

# Briefing to the incoming Government

**Social Sector Forum**

**2014**





## COLLECTIVE ACTION FOR SHARED OUTCOMES

This briefing for social sector Ministers has been prepared by the Social Sector Forum (the Forum). The Forum is mandated by, and reports to, the Cabinet Social Policy Committee and consists of the Chief Executives of the Ministries of Education; Health; Social Development; Justice; Business, Innovation and Employment; Pacific Island Affairs; and Te Puni Kōkiri.

Recent practice has been for the Chair of the Cabinet Social Policy Committee (SOC) to lead cross-agency work in the social sector. The Forum supports the lead Minister to fulfil this role, including regular updates on the progress of cross-agency work to SOC.

The Forum has introduced new governance arrangements to provide strategic national oversight of, and joint responsibility for, the implementation of two of its key priorities: a Vulnerable Children's Board (for the Children's Action Plan) and a Joint Venture Board (for Social Sector Trials). New Zealand Police is a member of both of these Boards and is an observer at the Forum.

The social sector is complex. Agencies within the sector deliver a wide range of services to all New Zealanders throughout their lives. Some problems that our communities face transcend boundaries between agencies and services. Successfully addressing these problems depends on working together.

The Forum joins the social sector together to deliver better results through innovation. It does this by providing strong combined leadership for the sector and by pursuing a common agenda to deliver results for shared clients and populations. It has 10 current priorities:

- Reduce long-term welfare dependence
- Increase participation in early childhood education (ECE)
- Increase infant immunisation rates and reduce the incidence of rheumatic fever
- Reduce assaults on children
- Children's Action Plan
- Social Sector Trials
- Youth Mental Health
- Contracting
- Enabling Good Lives (trials greater choice and control for disabled people – demonstrations in Christchurch and Waikato)
- Addressing family violence.

We look forward to working with you to identify what new priorities you may have for the social sector.

The Forum has identified four critical supports for the collective design and delivery of social services, particularly those that address complex problems and needs. They are a mixture of existing mechanisms and new innovations that could be developed to improve sector agencies' ability to work together in the design and delivery of services. Making progress on these areas will, among other things, enhance the information available to decision-makers and service providers and strengthen the sector's ability to collectively prioritise resources. The four areas are:

- shared results
- social service integration
- data integration and analytics
- budget processes that support progress on cross-cutting social issues and results for shared clients and populations.

## ENABLING COLLECTIVE ACTION

### Shared results have supported collective action and impact

#### *A results approach can support collective action in future*

The Forum has led four Better Public Services Result Areas:

- Reducing long-term welfare dependency
- Increasing participation in early childhood education
- Increasing infant immunisation rates and reducing the incidence of rheumatic fever
- Reducing the number of assaults on children.

A focus on a small set of shared results has supported the social sector to be clear about our shared objectives and transparent in measuring and reporting achievements. It has also supported agencies to work in new ways and join up across agency boundaries, including by using data more effectively to target interventions or inform choices.

The Forum's experience with using shared results has been that they are an essential tool for collective action and we continue to support this as an approach.

It is important that results are not changed too frequently and are given time to work. It takes time for a results focus to shift behaviours and the design and delivery of services and supports. There is still work to be done to embed our practices into business as usual and strengthen a whole-of-sector approach, rather than individual agency responses.

#### *We should begin to consider how we refresh results and targets*

The existing results and targets have supported the social sector to work collectively on issues of real importance. While the end date for the existing targets is 2017 (or the end of 2016 with respect to the target for early childhood participation), we should begin to consider future results and targets for the social sector. Work on new results and targets could start as early as 2015, or immediately in the case of the already announced policy on reducing working-age benefit numbers by 25% or 75,000 by June 2017. MSD is preparing advice for the Minister for Social Development on options to achieve this target.

There is a broad range of social sector problems worthy of investigation. Areas for focus could be selected on the basis that they support the social sector to work together and that they:

- concern a shared population, or place, or problem
- require collective action to address
- are a matter of sufficient importance
- are able to be measured
- are amenable to actions that can deliver on the results (we know enough about what works for these problems to introduce actions to improve them).

In addition, we should ensure the process engages front-line services and the wider community to achieve their buy-in and commitment. Our experience with the current approach is that this is essential if we are to realise the full potential of a results approach.

We would welcome the opportunity to discuss with you how shared results have supported our collective action and the potential for improvements, as well as how we refresh the results and potential new result areas that could be investigated.

## **Integrated approaches are critical when facing complex problems**

Social services can find it difficult to engage people, especially those with complex needs. Vulnerable people can be 'hard to reach' or the available services can be unattractive to them. Once engaged, some people with complex needs require additional help to find effective support. There are also gaps in services and differences between communities in what is available.

There is variation across the social sector in the degree to which services are decentralised or devolved (child protection and welfare are mostly centralised, while schooling and health care are largely devolved to regions or communities with their own boards). The sector is also characterised by a high degree of outsourcing, with some delivery highly reliant on non-government organisations (NGOs), and by a limited ability for agencies to influence other decision-makers' allocation or service decisions.

Integrated approaches are beneficial when agencies are working with common clients or addressing interconnected social issues. Done well, integrated models can improve the focus on clients and results, improve engagement with and access to services, and reduce unnecessary visiting and assessment. There is, however, more limited evidence of the impact of these approaches on longer-term outcomes and the transaction costs of co-ordination and integration can be high. Care is therefore needed when deciding which problems, populations or needs require an integrated approach and how best to achieve integration.

In addition, integration needs to be designed and delivered sustainably. Change needs to be led and success sometimes depends on particular agencies or workers.

