

How can government improve results for our most vulnerable (at-risk) children and their families?

A Request for Information – Your thoughts on 4-5 pages

Response template

Deadline: 5pm, 4 December 2014



How can government improve outcomes for our most vulnerable (at-risk) children and their families?

Please write your response in the template below.

Please note:

- you **do not** need to answer all sections – just the ones where you have information you would like to contribute
- please expand or delete boxes as you need to. Please provide no more than 5 double sided pages of text and font size of at least 10 points
- please **do not** send us reports or other documents but **do** include references or links to supporting evidence or information
- please submit your response to socialinvestment@treasury.govt.nz by 5pm, 4 December 2014.

Thank you for your time and effort in providing this information.

Who do we want to focus on?

We want to focus on how to get better results for children and their families *at most risk of poor education, criminal justice and employment outcomes*. They will probably have multiple risk factors, including being:

- children vulnerable to abuse or neglect
- unsupported/vulnerable teen parents
- children and young people with conduct problems
- children needing a range of services to succeed in school
- people not in safe, secure housing
- children in families with gang connections
- children in families with prison connections
- violent families, including victims and perpetrators.

Part 1: Your contact details and response summary

Organisation Name:	Platform Trust
Contact Person Name:	Marion Blake
Position:	CEO
Phone number:	043850385
Email address:	ceo@platform.org.nz
What geographical location does your response relate to?	Platform Trust is a national network representing a wide range of community organisations that provide health and disability support, predominantly in the area of mental health and addictions. (See www.platform.org.nz).
What group of people or issues is your response targeted towards?	Our focus is mental health and addictions issues for children and their families, young people and adults.
Does your response relate to a new service or modification of existing services?	Modification of existing services and systems that would allow new and appropriate services to develop.

Part 2: Your RFI response

A: What works best to identify and engage the children and their families most at-risk of poor education, criminal justice and employment outcomes?

1. These children and families are usually already known within their community and we have a wealth of evidence of who is most at risk. There often needs to be a compelling reason to spur a family to accept assistance e.g. wanting to stop using drugs or the suicide of another child etc.

B: How could existing services or supports be improved to make the biggest difference to children and their families at most risk of poor education, criminal justice and employment outcomes?

2. We must stop talking and writing about integration and get on with doing it. There has been a wealth of national and international evidence on the damaging educational, health, social and economic impacts of childhood disadvantage, neglect and abuse which has resulted in a number of cross- government initiatives such as the Children's Action Plan, Addressing the Drivers of Crime initiative and the Prime Minister's Youth Mental Health Project.
3. If we are really serious about looking at a whole of system, whole of investment approach then commissioning will need to take into account all the current use of resource that is currently purchasing, administering and micro-managing piecemeal programmes or unrelated interventions from multiple Crown agencies.
4. Whilst the Better Public Services work programme aims to increase the collaboration and sharing of resources across government agencies, most community providers continue to experience government departments as being fragmented and operating with little knowledge of complementary or parallel projects (e.g. streamlined contracting pilot).
5. Such a significant shift in approach will also require a significant shift in mind-set. The establishment of an outcome-focused health and social sector will rely on major culture change at multiple levels in all parts of the sector.
6. In addition, government will need to connect all business units throughout the Ministry of Health, Ministry of Social Development, Ministry of Business, Employment and Innovation, Health Workforce NZ, District Health Boards and community organisations to deliver integrated supports that people rather than fragmented and isolated programmes that follow funding streams.
7. We believe that it is critical to support a diverse range of high performing providers to help meet the needs of people, families/whānau, and local communities. The problems that people are contending with are complex and require cross-agency solutions that are built on good partnerships and close working ties amongst providers. They also need to be funded realistically.
8. The price that funders are willing to pay for NGO services is important because it influences workforce entry decisions, education and training decisions, the quality of labour, retention and productivity gains and the overall sustainability of the organisation over time. If no action is taken to level the playing field with regard to what constitutes a fair price for NGOs, the national policies that aim to improve outcomes for the most vulnerable New Zealanders are unlikely to gain any traction.
9. Mental health and addiction NGOs are well positioned to be part of this broad social network. They provide a wide range of mental health, addiction and wellbeing services as well as some highly specialised programmes to specific populations including Māori, Pasifika, Asian and Refugees. These services are situated within an even broader

spectrum of community agencies, all of which are striving to improve social outcomes for people in their local communities. The current contracting environment isolates different NGOs and we end with 'health NGOs' and 'social services NGOs' that are knocking on the same doors.

10. Ironically Crown agents often talk of a fragmented NGO sector and fail to reflect on the broken system that both they and the community sector are all trying to operate within. They proceed to 'fix' their own part of this complex system, as if that will make a difference.
11. New Zealand has serious systemic barriers to collaboration across the range of provision required to improve outcomes for vulnerable children and their families; we also know that complex social problems cannot be solved by a single organisation.

C: What issues or problems are not currently being addressed that increase the risks to some children of not achieving in education or employment?

12. There are some really good programmes in NZ such as Incredible Years which sits in Ministry of Education; however it is extraordinarily difficult to access.
13. There is overwhelming evidence that poor mental begins in childhood yet we have no systemic approach and decision making for this critical work. It is devolved to twenty DHB's funding and planning arms that have fluctuating capability.
14. Evidence from SAMHSA <http://www.samhsa.gov/> highlights the huge lifelong impact of unaddressed trauma for children.
15. Children who are living in the most disadvantaged homes and families are often unable (or want) to seek a different life than of their parents. There is often so much going on, not much fun and little hope, with many living in grinding poverty. We all have to urgently change this.

D: What new interventions, services or arrangements could make the biggest difference for at-risk children and their families?

16. Integrated health/help centres where the whole of families issues as well as those of individual members can be addressed as seen at <http://www.riveroak.org/>
17. If we agree that intervention must be evidence based – then that's what must be purchased or provided, including Crown services. We can't continue to have different expectations and standards dependent on the provider, e.g. the poor outcomes for children who live in the care of the State as parent.
18. Fragmented funding to community organisations coming from multiple government agencies administered and monitored separately and in a painstakingly repetitive manner is a legacy of the past. As we move toward a more collaborative environment, funding models and options for services that address the complex issues of our communities must follow.
19. There is considerable interest across the community sector and Government about the collective impact model described in an article in the winter edition of the Stanford Social Innovation Review (2011). It requires partners from the community, government and private sector to come together and systematically align their activities around clearly defined goals. <http://www.fsg.org/OurApproach/CollectiveImpact.aspx>
20. This new social technology has interesting potential and may offer a way forward, however we are already seeing a watering down and different Govt agencies offering Collective Impact like or 'lite' programmes that don't attempt the major power balance shift, implicit in the design, e.g. Healthy Families from Ministry of Health.