more timely, effective and efficient social services.
- In order to encourage private investors', social services need to be innovative in their pitch. Admitting the need for investors now in the hopes to mobilise communities and create advanced societies where the need for social services (and the funding for them) will decrease. This would encourage long-term investment into the future of Aotearoa New Zealand and its people.
- The barriers of partnerships between private businesses and social service organisations are

that funding and sponsorship tend to go to the most 'attractive' or well-known organisations and the focus of an organisation can get lost while trying to attract and maintain private investors. There is a risk of losing sight of the development of more effective and equitable social services when dealing with profit driven private businesses and power companies.

Contracting/Commission/Provision

- Contracts are currently driven solely on fiscal responsibility. Humanitarian and environmental factors should be an important part of negotiating a contract in order to provide the best, most effective, services possible. Additionally for consistency and continuity longer contract times (five years) would also be productive.
- Relational contracts are more likely to be successful when providers and funders share a common goal and understand the needs of the local community. There is currently no evidence bottom-up experimentation, there have been suggestions put forward to managers but that is as far as things can go. The contract usually dictates what happens without consultation with the providers and this needs to change.
- New Zealand needs to stop following those that have already proven to be failing e.g. UK and USA and look to other European countries where social policy and service delivery have been effective in changing to more positive societal values e.g. Sweden. However, while using international examples, it is important to note New Zealand's Geographic isolation in terms of trade and industry, smaller population than countries of similar size, smaller diversity in population, loss of sustainable trade products, lack of skilled practitioners. We should not automatically translate what is working in other OCED countries to NZ even though social issues may be similar.
- The flexibility of contracts needs to be considered and re-worked to better accommodate the changing nature of social services. Contracts that are too tight do not allow for flexibility and can be too prescriptive. E.g. rule of one visit per family a week is too much for some and definitely not enough for others. The criteria of entry for some services can also be inflexible; there should be room for negotiation for those that are particularly high risk in order to provide the best, most appropriate services.
- Current government contracts are not resourcing services for our other 'vulnerable groups' i.e. young disabled and aged/vulnerable populations. There are no 'children's team' equivalents for all age groups where intersectoral or interagency collaborations could help resolve difficulties being experienced. Disability as a result of medical/physical event (stroke etc.) is poorly funded in general. There is a big disparity between what is funded via public health vs. what is funded via ACC and this disparity needs to be addressed.

Service/Service Delivery

- The Government continues to promote the extreme 'free market' competition in NGO's while dictating how social services will be delivered via both public and private sectors. This stymies and debilitates innovative ideas around service delivery especially with the 'no additional resources' policy. Children's team is a prime example of this expectation that poorly funded NGO's and fiscally restricted public services will continue to absorb more and more complicated work with no additional resource; and more importantly without adequate skill base to ensure effective long term change for at risk families. Additionally, Government agencies sub-contracting or funding of services dictates social service provision

by their needs only, not necessarily what is publically needed e.g. CYF funding of sexual abuse social service for only CYF clients rather than the community need for this social service. This needs to change as there will always be a huge shortfall when the social service has to apply to multiple funding sources to try to meet community need. This type of specialist service needs full or 80% government funding.

- The CYF caseload workload review signals an increase in the threshold for cases that are allocated to CYF. This suggests that the NGO sector will be expected to work with the cases that will no longer meet the CYF threshold. The report identified that to cope with the current CYF workload approximately 365 care and protection Social Workers are required. Given the high case numbers involved and the number of social workers required a significant funding shift would be required which appears unlikely. If this work is deferred to the NGO sector from CYF it is not unreasonable to expect that the current work that is at an early intervention/prevention stage will no longer be funded. This needs to be addressed and evaluated to ensure services can be delivered timely and effectively.
- Intersectoral collaboration at Government level needs to be configured differently. The design needs to occur at frontline level by those delivering it not managerial level within respective organizations. We are often talking about large bureaucracies where management has no idea of realities which occur at the coal face of service delivery. I.e. the big picture needs to connect with the little picture to make a difference. And with any innovative idea there needs to be consideration about workforce development and capacity to undertake the work. Social services generally are dealing with people in need, in crisis, which have multiple and complex issues and it is not as simple as patching things up in the meantime. There is a need for highly trained, skilled and regulated workforce to deliver these services otherwise we do harm.
- To ensure that service integration is credible with providers there needs to be open and considerable consultation with providers. This would then provide clarity around expectations and robust agreements. By ensuring that all parties are clear about the expected outcomes service providers are better able to deliver effective and necessary services.
- Examples of successful integrated services are Family Start, Health Education and Working with Families. However there is need for a better interface mechanism between linked services e.g.: secondary health, NASC and care service providers as clients keep falling down the gaps in between leaving clients with no pathway to receive services in timely fashion. Co-locating like or complimentary services in order to share overheads, facilities, IT systems and administration which may reduce some of the funding wastage and competition between agencies should be considered as a solution to this. There is also room to create more 'one stop' shops where people can access a variety of services similar to those models used for youth centers and engage both consumers and specialist staff in service development. Community centers or now defunct rural schools could be used for outreach services.
- Organisational culture is everything and when it is led in a way which welcomes innovation, collaboration, new learning, continued improvement, there are improvements in delivery. Smaller organisations generally evidence the impact of culture and leadership. Social service providers become a production line where there is a single focus on outcomes according to a pre-determined set of measures, which may not measure certain valuable improvements which are taking place. This leaves them blinkered to the needs of communities they serve and the importance of being agile and creative in response. It is essential that funders stick to and acknowledge the values of the social service providers not the other way around allowing effective and uncompromised social services to be provided.
- In order to integrate the views of clients and their families into the design and development