### ***There is more than one way to integrate – we are testing several models***

Different models of integration have been introduced in New Zealand. Some are nationally focused, while others are aimed at specific communities, families/whānau or individuals. These models broadly cover:

#### *Planning and decision-making*

- Integrated or collaborative services planning and decision-making (eg, at a national level – Youth Crime Action Plan (YCAP), Prime Minister's Youth Mental Health Project, Family Violence, and at a local level – Social Sector Trials, Children's Action Plan Local Governance Groups, and the Hutt Valley Innovation Project).

#### *Integrated case management and/or services for children, young people and families with more complex needs*

- Integrated case management approaches with a single referral gateway (eg, Children's Teams)
- Co-ordinated or integrated case management with multiple referral gateways (eg, Strengthening Families Case Management, Whānau Ora, and wraparound case management initiatives for youth)
- Integration that supports individuals to have greater choice over the services and supports they receive (eg, Enabling Good Lives Demonstration).

#### *Co-located services to improve access and engagement*

- Co-located community-based service hubs (eg, Early Years Hubs, youth service hubs developed in Social Sector Trials sites, Family Service Centres, Victory School in Nelson, and other school-based services).

### ***Local leadership of decision-making has been introduced to enable services to reflect local conditions and encourage innovation***

In some circumstances, decision-making in the social sector is located away from central government. The schooling and health sectors are the largest examples.

Locally-led decision-making processes have been introduced to address complex and interrelated social policy problems. Local stakeholders have a better understanding of local challenges, resources and opportunities and greater knowledge of what is likely to work for that community. Locally-based, flexible approaches also have the potential to encourage innovation.

In each model of integration, it is possible to place decision-making closer to, or further from, the front line. While local decision-making is an essential element of some integration models, community involvement in shaping services can also be achieved through other means, including consultation, engagement or collaboration with communities, providers and other local players (eg, local government). Strong local leadership and engagement are important success factors in any approach.

***We need to continue testing current models of integration – while addressing issues such as ‘product clutter’***

There is a strong case to continue integrated strategy and planning approaches for complex problems. As well as cross-agency action, we need to ensure sufficient local consultation and engagement and the potential to be more structured in our approach.

Integrated case management/wraparound services are intensive and high cost. They are suited to populations or problems where this approach is necessary and justified. Given this, they should be used selectively. Co-located services are useful in engaging children, young people and families in services and can be an entry point to more intensive help. There is also scope to think more about social service hubs in future infrastructure builds.

In some communities and for some populations there is overlap in integration models. The potential for clutter has increased as new models are introduced or the coverage of existing models has widened. For example, a higher-needs community could have a Social Sector Trial, Whānau Ora, a Youth Offending Team, a Youth Service, and Strengthening Families, as well as a range of co-located services. This adds to the complexity of governing and managing these initiatives both locally and nationally. Some local communities are beginning to address these challenges and take steps to reduce clutter.

Some models are in the early stages of implementation and testing and we do not have sufficient evidence to be definitive about which models work best. We are not yet in a position to address clutter at a national level. Over the next two years our evidence base will develop as evaluations of the more recent models, such as Children’s Teams, become available and work to improve measurement and data for the Social Sector Trials is completed. In the meantime, we could support communities to address any local clutter in ways that work best for that community.

Another key issue (perhaps most acute for wraparound case management) is the governance arrangements for these services, especially where there is local decision-making, as these arrangements are often clunky. There is an emerging case for developing a model for integration at a local level that could be used for existing and emerging local planning/services.

Work is also required to understand and develop the national level supports for effective local integration (eg, critical analytical capability at a national level that supports local integration and innovation, and governance and management mechanisms and structures that support joining up across the social sector).

***We should proceed with care in further shifts of decision-making***

While the community desire for more joined-up services can drive integration, integration is not necessarily about government shifting power to communities (‘devolution’). The community sector has also identified the importance of government empowering its regional and local social sector staff to lead integration locally.



There are also other issues to be worked through, including:

- how government achieves national policy objectives when decision rights are held in communities
- the scope of any decision rights over services, given a desire for consistency in objectives, access, quality, risk management, and, in some cases, delivery mechanism
- the impact on the efficiency of delivery of services
- the relationship of any community-led decision-making to that led by other bodies such as DHBs
- accountability for taxpayer funding.

Given these complex questions and ongoing testing of models of integration, we suggest continued caution on how quickly further decision-making moves to communities.

### ***We will work with our partners in communities to deliver services to vulnerable New Zealanders***

Many of the services that support vulnerable people in communities are delivered by the NGO sector. The introduction of integrated models in communities has raised questions for NGOs about their capacity to participate and meet service demands. Current initiatives to streamline contracting processes and reduce compliance costs, improve the effectiveness of purchased services, and invest in NGO capability go some way to addressing these concerns. However, we can expect continued pressure on NGO resources in a tight fiscal environment.

Initiatives to improve contracting processes can also give community partners more flexibility to innovate to meet the needs of their clients and communities more effectively. Discrete, siloed and tightly specified contracts do not always allow providers to work with others in new ways. Progress has been made on this issue, but it is an aspect of streamlining contracts that could be further strengthened.

Integration has potential to improve the effectiveness of services for vulnerable New Zealanders. We have a range of models under way and need to allow time for the evidence about their successes, or otherwise, to emerge. At that point decisions will need to be taken about the future of these models and how we integrate in ways that are both scalable and sustainable. We welcome the opportunity to discuss these issues with you further.

### **Integrated data and advanced analytics has significant potential**

#### ***Data and analytics can support better social outcomes***

There is considerable potential to improve services for people, including those with complex needs, through integration of data and the use of analytics<sup>1</sup>.

Creating integrated data sets focused on people, within agencies and across sectors, can give a better understanding of individuals and their families over time and as they move across services. The potential uses range from evaluating policy and programme impact (research), through to supporting frontline workers deliver better services to clients by providing them with an integrated view of people's needs and the services they receive. Initiatives under way include Statistics New Zealand's Integrated Data Infrastructure (IDI) for research and statistical purposes and the Vulnerable Kids Information System (ViKI).

