

**Report on Interviews with Government Department
regarding Service Delivery, Funding and Collaboration**

INTRODUCTION

This report provides a summary of findings from interviews with senior managers of government agencies located in Christchurch.

A list of the responding organisations follows. The abbreviations used to refer to the agencies throughout this report are indicated in brackets:

Canterbury District Health Board (CDHB), Child, Youth and Family (CYF), Community Development Group of the Department of Labour (CDG), Community Probation Service (CPS), Courts (Courts), Community Public Health, CHDB (CPH), Department of Work and Income (DWI), Housing New Zealand (HNZ), Child and Family Mental Health Service, DHB (MHS), Ministry of Education (MOE), Ministry of Pacific Island Affairs (MPIA), Ministry of Social Development (MSD), Police (Police), Special Education Group (SpecEd).

The report is in three parts. Firstly, government agencies in Christchurch were asked about services achieving positive outcomes, and about the factors that help and hinder this success. They also gave their views about gaps in current services. Secondly, the government agencies were asked about the successful factors common to grants and contracts. They noted the critical factors contributing to this success, and also identified gaps in current grants and contracts. Thirdly, government agencies were asked to identify the opportunities for, and benefits of, collaboration. They also noted some of the barriers to increased collaboration.

1. SERVICES

1.1 Services achieving the most positive outcomes

Each agency identified examples of initiatives it believes are delivering positive outcomes. These examples ranged from core services (DWI, CYF, MHS, MOE, Police and HNZ) to new ways of working. For example, the Courts suggested that a restorative justice approach is working well within the criminal justice system; the Ministry of Pacific Island Affairs noted the success of a Housing Fono in disseminating information about housing issues; programmes for eliminating violence were resulting in a decrease in bullying in schools (SpecEd); the Community Probation Service suggested that its Youth Offending Programme is having some success in providing a multi-systemic approach to youth offending; and Child Youth and Family identified that the Aiki programme and Youth Court which are holistic interventions with youth offenders are very successful. The DHB identified that it is taking a national leadership role in the areas of spinal care, older persons health and paediatrics.

1.2 Critical factors contributing to these positive outcomes

The majority of organisations (MHS, CDHB, SpecEd, MOE, Courts, MSD, CYF, HNZ, Police, CDG) indicated that relationship building was one of the most critical factors contributing to positive outcomes. Each organisation provided examples of the relationships that are critical to success. For example, the Mental Health Service, Canterbury DHB, Police Special Education Group and the Ministry of Education all noted the importance of services working closely with families, schools and community agencies.

Child, Youth and Family noted the importance of programmes being “client centred”. A number of other agencies identified that the case management

approach was contributing to positive outcomes, particular for clients with complex needs (DWI, CYF, MHS, and HNZ).

Collaboration was also identified as a critical factor (CPH, MSD, CDHB, Police). For example, agencies mentioned the importance of working well with other agencies, as well as ensuring that there is adequate internal collaboration. Department of Work and Income noted the importance of working with local government. Other agencies believed it was important to work with community agencies and/or private sector agencies. For example, Housing New Zealand Disability is able to facilitate access to housing either state or private housing for people with physical disabilities by working with occupational therapists and with finance from Enable New Zealand.

A further factor identified by two agencies (MHS and Courts) was the importance of recognising the role each service plays. For example, the Mental Health Service noted that its service is only one part of the overall provision of care, and that it must therefore be clear about boundaries and limitations. Agencies also commented on the importance of 'wrap around' or 'seamless services' and the need for good referral systems between agencies (MHS, DHB, CYF, HNZ and DWI).

Many organisations (CPH, CYF, SpecEd, HNZ, MPIA) noted that qualities of their staff were critical to achieving positive outcomes. Some of the qualities mentioned included the commitment of staff and the recruitment of appropriately qualified and experienced staff. Ensuring there are adequate numbers of staff, and supporting staff through appropriate training and resourcing were also mentioned.

