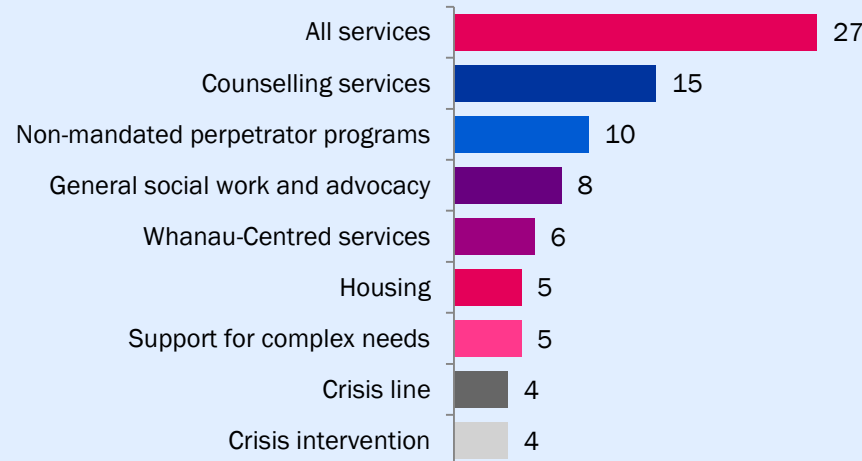


MSD Family Violence Funding Plan: June 2018 Survey Results

MSD funded providers were asked for their views on the current delivery of family violence services. 65 providers responded, with participants spending around 30 minutes completing the questions. The responses indicated the time and thought that people put into their feedback. Below is a high level summary of the themes from the survey.

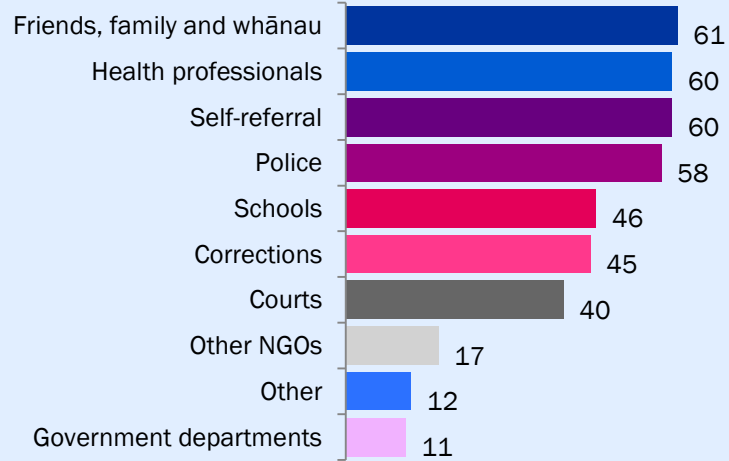
Services facing highest demand

(Providers could select multiple options)



Common referral pathways

(Providers could select all relevant options)



The most common strategies being used to manage demand



Waitlists



Staff work unpaid hours



Refer to other agencies



Staff work extra paid hours

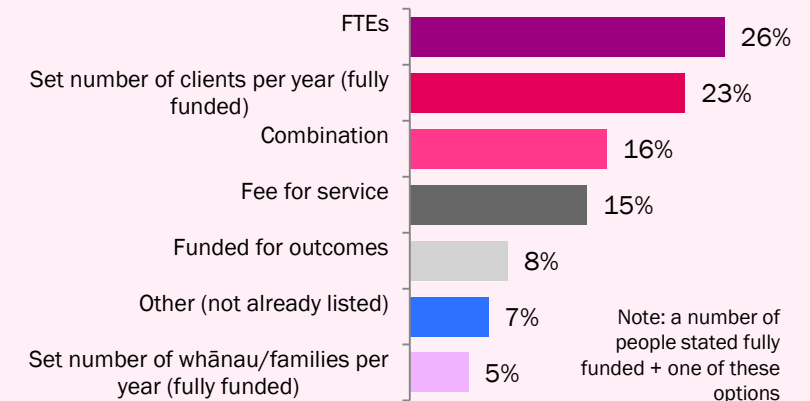
We agree that agencies need to work more collectively. Working closely for us, is having a shared vision, values, outcomes we are working towards and ensuring there is action taken where this is required, not just korero with no action.

It takes a lot of time to develop relationships (with other providers). Additionally if there are ideas about how to work together to support each other there is no way we can get funding (or often time) to pursue these ideas.

Suggested ways to improve family violence contracts

- One multi-year (3-5 yr) contract for all FV funding in place well before the new financial year begins.
- A single point of contact for contract management.
- Contracts that reflect an on-going honest and respectful relationship with MSD.
- Specialised FV networks across regions.
- Utilising other procurement methods (instead of competitive tendering) with a simpler application process.
- Kaupapa Māori contracts, with associated kaupapa Māori evaluation, that align with Whānau Ora.
- Recognition that outcomes often don't occur within the contract specified timeframe.
- To be consulted about service design, development and commissioning.
- An increase in funding for the following services: core FV, rural, wraparound services, long-term. Outcomes-focused funding was also frequently mentioned.
- Distinction between specialist FV service providers and general social service providers (that do some FV work).

Providers' preferred funding model



We tested the following elements of a whānau-centred approach for family violence services

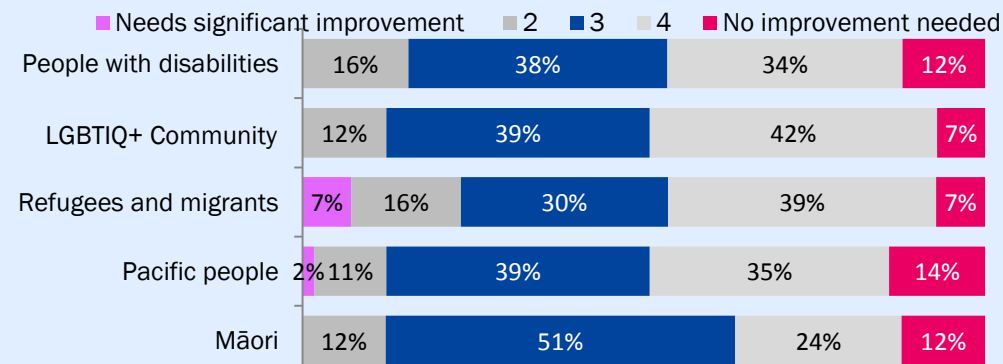
- Whānau at the centre
- Whānau deciding on their own journey
- People defining their own whānau
- Whānau-centred does not mean reconciliation
- Safety for the whānau is always the number one priority
- Strengths-based approach
- Whanaungatanga, manaakitanga, aroha and mana enhancing

63% of respondents said this definition fully aligned with their understanding

30% of respondents said these mostly aligned with their understanding and differed on the relative importance of some elements

7% did not answer the question or made general comments.

Rate your capability working with these client groups



Providers most want to improve their capability to work with people from refugee and migrant backgrounds. Most providers felt that staff competency with other groups needed little to no improvement.

Funding for coordination is SO important. It is the best way to ensure the most effective use of limited resources and that services are provided in a collaborative and integrated way.

An ongoing frustration is that MSD contracts come out 1 - 2 weeks prior to or after the contracting year has commenced.

...we have found that there is considerable cost to collaborating. Acknowledgement of that time and the impacts both at managerial and operational levels need to be funded and supported.