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<sup>1</sup> Data integration is the process of creating blended combinations of data that enhance decision-making. Data analytics is the process of using statistical techniques and modelling to create useful insights to inform decision-making.

The insights provided through advanced analytics can support better service targeting and funding decisions, stronger evidence, and better informed frontline services. All of these mean better services for New Zealanders. Current examples include the Welfare Investment Approach and the development of the predictive risk model to identify vulnerable children.

### ***But there are significant challenges to work through***

People's lives do not match our data structures. Much of the current activity is ad hoc, particularly where agencies are trying to integrate data to support service delivery. Agencies will continue to work on initiatives specific to them, while we also work as a sector to bring our services together around the most vulnerable. Alongside this, we need to build stakeholder and community understanding of the potential uses of data and analytics.

Making better use of data and analytics across the social sector will require sustained effort to:

- understand and address the current privacy and permissions environment (including learning about how we best use Approved Information Sharing Agreements – AISAs)
- ensure we have the necessary infrastructure
- meet challenges of data quality and records linking
- build the necessary capability and expertise across the social sector.

We do not underestimate these challenges and recognise they are magnified when working together. However, the potential benefits to those using our services make it worth investing the time to understand and overcome these challenges and to develop proposals in this area.

We would welcome the opportunity to discuss the benefits that data and analytics offer for improving services, particularly for vulnerable people with complex needs, as well as how we can meet these challenges to make advances in data integration and analytics.

### **Our budget and funding processes could better support collective action**

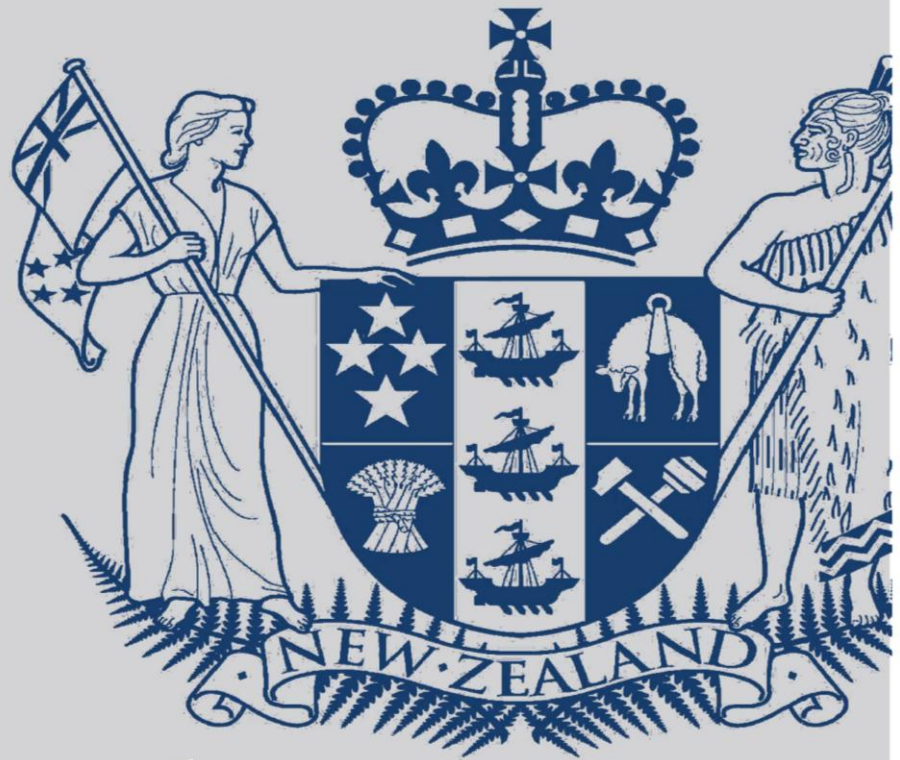
Our work to deliver on our priorities and make progress on shared results, social sector integration, and data integration and analytics illustrates the importance of aligning incentives to work together to deliver results. Increasingly, we are looking at budget, prioritisation, and funding approaches that support collective decision-making and funding of joint social sector action. Our current approaches support effective decision-making and trade-offs within agencies, but are less well suited to situations where agencies are trying to work across traditional agency boundaries on common problems, clients or populations (for example, when trying to work on shared results).

Processes that support us to take a social sector approach to prioritisation and investment decisions, rather than an agency or portfolio-by-portfolio approach, support us to work together more effectively as a sector. This is an emerging area and we would welcome the opportunity to explore new approaches to prioritising collective investment.

## **WORKING WITH YOU**

The Forum is actively focused on delivering shared results and leading collective action to meet the social needs of New Zealanders more effectively. We look forward to working with you to support your priorities for the social sector.





# Briefing to the incoming Government

**Social Sector Forum**



2014

**SUPPLEMENTARY INFORMATION**



## **SUPPLEMENTARY INFORMATION: THE SOCIAL SECTOR FORUM AND ITS CURRENT PRIORITIES**

### **The Social Sector Forum: Innovation for results**

#### *We lead collective impact and exercise stewardship across the social sector*

The Social Sector Forum (the Forum) comprises the Chief Executives from the Ministries of Health; Education; Social Development; Justice; Business, Innovation and Employment; and Pacific Island Affairs; and Te Puni Kōkiri. The Chief Executive of the Ministry of Social Development is the Chair of the Forum.

The establishment of the Forum recognised that the social sector is complex and that addressing the most pressing and complex problems required social sector agencies to work together. The Forum joins together to deliver results by:

- providing strong combined leadership – leadership that looks out beyond immediate problems to focus on medium- and longer-term interests (ie, collective stewardship in the social sector)
- focusing on working with communities to make a collective impact: working with, and in, communities to bring government and community resources together
- pursuing a common agenda to deliver results
- working differently, changing what we do
- using the information we hold in new ways to target our services.

