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This is a submission written on behalf of Franklin Family Support.

### **About us**

Franklin Family Support Services are based in Pukekohe and serves the larger Franklin District covered by the Auckland, Hauraki and North Waikato Councils. We were established in 1982.

We trust takes pride in being able to provide a wrap around service to individuals, couples and families. This means people may come in for counselling, but they are also able to access financial literacy support, parenting, transport to essential health appointments, social work mentoring etc. to help with the complexities of living in a family and community. We provide a holistic service which ensures receive sustainable solutions moving forward.

We also provide the Heartlands service office and provide direction to and advice on other services available in Franklin. Also we operate a variety of clinics which include Legal Advice and a JP service.

The Trust is operated by a volunteer Governance Board. We have 17 permanent staff, 5 casuals (who run our childcare for parents attending workshops) and 52 volunteers at last count.

Funding is provided through a mix of Government Service Contracts, however we seek fees, grants and donations to cover the 40% funding shortfall we experience annually.

The Trust has enjoyed considerable support from the local community which has enabled it to keep providing an essential range of services including;

- Counselling
- Budgeting and financial literacy
- Family Group Conference coordination
- Parenting Programmes (0-8 years, Parenting Through Separation etc)
- Pre natal, post natal education
- Essential Health Transport services
- Workshops in Self Esteem, Boundary setting,
- Drug, alcohol, suicide prevention

The primary purpose for our existence is to ensure that the services Franklin needs are available. Where necessary we aim to provide needed services, or at least facilitate their delivery in Franklin. For example, through our Early Years Service HUB work we determined the need for the Mellow Parenting Programme.

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We are in discussion with the provider (The Anglican Trust for Women and Children) to encourage and support them to run the programme in Franklin

### **Community Networks Aotearoa**

We are a member of this National Organisation and supported their submission.

We also provide services to and lead the Franklin Community of Social Services (FRANCOSS) encouraging all service providers to network, collaborate and to develop their capability for the benefit of our community.

### **The Reason for our Submission**

Having read the Draft report we wanted to make some comments around the areas of concern we have.

Our perspective is from that of a Rural / Semi Rural Community where we appreciate that access to services is often difficult. We agree with the Commission's thinking that, "*Top-down control tends to dampen innovation, reduce coordination between agencies and limit flexible adaptation to client needs and local circumstances.*"

We wonder how that sits against the proposals for bigger contracts currently being implemented, i.e. regional rather than community. We see small communities more a kin to an ecosystem where if one part of the system is removed other parts can suffer because they are interdependent.

In order to be, "*...well placed to deal with the multiple and inter-dependent problems experienced by many of New Zealand's most vulnerable individuals and families,*" smaller linking and multidiscipline services are critical for success.

The strength of rural and semi-rural communities is in their tight networks and the depth of the personal relationships. Remote management and an apparent lack of 'ownership' of local services will adversely affect the ability of the service to effectively connect with the client community.

That relationship is also critical where, "*clients often perceive government processes as confusing, overly directive, and unhelpful. For providers, government processes can appear wasteful and disconnected from the real-world problems that providers struggle with.*" Much of the work these community services provide is unpaid navigation and support.

The removal of local personal support will be detrimental if those services, in the process of being better coordinated, are systematised.

We agree, "*...government agencies often tightly prescribe the activities of providers, making it difficult for providers to innovate or tailor services to the individual needs of clients.*"

One of the benefits we enjoy as an independent and small provider is that we can extend the boundaries of the prescribed service through our personal contribution. We are able to not only utilise our wrap around service effectively but go that bit further which might not be so easy in a remote corporate controlled environment.

Which of course raises the question of whether or not the personal and voluntary contribution to services provided has been valued effectively?

We did not see evidence in the report of how that had been valued and how that would be considered in any future model. Would volunteers, and staff who volunteer time, be so inclined to do that if they were part of a prescriptive corporate model?

We note and agree with the observations that, "...providers face poor incentives to experiment, and to share and adopt innovations." And we wonder whether total system change is necessary to remedy that. There are many innovators and experimenters who make contributions to social services but at the moment, they do that independently of the contracting system and spend a considerable time competing for other funding to try and facilitate this aspect of Social Services.

We agree the prescriptive contracting model is restrictive in effectiveness. We suggest some investment would go a long way to help tap that reservoir. Equally, a programme of investment in service collaboration amongst existing providers could produce immediate value, rather than leaving it to chance.

It is well understood and evidenced in projects for deepening community engagement for example, separate investment in resources to do that and often the provision of independent expertise are absolutely necessary rather than expecting collaborative work to evolve of its own accord.

Many of the services we provide are 'after the fact interventions'. That is there has been some trauma or issue and our staff are engaged in repairing the damage arising from that life event. In terms of the expectation to make a difference, we are unsure how the results based accountability would work effectively.