The Community Probation Service has moved to an integrated offender management system (IOM). All services are based on psychological assessment of the clients' needs. The Area Manager believes that the new structured intervention on a one-to-one basis will be more successful than models utilised in the past.

1.3 Barriers to achieving positive outcomes

The majority of organisations (CPS, MPIA, SpecEd, HNZ, MHS, MOE, Police) indicated that attitudes were a significant barrier to achieving positive outcomes. Examples given included some public prejudice towards Housing New Zealand clients (HNZ) and people with mental illness (MHS, CYF), and the attitudes of some schools towards children with disabilities (SpecEd). The Area Manager of Community Probation Services identified the lack of client motivation as a barrier.

The lack of recognition of local issues in national policy making was identified as an issue for several agencies (MPIA, SpecEd, MOE). They noted that regional agencies are best placed to understand local issues, but that these are not always reflected in priority setting at a national level.

Many organisations also indicated that limitations of resources, and in particular the lack of financial and staffing resources, were significant barriers to achieving positive outcomes (MHS, SpecEd, CDG, CYF, Courts, CDHB, Police). The Police also noted that the competition for resources within the organisation was also an issue.

Some agencies (CYF, MOE, CPS, CDHB, Police) also identified large workloads as a barrier to achieving outcomes. The Canterbury DHB, for example, noted that high workloads have an impact on the ability of staff to keep in contact with other

organisations. Some mentioned that there was a national shortage of specialist skills (CYF, MHS). For example, there is reportedly a shortage of psychiatrists who are trained in working with children and young people (MHS, SpecEd, CYF) and speech language therapists (SpecEd).

Some agencies identified that the lack of resources of capabilities within the community acted as barriers (MPIA, CYF, CDG).

The Acting Regional Commissioner of DWI saw the attempts to find quick fixes to complex problems was barrier. He argued that many issues require a significant investment of time and understanding to meet the complex needs of some individuals and families. The Police also noted that many activities require long-term intervention rather than quick one off projects.

1.4 Gaps in current service provision

The majority of organisations (MHS, SpecEd, CDHB, CYF, MSD, MPIA, MOE) identified specific gaps in the current provision of services. Many of these services focused on children and young people. For example, the Mental Health Service and Special Education Service both highlighted the need for more non-specialist care for children and young people with mental health issues. The Canterbury DHB, Child, Youth and Family and the Ministry of Social Development identified a gap in rehabilitative services for young people with drug, alcohol and mental health issues. Child Youth and Family also identified a gap in residential services for young sex offenders. A further related issue was the exclusion of children and young people from schools (CYF, SpecEd).

Some agencies identified the need to deliver services to particular population groups, for example Maori (MOE), Pacific peoples (MPIA) and new migrants and refugees (MHS, CPH).

Issues were also raised about the lack of collaboration between agencies (CDG, CPS, MHS), especially with regard to the need to plan appropriate service delivery. For example, the Mental Health Service noted the lack of interface between services addressing mental health and intellectual disability issues.

2. GRANTS AND CONTRACTS

2.1 Grants and contracts achieving the most positive outcomes

Each agency identified examples of initiatives it believes are delivering positive outcomes. For example, services for children, youth and families (CYF), the provision of technology to those requiring assistance (SpecEd), and study support centres for children (MOE). Most agencies believed that all the programmes they fund are achieving positive outcomes because “they would not be funded if they were not achieving good outcomes: (CPH, CPS, CDG, and Courts). The District Health Board noted that both large contracts and small grants achieve positive outcomes, for example the General Manager Funding and Planning stated that small providers are innovative in their approach and are achieving excellent results, but at the same time some larger groups are also providing excellent outcomes.

2.2 Critical factors contributing to positive outcomes

Many organisations (CPF, SpecEd, CDHB, MOE) indicated that collaboration between provider organisations, funders, family/ whanau and the wider community is a critical factor. Examples of activities that encourage collaboration

included information sharing, working towards common outcomes, and community participation.