#### *We have changed how we operate*

Our strong combined leadership supports our agencies and the organisations we work with in communities to continue to learn, adapt and change. We have strengthened the Social Sector Forum and focused its work on delivering Better Public Services results and six other key priorities. We have introduced new governance arrangements to provide strategic national oversight and joint responsibility for the implementation of two of these key priorities:

- a Vulnerable Children’s Board (for the Children’s Action Plan)
- a Joint Venture Board (for Social Sector Trials).

New Zealand Police is a member of both of these Boards and is an observer at the Forum. Creating these two Boards not only allows us to share responsibility for the implementation of these important projects but supports us to report jointly to the Lead Minister and the Ministerial Oversight Group for the Children’s Action Plan and to the Lead Minister and other Ministers with a portfolio interest in the Social Sector Trials.

#### *We are focused on a few vital priorities*

The Forum is currently focused on leading and delivering results across 10 priorities:

- Four Better Public Services (BPS) results:
  - Result One – Reduce long-term welfare dependence
  - Result Two – Increase participation in early childhood education
  - Result Three – Increase infant immunisation
  - Result Four – Reduce assaults on children
- Children’s Action Plan
- Social Sector Trials

- Youth Mental Health
- Contracting
- Enabling Good Lives (trials greater choice and control for disabled people – demonstrations in Christchurch and Waikato)
- Addressing family violence.

Progress and recent achievements against each of these priorities are outlined below.

## Social Sector Forum's key priorities – achievements and progress

### *Better Public Services results and targets*

The Forum leads two of the work programmes under the Better Public Services umbrella:

- Reducing long-term welfare dependence (Result One)
- Supporting vulnerable children (Results Two to Four).

The Chief Executive of the Ministry of Social Development is the lead Chief Executive for these results, supported by the Secretary of Education and the Director-General of Health. The agencies of the Forum have agreed to share responsibility for delivering these results.

### Progress

#### *Result One*

Reduce long-term welfare dependence (*Target: Achieve a 30 per cent reduction in people receiving a Jobseeker Support benefit for over 12 months, by 2017*)

Progress towards reducing long-term welfare dependence has been consistently strong. Over the 12 months to June 2014, the number of people receiving the Jobseeker Support benefit for more than a year has reduced from 74,559 to 67,351 – a reduction of 7,028 people (9.4 per cent). This accelerates the trend from the previous year and means we are well on track to meeting the target.

#### *Result Two*

Increase participation in early childhood education (ECE) (*Target: Increase ECE participation from 94.7 per cent in 2011 to 98 per cent in 2016*)

Regular participation in high-quality ECE significantly increases a child's likelihood of future educational success, particularly for children from vulnerable families. The rate of ECE participation was 95.9 per cent in June 2014, and has been relatively stable over the past year, with a 0.3 per cent increase over the past 12 months. To be on track to reach the 98 per cent goal by the end of 2016, we will need to achieve faster growth in the prior ECE participation rate. Strong growth in priority groups (Māori, Pasifika and children starting at low-decile schools) is driving the national rate.

#### *Result Three*

Increase infant immunisation rates and reduce the incidence of rheumatic fever

*(Immunisation target: Increase infant immunisation rates so that 95 per cent of eight-month-olds are fully immunised by 2014 and maintain through to 30 June 2017)*

*(Rheumatic fever target: Reduce the incidence of rheumatic fever by two-thirds to 1.4 cases per 100,000 people by June 2017)*

Immunisation is one of the most effective and cost-effective medical interventions to prevent disease. With 91 per cent of eight-month-olds immunised as at the end of March 2014, we are on track to reach the infant immunisation target of 95 per cent by June 2017.

Rheumatic fever is a largely preventable reaction to an infectious disease. It can be exacerbated by issues such as overcrowding and poor housing conditions, and disproportionately affects Māori and Pasifika as well as those in areas of greater economic deprivation. Rheumatic fever notifications increased from 3.1 cases per 100,000 people in 2007 to 3.7 cases in 2012. With the 2013 rate rising to 4.3, more action is planned to get back on track to reach the target.

#### *Result Four*

Reduce assaults on children (*Target:* By 2017, we aim to halt the rise in children experiencing physical abuse and reduce current numbers by 5 per cent)

Far too many children suffer from assaults which can seriously diminish their life chances and, in the worst cases, result in death. Maltreatment in childhood can have significant, enduring effects on a child's development and on their health and wellbeing in later life.

In the 12 months to March 2014, 3,111 children experienced substantiated physical abuse, a 2 per cent decrease from the 12-monthly figure to March 2013. This only covers cases of physical abuse that have been reported to Child, Youth and Family – some assaults against children are not reported.

#### Key achievements

##### *Result One*

In July 2013 New Zealand's benefit system was reformed, with new benefits based on the Ministry of Social Development's long-term investment approach. These Welfare Reform changes are now bedded in and have helped to create a more active benefit system aimed at promoting people's independence and recognising their work potential. Other indicators also point to target success, in particular:

- almost half of the exits from benefit through the Work Focused Case Management service were from the BPS target group
- fewer clients are entering the BPS target group
- clients are staying in employment for longer.

##### *Result Two*

The Ministry of Education's Early Learning Taskforce is increasingly building support to deliver local solutions with, and in, communities. It has established 22 local Community Action Groups to understand and co-construct early learning solutions and outcomes for their children. Building support at a local level has also resulted in many partnerships being forged with: iwi and Māori, marae-based programmes, Pasifika churches and organisations (through the development of a Pasifika Church Partnerships Strategy), and with other groups not previously involved in early learning, such as the New Zealand Rugby League. The Taskforce has also taken a whole-of-government approach to ensure cross-collaboration support, including working with the Tamaki Regeneration project and with B4 School Check providers.