For example, A young boy has been deeply scared by domestic violence. He has a brother equally affected. They have developed behaviours which have made it difficult for any foster parent to cope with both of them together so they were split up and have progressed through several homes. Fortunately they have been reunited with a new foster family who are learning to cope with and manage the behaviour. We are contracted to provide 10 sessions of counselling for the boys.

Even a lay person will understand that this is hardly enough to build a relationship with them, begin unpacking their issues, develop a programme, support the foster parents, and make a difference to their behaviour.

If the expectation of 'results' is to be an expectation of whatever the new system will be, there has to also be provision for being properly able assess and determine what results exactly are expected, what is adequate resourcing to achieve those results, and especially particularly, how will those results be measured.

We wonder why that can't be done now.

We agree, "*A key challenge in delivering social services to people with multiple and inter-related needs is making sure the services are combined and tailored to best address those needs. Integrated services offer clients a coordinated mix of services that tackle multiple needs in a timely, convenient and effective way.*"

We have developed a proactive concept of navigation for helping a child and their family through life, accessing all the support available to increase significantly the chances of positive child development and parenting. Whilst we have tacit endorsement from Health, Education, and Social Services there is no mechanism for them to engage with us to help develop this model outside of their existing programmes and budgets.

Whilst we applaud the suggestion this kind of initiative should be supported, we wonder why an entire system change is necessary to make this difference.

The idea that, "*Provided it is done judiciously, government agencies exercising top-down control over services can merge government agencies, link contracting or service teams, or merge multiple contracts,*" has a strong appeal.

An example of this unjoined independent thinking was given of parenting programmes, where three different Government agencies all launched different parenting programmes and sought providers at the same time. The net result was different agency providers invested heavily to become recognized providers only to find themselves in a small market competing for clients with other providers, and for community members presented with a confusing array of programmes. They had to work out for themselves which would be the most appropriate for their needs.

Albeit there may be bigger organisations providing services, the local service and knowledge element will be critical to hope for success.

Which raises the question of successful major providers, be they international, national or regional, what safe guards will be in place for the inevitable sub-contracting they will need to do to provide adequate community coverage.

Traditional contracting of this type has seen the lead contract holder being offered a price for that contact. They then make their money by subcontracting out some or all of the work, but the subcontractor does not receive a fair payment, whilst the lead contractor 'clips the ticket' for the profitable margin.

We support strongly the view, "*When government devolves commissioning responsibilities to an organisation closer to the front-line, that organisation has greater scope to lead on integration by, for example, establishing multi-service teams and encouraging alliances.*" And given the above comments, you will understand that we see this being a vital element in including services for smaller communities, especially rural and semi-rural in New Zealand.

We also agree that for effective service delivery, funded evaluation must be part of the contract. At the moment we have undertaken reflective evaluation and hope to do more. We have to independently raise funding to do this. We have learnt a great deal about a programme, the participants and future needs from this.

Above we have illustrated some of the issues and points of interest and concern to our organisation in its specific rural and semi-rural environment. In summary we feel that many of the identified and perceived deficiencies of the social service delivery could be remedied without complete overhaul. These remedies would develop the range of current providers, encourage them to work better together, produce results, which could be validated through more effective evaluation.

We argue strongly for the value of the smaller organisation's part in the larger service model and note that in smaller communities there is far more value achieved simply through community members who either work or volunteer contribute far more than they would as just another staffer in a larger organisation.

As noted in the Community Networks Aotearoa (CAN) original submission, we similarly agree Social Services require a variety of approaches.

Some services (such as ours) are built on deep trust between the service provider and client.

The system at the moment is unnecessarily complicated.

We and our purpose for being is motivated by ensuring there are services in our community, not just funding.

And just as communities are different, so too are providers and how they are staffed.

Many of the recommendations in the report recognise the flaws in the system. They are most often not the responsibility of or within the control of the providers. Making it better and easier for them to be able to make the true contribution they were established to would be a major improvement.

Regardless of the structure(s) selected, what is paramount is the Commission's recommendation R7.1, "*Organisations commissioning social services should set payments at a level that allows an efficient provider to make a sustainable return on resources deployed. This will give providers the confidence and greater capacity to invest in innovation.*"

### **In conclusion**

We believe the discussion about the provision of Social Services should be considered in the wider context of how we deepen communities. Paul Born [\*1] notes, "*We live in community. It's our DNA. We need one another plain and simple...Community has the capacity to improve our physical, mental and economic health, as well as our overall sense of happiness and fulfilment. It has the power to unite us all in a common bond as we work together for a better world.*"

We worry that this review and the possible outcomes for the delivery of social services will be considered as a 'business' and not as an essential element in the strengthening and deepening of our community.

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[\*1] Deepening Community: Finding joy together in chaotic times. By Paul Born pub Berrett- Koehler Publishers Inc. 2014 ISBN 978-1-62656-097-0