of social services organisations and front-line staff could collect this information into a shared database, or alternatively there could be a discrete place for clients and their families to place feedback about their experience. The funding for this is necessary before implementation as well as consideration for the time this takes. Another option is to have community consultations, groups and forums both face to face and online to allow people to review and reflect from individual perspectives. Again this would need to be funded and a team would need to work on analysing these responses in relation to any changes or proposals.

- Volunteers are essential to social services now that government funding is only a contribution. However we should not exploit volunteers to provide essential services, they have a very valuable complementary role to social services. The New Zealand Government should fully fund essential social services for all vulnerable people to ensure that volunteers are not taking on work that they are not qualified to do. This will ensure better services and outcomes for clients.

Contestability

- Dependency on particular providers causes uncertainty and inconsistency which becomes an obstacle to long-term planning. Social service providers need to source multiple funding avenues to secure services in the long term.
- Contestability creates a competitive environment in which the focus is on funding. The pressure caused by contestability results in the expectation that organisations need to do more with less money. People are expected to work beyond their level of expertise without the necessary training which leads to overworked and underpaid staff members, rather than opportunities to learn and improve.
- Need to spend money to effectively save money in long term. In order for this money to be used towards achieving long-term goals funding applications could be standardized/streamlined processes to reduce replication and minimize competition between NGO's across both public and private funding as this wastes a lot of administration time and resource.

Providers

- We should aim to provide a seamless transition for clients between providers for all social services but it is particularly important to always provide this for any young children, disability services and elderly services.
- Problems in transitions between providers usually occur when there is overworked staff on either end or when the waiting time for the next service is too long. This is where clients become lost in the system and the handovers are not communicated and recorded appropriately. In order to have smoother, uncomplicated transitions staff need a manageable workload and there needs to be more appropriate and timely services.
- Provider diversity is essential to reflect the diversity of the community in which it is providing services to. It also ensures clients' needs are met both efficiently and effectively. Government agencies set a mainstream agenda and expect all cultures to work around this, which is detrimental to the progress of culturally appropriate services and their ability to be available to those who need and want them.

Management/Data Collection/Processes

- Data collection should be a part of the design and development of social services. Outcomes measurement is OK but we need to ask what are we measuring? e.g. how many people have attended a parenting programme or whether parents actually utilizing learning from parenting programme. Investment in and use of social work research to evaluate change which has occurred, satisfaction for consumers and so forth will allow more robust and informed decision making around future effective service developments.
- New Zealand need to look at international data for ideas not necessarily replication of their programmes. Develop our own by doing trials and research. Research might be funded by Government but should not be influenced by Government e.g.: Gluckman report on neuroscience and attachment etc. Partially and ineffectively used by Government as a mechanism to secure election votes not actually utilized to drive social policy and service developments that will have a greater holistic and humane impact on a vulnerable sector of our population.
- For the data to be helpful and productive we need to get a wide range of perspectives (clients, families, providers, investors, case managers etc.) to get the full picture and look at changes/funding realistically. This would also indicate the necessity for flexibility and innovation to meet all stakeholder needs.
- A Government funded case management system or data capture programme that can be customised and implemented for individual service providers would be helpful in tracking and analysing data collection. This would also require Mobile data capture/documentation devices to be provided in order to reduce time not spent in face-to-face service delivery.
- There needs to be more promotion of how helpful and beneficial this technology will be to both the social service providers and the clients to encourage accurate and timely use. There is also a lack of training in IT for those who are unfamiliar or uncomfortable with the new technology and this needs to be changed in order for it to be effective.
- Not all social services are about providing task oriented services e.g.: home help, WINZ benefits. Many are process oriented e.g.: rehabilitation, education, recovery focused which are harder to measure as outcomes may not be evident immediately. These services would need measurements across a time span of up to 3 -5 years to see tangible results. It is also important to note that data needs to take into account those who aren't in a programme because they don't have access or don't feel it meets their needs.