Ministry of Education's ECE Participation Programme offers a range of initiatives to increase participation in ECE. As at 30 March 2014, 9,356 children had enrolled in ECE through the programme. As at the end of June 2014, 2,367 ECE services were connected to the Early Learning Information system (ELI). This represents 70 per cent of all eligible ECE services.

### *Result Three*

Fourteen DHBs have achieved the interim target to have 90 per cent of eight-month-olds fully immunised by June 2014.

The Auckland-wide Healthy Homes Initiative (AWHI) brings together Housing New Zealand Corporation (HNZC), the Energy Efficiency Conservation Authority, the Ministry of Social Development, private and philanthropic organisations, and the health sector to deliver interventions designed to reduce structural and functional crowding in households with children at risk of rheumatic fever. AWHI started in December 2013 and has received 613 referrals as at 23 June 2014.

The prioritising of households at risk of rheumatic fever for social housing is showing good initial results. Agencies have been meeting at different levels of business to improve the flow of information and ensure applicants are fast tracked where possible.

The Pacific Engagement Strategy for the prevention of rheumatic fever is going well. The Strategy has been rolled out in Auckland and Wellington, and the Auckland target for Year One has already been met.

### *Result Four*

We have worked on two fronts to drive progress on Result Four, by:

- addressing the needs of children in care
- improving support and services for vulnerable children, primarily being delivered through the Children's Action Plan (CAP). The CAP is supported by the Vulnerable Children Act, which passed into law on 30 June 2014.

Child, Youth and Family has completed the Social Workers in Schools (SWiS) expansion programme, increasing the number of decile 1–3 schools receiving the SWiS service from 285 to 673. All decile 1–3 primary schools now have an allocated social work provider.

Child, Youth and Family is working with health agencies, such as the Health Promotion Agency, to support more timely assessment and access to services to meet needs, for example to address drug and alcohol issues among adults caring for children. Child, Youth and Family is also leading the development of a child-centred, cross-agency common outcomes framework for children in care.

### ***Children's Action Plan***

The Vulnerable Children Act and Children's Action Plan (CAP) are driving fundamental changes in how government agencies and the Non-Government Organisations (NGO) sector work together to protect and improve the wellbeing of vulnerable children and young people. The CAP is changing the way we work across agencies to protect vulnerable children by putting them at the centre of all we do. This means working together to:

- keep vulnerable children safe before they come to harm, so they can thrive, achieve and belong
- provide the best possible support services to children who have already been harmed and are in the care of Child, Youth and Family.

Previously, services for vulnerable children were fragmented and siloed. The CAP is addressing this by:

- ensuring agencies work together through joint responsibility, joint actions, and new mechanisms for information sharing
- making it easier for people to recognise and report concerns about children and young people via a single-point-of-contact children's 'Hub'



- ensuring service of the right level and type is targeted at the right children and families by using new tools for better assessment, triage and service allocation
- improving the safety and competency of the children's workforce across all services.

## Progress and key achievements

### *Legislative changes*

The Vulnerable Children Act 2014 is a key part of the framework for the CAP. It introduces joint Chief Executive accountability for working together to develop and implement a vulnerable children's plan, child protection policy requirements, and new workforce safety requirements. Associated amendments to the Children, Young Persons, and Their Families Act and the KiwiSaver Act provide additional actions to improve the care of children and for KiwiSaver enrolments for children in care.

### *New workforce requirements*

Another key element of the CAP is to ensure the children's workforce has shared understandings, expectations and consistently safe and effective working practices. This will involve a fundamental shift in culture across the children's workforce. The Vulnerable Children Act introduces new requirements to ensure children are safe with the people who work with them. It also requires specified state agencies to adopt child protection policies and ensure the NGOs they contract with or fund also adopt child protection policies (if they provide children's services). The CAP also commits us to introduce:

- a set of core competencies across the workforce
- a children's workforce code of practice
- a set of best practice guidelines for safety checking.

The legal requirements will be phased in over several years and will support a wider change agenda across the diverse children's workforce. The vision of a safe and competent workforce will enable improved working models, for example the Children's Teams.

### *Children's Teams*

Children's Teams involve practitioners and professionals working together to offer a better future for vulnerable children at risk of abuse or neglect, before they reach the threshold for Child, Youth and Family statutory services. Skilled frontline practitioners and professionals from a range of government agencies, NGOs, iwi and the community come together as a Children's Team. They deliberately put the children at the centre. All the agencies involved need to work through how to work together most effectively to achieve better results for the children. This means Children's Teams can make better decisions for a child and ensure the right mix of services is delivered, and can adapt the mix of services and supports as the needs of children and their family/whānau change.

The first two Children's Teams began in Rotorua and Whangarei in July and October 2013 as demonstration sites. Eight new Children's Teams are to be implemented in 2014/15. The first of these went live in Horowhenua/Otaki on 8 September 2014.

### *Single point of contact (the 'Hub')*

The Hub is the centre and triage point for all referrals and contacts from the public, professionals or children. The National Children's Directorate is assessing current capabilities useful for the Hub (eg, national contact centres) and what new capability must be built, before developing a high-level design and implementation timeframe by the end of 2014. The target for the Hub to commence operations is July 2015.

### *Predictive modelling*

Predictive modelling (PM) based on administrative data already held by Government shows promise to help professionals identify and assess children who may be at risk of abuse or neglect. The use of PM in the context of child maltreatment is untried, carries ethical risks, and warrants careful and staged development and trialling. As part of the CAP, a cross-agency working group was set up to consider testing and trialling. The working group has identified a three-phase approach. It will report back to the Vulnerable Children's Board on phase one and preparations for phase two by December 2014.