Other factors identified as important contributors to positive outcomes included staff qualities (CDG, SpecEd) such as skill and commitment (SpecEd), relationship building and community involvement (CDG, MHS) and efficient systems (CPH, CDHB). Most agencies identified that quality assurance systems, such as evaluation and reporting contribute to positive outcomes (DWI, CPS, CYF, DHB and Courts).

2.3 Gaps in current contracting and grant provision

Several organisations (CYF, CDHB, SpecEd) indicated that there was a significant gap in current grants and contracts in youth services. Many of these gaps focused on services for young people. For example, Child, Youth and Family noted a lack of services for children excluded from school through suspension. It also identified gaps in the services available for young people with severe behavioural problems. The Special Education Service noted that there is a need for services that provide greater family/ whanau support at home (in addition to those provided in schools).

Two organisations noted gaps in services for Maori (Courts, SpecEd). For example, the Courts noted that the counsellors and council for the child provided through the courts tend to be white and middle class. The Special Education Service suggested that more contracting with Maori service providers was desirable, but that there is a lack of specialist Maori staff available.

3. COLLABORATION

3.1 Benefits of greater collaboration

Many organisations (HNZ, CPS, CYF, SpecEd, DWI) indicated that overall, a better service is able to be achieved where there is collaboration. For example, the Special Education Service noted that collaboration can result in a more seamless approach to service provision. Some organisations (CDHB, CPH) also suggested that collaboration can increase on the ability of an agency to impact on wider issues.

Related to this, four organisations suggested that collaboration could contribute to the better achievement of outcomes for families and communities (MPIA, CDG, CYF, CPH). This could happen in a variety of ways. For example, the Ministry of Pacific Island Affairs described a situation where a service was developed collaboratively as the result of a gap identified by several agencies. As a further example, the Police suggested that greater knowledge about the services available means that people are more likely to be appropriately referred.

Several organisations (CDG, CDHB, CYF, SpecEd, MOE, Police) noted that collaboration could result in greater efficiency and effectiveness. This could occur through the sharing of resources and skills across districts (Police) and the ability to learn from the experience of others (SpecEd).

Collaboration can also result in a decrease in duplication within and across organisations (CDG, CPH, CYF, Police, CDHB). The Canterbury DHB noted that government departments and community organisation are often dealing with common clients and common issues.

3.2 Opportunities for internal collaboration

There were a variety of responses from organisations when they were asked about the opportunities for internal collaboration. Opportunities identified included information sharing (Courts, SpecEd), sharing of professional training opportunities (SpecEd) and the ability to combine resources (SpecEd, MOE).

Some larger organisations (CYF, HNZ, Police) noted the difficulty of collaborating internally when different parts of their services are located across the city.

3.3 Opportunities for external collaboration

Several organisations (DWI, CYF, HNZ, MOE) indicated that there were huge opportunities for collaboration and joint working with other organisations. For example, Crown Public Health and the Ministry of Pacific Island Affairs both suggested that working with Healthy Christchurch would support the achievement of their own organisational objectives. Taking time to build trust was identified as an important factor in developing collaborative initiatives (CPH).

Some agencies identified organisations they are currently building relationships with. For example, Housing New Zealand is working on a joint project with the Christchurch City Council and the Ministry of Education has collaborated with education and health agencies over the Youth Day initiative.

The Department of Work and Income noted that it was easier for them to work collaboratively with agencies that have a similar case model mode of service delivery, such as Housing New Zealand.

Another approach was suggested by the Special Education Service, which indicated that it has embarked in a process of entering into Memorandums of Understanding with Child, Youth and Family, Whakatata House and the Youth Specialty Service.

Some agencies noted that opportunities for collaboration are limited by legislative structures (Courts) and by difficulties with the managers of some agencies (MPIA).