### *Vulnerable Kids Information System (ViKI)*

A Vulnerable Kids Information System (ViKI) is being developed to ensure all parties making decisions about services to meet a child's needs have access to the information they need and see the whole picture. It will enable frontline professionals like doctors and teachers to register any concerns about a child, using secure web-based programme access. ViKI will be a critical tool for the Children's Teams, but it is intended to be available to all participating agencies and NGOs once the access issues for the different organisations have been worked through. The development of ViKI is overseen by an Advisory Group (CAP IT) and ViKI is currently completing the business requirements gathering stage.

### *An Approved Information Sharing Agreement (AISA)*

The CAP will rely on the development of an Approved Information Sharing Agreement (AISA) under the Privacy Act to provide a clear legal basis for information sharing. An AISA modifies the Privacy Principles to allow personal information to be shared for a new purpose and with a wider range of people and circumstances than when originally collected. It effectively treats all agencies involved in the CAP as if they were a single organisation so information can be freely shared. A draft AISA has been developed for consultation and a final AISA should be ready by early 2015.

An Advisory Expert Group on Information Security (AEGIS) was set up to advise on the legal, ethical and operational issues around information sharing and the use of predictive modelling.

### **Social Sector Trials**

The Social Sector Trials (the Trials) began on 1 March 2011 in six communities: Horowhenua (based in Levin); Waitomo (based in Te Kuiti); Kawerau; Gore; South Waikato (based in Tokoroa); and Taumarunui. A further 10 Trials were launched on 1 July 2013.

In the Trials model, a local organisation or individual, the 'Lead', facilitates government agencies and other local organisations to work together, engages and informs the community, and directly manages some of the funding, resources and programmes. The Lead oversees the development of an action plan and manages its delivery.

The Trials have tested whether this way of working improves the effectiveness of Government's investment in social services and the outcomes achieved. It also tests whether this provides better access to social services, improved referrals and integration of services, and makes services more responsive to the needs of communities and users. It was expected that the greatest benefits were likely to be experienced by those with more complex needs. The model is being tested with different age ranges, outcomes (across health, education, and child- and youth-focused outcomes), and different types of communities (including rural, suburban and cities).

Ministers with an interest in the Trials include the Ministers of Health, Education, Social Development, Youth Affairs, Justice, Police, and Finance. The Lead Minister for the Trials has been the Chair of the Cabinet Social Policy Committee.

## Results and challenges

The Trials have demonstrated that there are benefits in working locally to shape local services and meet local needs. Evaluation has shown the approach promotes communication and collaboration between local stakeholders and the delivery of a broader range of services targeted at young people. There is improved community ownership of, and focus on, outcomes, an appreciation of the community's role, and better information sharing.

There is evidence of progress in outcomes, specifically engagement in education (Better Public Services Result 5) and steering young people away from crime (Better Public Services result 7). However, comprehensive evidence is not yet available across sites and existing evidence is not always easy to compare with national rates.

Experience from other countries and learning from the Trials demonstrate that investing in capability takes time to deliver results. Long-term transformation requires long-term investment. Evidence also stresses the importance of relationships within, and between, the community and agencies, the skill with which they are conducted and the level of contact. Time is key to establishing the trust required for these relationships to flourish.

There are challenges in designing the measurement and assessment of results of a complex enterprise such as the Trials. Officials are continuing to work on these challenges, including learning from the Children's Action Plan work to measure outcomes.

The nature of the evidence we currently have makes it important that we improve our gathering and analysis of data. If we wish to expand the Trials approach or apply lessons to the wider social sector, we need to be able to see changes in outcomes for Trials communities and better understand the Trials' role in those changes.

## Next steps

In July 2014 Cabinet agreed that the first six Trials would be developed into a permanent part of the social sector delivery in those communities from 1 July 2015, unless there is a strong reason for them not to become permanent, and subject to plans for permanency being approved and funding being approved in Budget 2015. The Trials are to be retained in their current form. The other 10 locations will be extended for two years to enable them to become better established. They will undergo a similar assessment and transition, timed for 1 July 2017.

The outcomes, target populations, and geographical boundaries of the Trials are to remain the same, as the understanding of results needs to improve before we can consider making changes.

Agencies are engaging with Trial Leads and communities (via local Advisory Groups) to develop plans for permanency for Trials Ministers to consider in November 2014. The level of funding for these changes will be decided through Budget 2015, with advice due from officials in November 2014.

## ***Prime Minister's Youth Mental Health Project (YMHP)***

The Prime Minister's Youth Mental Health Project comprises 26 initiatives focused on improving mental health and wellbeing for young people aged 12–19 with, or at risk of developing, mild to moderate mental health issues.

It is a four-year, cross-agency project involving the Ministries of Health (lead agency), Education and Social Development, Te Puni Kōkiri and the Education Review Office. The YMHP is governed by a cross-agency Steering Group made up of the four key agencies (Health, Education, Social Development and Te Puni Kōkiri), along with representatives from the Treasury, the Department of the Prime Minister and Cabinet and the Ministry of Pacific Island Affairs.

The Social Sector Forum is accountable for the YMHP, and approves six-monthly reports to the Cabinet Social Policy Committee.

The total cost of the YMHP was originally \$62 million over four years. Implementation of all initiatives is being resourced from within existing agency baselines.

The overall aim of the YMHP is better mental health and wellbeing for young people, including vulnerable groups at comparatively higher risk of mental health issues, such as Māori and Pasifika youth. The expected outcomes after four years are:

- improved knowledge about what works to improve youth mental health
- increased resilience among youth, to support mental health
- more supportive schools, communities and health services
- better access to appropriate information for youth and their families/whānau
- early identification of mild to moderate mental health issues in youth
- better access to timely and appropriate treatment and follow-up for youth with mild to moderate mental health issues.

### Progress and achievements

Implementation of the 26 initiatives has continued to progress well. Four of the initiatives have been completed<sup>1</sup>. Two years into implementation, a key area of focus is the evaluation of the individual initiatives and the project evaluation being undertaken by the Families Commission to assess the overall impact of the YMHP. A formative evaluation report is due in September 2014 and a summative report is due in June 2016.

Specific areas of progress (as at 31 July 2014) include:

- The evaluation of school-based health services (SBHS) has been completed. Overall the results of this evaluation indicate that high-quality SBHS impact positively on student health and wellbeing outcomes (Initiative 1).
- Since the launch of the SPARX e-therapy tool in April 2014, there have been 13,256 unique visits to the SPARX website, and 2,365 registrations, which suggests that the implementation is progressing well (Initiative 4).
- Transition Guidelines for Child and Adolescent Mental Health and youth Alcohol and Other Drug services have been published and are available online from the Ministry of Health website (Initiative 6).
- An evaluation report in February on the Christchurch Check & Connect initiative showed that it had a positive impact on student behaviour, attitudes, resilience, and keeping students in education (Initiative 9).
- An online hub for information for parents, families and friends, called 'Common Ground', was launched on 10 July 2014 (Initiative 17).

### Social sector purchasing

The government contracts with a large number of NGO providers to deliver social services to citizens. There are choices for government about what and how many services it purchases from external providers. The way these services are commissioned by government affects what providers deliver (inputs, outputs or outcomes) and how much resource goes towards delivering services rather than administrative and audit processes.

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<sup>1</sup> They are: Initiatives 16 (Improving the youth-friendliness of mental health resources), 18 (Social Support for Youth One Stop Shops), 19 (Youth Referral Pathways Review) and 21 (Youth Mental Health Training for Social Services).

The Social Sector Purchasing Steering Group is made up of senior managers in the social sector agencies<sup>2</sup> that have responsibility for purchasing services for citizens. The SSPSG has oversight of initiatives designed to:

- improve the efficiency of purchasing processes so providers and government have lower compliance costs
- deliver better outcomes for citizens by focusing on the results that providers deliver.

#### Progress and achievements: Reducing compliance

##### *NGO Streamlined Contracting Framework*

The Framework is a set of tools and documents to use when contracting with providers. They assist government agencies and NGOs to work in a more efficient, collaborative, co-ordinated and connected way. The Contracting Framework includes a focus on outcomes – measuring the things that make a difference rather than simply measuring activity. It is expected that all contracts between social sector agencies and providers will move to the Framework by 30 June 2016 (with 15 per cent of contracts with NGOs already transitioned). A large number of contracts are expected to transition to the new Framework between now and June 2015.

##### *Cross-agency accreditation*

The objective of this project is to align accreditation<sup>3</sup> processes across agencies and to reduce the amount of activity that is duplicated when government interacts with providers (eg, audit processes). This will make it easier for providers and government to work together, especially for providers that contract with more than one government agency. The first step was to establish five common business viability standards that all government agencies will use in assessing providers, and a common accreditation register. These will be rolled out from early 2015.

Agencies are piloting ways they can work together to review providers' ability to deliver services. A trial is under way with 12 providers to develop an accreditation plan across three years that reduces the process duplication and joins up agency assessments. Providers contracted by multiple government agencies should see considerably less accreditation activity and government agencies will have fewer reviews to carry out. Information will be shared through well-defined relationships and through the accreditation register.

#### Progress and achievements: Focusing on outcomes

In addition to bringing an outcomes component into all contracts through the NGO Streamlined Contracting Framework, several other innovative purchasing initiatives are being tested by social sector agencies. These focus on how to deliver better outcomes for citizens and have some common features – a focus on evidence and data to target specific people and identify the best interventions, evaluation and feedback loops to inform future purchasing decisions, and greater flexibility in contracts. Examples of this being used are in the social bond pilot (led by the Ministry of Health), in outcomes-focused contracts in Work and Income and under Investing in Services for Outcomes (MSD), and by Whānau Ora Commissioning Agencies (TPK).

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<sup>2</sup> Ministries of Social Development, Health, Education, Justice, Business, Innovation and Employment, the Department of Corrections, Treasury, and State Services Commission are all members. The Department of Internal Affairs, the Accident Compensation Commission, and Te Puni Kōkiri have also been invited.

<sup>3</sup> Accreditation refers to the process government agencies will use to determine a provider's capability and capacity to deliver quality social services.

## **Enabling Good Lives (EGL)**

In July 2013 Cabinet agreed a three-year demonstration of EGL in Christchurch. The initial target group was school leavers with high and very high needs, aged between 18 and 21. The intent is to:

- trial the approach with a group of disabled people and their families
- allow government to gain experience in, and gather information about, how the approach works, what supports success, cost and savings estimates, and how to implement changes across the disability system.

Budget 2013 allocated \$3 million over three years for the project-related costs in Christchurch and Budget 2014 allocated \$3.8 million over three years to extend the approach in the Waikato region.

The design for phase one of the demonstration, which was co-designed with a local advisory group of disabled people, families and providers, was agreed in September 2013. In phase one:

- the disabled person and their family can choose an independent navigator to support them to make a plan based on what a good life would be for them
- providers are expected to operate with a facilitation-based approach. This makes it easier for individuals and families to achieve their goals by tailoring supports and building on the naturally occurring networks in the community, rather than offering a set range of service types
- relevant funding from the Ministries of Health, Education and Social Development has been pooled within Vote Health and allocated as personalised budgets that the participants can use more flexibly
- a departmental appropriation is administered through the Ministry of Social Development, which also provides accommodation, IT, HR and payroll services. The three Ministries jointly provide back office support.

### **What the demonstration has achieved so far**

The demonstration got under way in late 2013. A director and a team of three in Christchurch have been appointed, together with a Local Advisory Group (the LAG) comprising disabled people, family representatives and providers. The director is accountable to a Joint Agency Group from the Ministries of Health, Education and Social Development, and ACC. The Joint Agency Group oversees the demonstration, which is also supported by a National Leadership Group comprising disabled people, family representatives and providers.

The co-design and governance of the demonstration with the disability community have proved to be particularly valuable in terms of buy-in from the sector.

A key feature of EGL, and one that is new to the system, is independent facilitation. Navigators help participants and their families think about their aspirations and create a plan based on what a good life would be for them. All participants in phase one are working with a navigator. The phase one evaluation found that the navigation role was seen as pivotal to making EGL work.

The EGL approach is giving participants more choice and control over their lives and their support. Disabled people who receive a personal budget can purchase the supports and services they want, to meet their needs and enable them to obtain and maintain a good life, in accordance with broad purchasing guidelines. In future, it is intended that people will be able to purchase support in more flexible ways.

Around two-thirds of participants have chosen to purchase different support options from what they would have traditionally been offered. Personal budgets have resulted in some increase in contestability of supports and services. Future contracting arrangements have the potential to increase contestability.



An ongoing evaluation of the demonstration is being undertaken jointly by the Ministries of Health, Education and Social Development, with input from the LAG. The phase one evaluation was undertaken in early 2014. Families interviewed reported feeling more confident and positive about changing the life of their disabled young person for the better.

### Next steps

The detailed design of phase two includes new components such as:

- developing a cross-agency funding allocation tool
- introducing a wider choice of purchasing options for participants
- further developing, and clarifying, the navigation function
- implementing community and school development initiatives
- working with providers to help them understand how to engage with people on an individual basis
- ensuring there is accountability between participants and funders and that people are adequately protected from abuse and/or unfair treatment.

The evaluation of phase one identified some areas for further work. These include gaining a clear understanding of what the navigator role is and is not, providing more guidance for navigators on the planning process, and responding to participants' and families' desire for more information on how to use their funding and how to employ staff. We are working to address these issues as part of phase two. We will undertake a second formative evaluation in 2014/15. It will help refine and expand the demonstration for phase three.

Progress is to be reported to Cabinet in December 2014. This report will also seek agreement to the design of the Waikato demonstration.

### Family violence

Family violence is a serious and complex issue that can span multiple relationships and generations. During the period 2009–2012, 126 people were killed in family violence-related homicides, including 37 children who were killed by a parent or adult family member.

Family violence affects families from all cultures, classes, backgrounds and socio-economic groups. However, we know that perpetrators of the most severe and lethal cases of family violence are predominantly male. We know that victims of the most severe and lethal cases of family violence are predominantly women and children. Children who experience, or are exposed to, family violence are more likely to develop cognitive and behavioural problems, become violent as teenagers, and continue the cycle of violence. Many family violence death reviews reveal a pattern of abuse, known to wider family members and friends, and involve violence that has spanned multiple generations.

### Reducing family violence requires fundamental change

The current family violence system incorporates responses from the front line (such as Police, and Child, Youth and Family), screening and risk assessment, family law (including protection orders and contact conditions relating to children), the criminal and civil justice systems, and social, health and education services.

However, the fragmented nature of the system can result in duplication, service gaps and inefficiencies. Reducing family violence requires a fundamental change in how we work across agencies and across the family violence sector. A longer-term approach is also required for real change to occur in our family violence statistics.

In June 2014 Cabinet considered a suite of papers with family violence components. It agreed to the development of a comprehensive, long-term and whole-of-government approach to further reduce family violence and achieve intergenerational change (*Achieving Intergenerational Change*). When developed, this approach will recognise and respond to the harm that family violence does, not just to the current generation but to future generations, and the need to break the cycle. The Ministry of Social Development is leading this work.

Cabinet also agreed to a Ministry of Justice-led work programme, Stronger Response to Family Violence, which aims to improve the Justice sector's response to family violence. Four key Justice sector action areas were agreed: better protect victims of family violence; improve victims' experience in the justice system; support judicial decision-making in cases involving domestic violence; and ensure domestic violence legislation is modern and fit for purpose.

The Ministries are working together to deliver work programmes that are designed to have a collective impact on the incidence and harm of family violence. Governance arrangements are designed to provide clear accountability. Joint representation, where appropriate, and sharing of information help to ensure agencies have visibility over the combined effort. It is intended that a number of projects within the work programmes will have cross-agency working groups. For example, the development of advice on a multi-agency response system for family violence involves close collaboration between New Zealand Police, and the Ministries of Social Development and Justice.

#### There will be challenges in developing the changes needed

*Achieving Intergenerational Change* is a long-term approach that will require sustained, strong leadership and commitment across a range of portfolios and agencies. It also links with other key work, including work to better identify, support and protect New Zealand's vulnerable children, work to strengthen the cross-agency response to sexual violence, and the Ministry of Justice's *Stronger Response* work programme.

Addressing family violence is hampered by a lack of evidence of intervention effectiveness both internationally and in New Zealand. Research has tended to examine short-term outcomes only, and involve small samples, and has had high attrition rates. We need to invest in research that works alongside interventions and determines whether they are achieving their anticipated outcomes. We do know that some initiatives, such as the *It's Not Ok* campaign, are working well to raise awareness of family violence and change people's perceptions. However, we need more evidence on what works well or is promising in response to family violence.

While *Achieving Intergenerational Change* is a whole-of-government approach to address family violence, we will need to work with the social and Justice sectors to identify how to link government and non-government sectors better to ensure we deliver connected and seamless services.

We intend to report back with progress on *Achieving Intergenerational Change* to the Family Violence Ministerial Group (a broad grouping of Ministers with an interest in Family Violence) in November 2014 and to Cabinet in December 2014. This will include a governance proposal to provide an inclusive and collaborative approach between government and non-government representatives.

