

Submission to Productivity Commission Issues Paper: Human Services: identifying sectors for reform

What constitutes improved human services?

In order to maximise the potential for individuals and communities to flourish and for people to develop the capabilities needed for active economic, social and civic participation, recognition needs to be given to the full gamut of human experience and need. Government needs to consider its role in acknowledging the reality of human spirituality and its contribution to human flourishing. By so doing, government is not endorsing a particular view of spirituality or promoting a religion; but rather being open to the best research about what impacts the human condition and contributes to human flourishing.

For example the WHO conducted worldwide research to find out what contributed to the health of some adolescents while others engaged in behaviours that jeopardised that healthy development. They concluded that they needed to focus on strategies which enhanced the protective factors in the adolescent environment, one of the three equal most important being 'having spiritual beliefs' (*Broadening the Horizon: balancing protection and risk for adolescents*, WHO, Geneva, 2002). A similar positive correlation has been found in the research referenced in *The Oxford Handbook of Religion and Health* (Oxford University Press, 2012)¹ and in the report produced by the British think tank, Theos.²

Unless government is able and willing to place value on this important aspect and contributor to human flourishing, these unmet needs will impact the overall effectiveness of human services.

¹ The Oxford Handbook of Religion and Health (Oxford University Press, 2012) summarises recent research which has found:

* 'Well-being': 78% of over 300 studies report a significant positive relationship between religion/spirituality and well-being.

* 'Hope': 73% of 40 studies find that religion/spirituality is related to greater hope.

* 'Optimism': 81% of 32 studies indicate that optimism is more common among those who are religious/spiritual.

* 'Meaning and purpose': 93% of 45 studies find that religion/spirituality is related to greater purpose and meaning.

* 'Social support': 82% of 74 studies report significant links between religion/spirituality and a person's social support.

* 'Self-esteem': 61% of 69 studies report a positive link between religion/spirituality and self-esteem.

* 'Depression': 61% of 413 studies found lower rates of depression or faster recovery from depression in individuals who are more religious.

* 'Suicide': 75% of 141 studies found that greater religiosity/spirituality is associated with less suicidal ideation, fewer suicidal attempts, or fewer completed suicides.

* 'Social capital' (i.e., an individual's community participation, volunteerism, social trust, involvement in civic life): 79% of 14 studies report significantly positive associations between religious involvement and social capital.

² <http://www.theosthinktank.co.uk/publications/2016/06/26/religion-and-well-being-assessing-the-evidence>

Do the concepts of quality, equity, efficiency, responsiveness and accountability cover the most important attributes of human services?

Two further aspects that may need to be considered are applicability and longevity. These may stand alone or may be expansions of responsiveness or quality.

Applicability refers to the ability of the service to be nuanced to meet the needs of varying cultural needs. For example, a service that requires an individual to make a decision and to access a service on their own may not be applicable to a person from a communal culture where a designated person or persons make the decisions on behalf of anyone in the group and nothing is done in isolation from the community. In such cases, services would indicate responsiveness by inviting the decision maker as well as the user to participate in the service.

Longevity refers to the flexibility within services to meet need by having the flexibility to offer continuity and longevity of service including support, until such time as the recipient is deemed no longer to need that support.

How should these attributes be measured or assessed?

Quality should be assessed by such criteria as:

A demonstrated awareness that human health in all its facets is interconnected and that what they offer albeit specific, is not in isolation

A demonstrated awareness that attention to the spiritual needs of users is an important factor in human flourishing

An acknowledgment that the quality of the relationship between the provider and the user is critical in the quality of the service; that the user interactions are conducted with respect and care

A demonstrated balance between preventative and curative aspects with both given adequate weighting in the allocation of time and resources

Equity should be assessed by such criteria as:

A commitment to understanding the cultural impedances to accessing the service or gaining the most benefit from it

A willingness to provide users with information about the other human services available in the local area

Efficiency should be assessed by such criteria as:

The ability to adjust service delivery as preferences and needs change as identified by research, local communities and users

Accountability and responsiveness should be assessed by such criteria as:

A commitment to flexibility in the way the service is delivered based on user need: social and geographical; methodologies are chosen that best suit the user within the cost efficiencies of the service

Are the factors presented in figure 2 best suited to the increased application of competition, contestability and informed user choice?

One further 'supply characteristic' that may be included is that of transition protection; where there is a break in the provision of services for particular needs in the community, there is the risk that the user will 'fall through the cracks'. The factor of transition protection is most needed between the transitions from: school to further study, school to entering the job market and from school to entering the unemployed market. It would be helpful to evaluate human services on the criteria of transition protection which may include their ability and willingness to partner with organisations in the 'next phase of life' to ensure continuity of service between the relevant phases of life.

Scope for improving outcomes

One current human service which is currently delivered within the educational framework is chaplaincy, along with other non-religious based wellbeing service providers, such as youth workers, psychologists and social workers. At present, the spread of services gives recognition of the full gamut of human need. Were this spread to be reduced by policy or general wellbeing competition or contestability, these options may be reduced. User choice would not be validated if only non-religious service providers were able to be accessed.

What human services have the greatest scope for improved outcomes from the increased application of competition, contestability and user choice?

Together, human services contribute to the social environment in which all Australians live. One of the most significant human service sectors is that of family and early childhood services because it is at this stage of a person's growth and development that all of the foundations and trajectories for later life are formed and prevented. This sector provides great scope for improved outcomes and is well suited to the introduction of greater competition, contestability and user choice.

The family and early childhood sector has much scope for improved outcomes because of its great potential to impact levels of future service need through preventative, educative and significant ongoing social impact.³

This requires service delivery by government, for profit and not for profit organisations, working collaboratively where possible to maximise the benefits for individuals and families, and offering families the maximum flexibility of accessing services either through self-identified need or through proactive interactions by service delivery staff within this sector.

The goals of quality, equity, efficiency, accountability and responsiveness have great scope for improvement as current services are unable to provide the level of protective and early input required to mitigate against the increasing need for interventional human services for children in their later years.⁴ Involving local community and not for profit organisations both normalises the preventative input as well as enabling resources to be spread across paid and volunteer-led services.

The competition for these prevention services could focus both on need specific services as well as more generalised services as not all needs are best met under a specific focus delivery model, for example the provision of playgroups meet a cluster of needs for both attending children and adults.

Information about the broad range of services needs to be available at the earliest opportunity to new families. Currently the Maternal and Child Health (MCH) services are accessed by new families and would be a natural conduit of information about the range of services and the provision of vouchers to any of the available services, irrespective of the provider or type of provider (government, for profit or not for profit). The use of a voucher system would maximise equity as utilisation of a service would not be dependent upon the capacity of the user to pay for the service directly.

In order for this process to be most effective, responsive and equitable, government would need to encourage culturally and spiritually sensitive service providers to participate in this sector (notwithstanding quality and accountability requirements). Research indicates the importance of viewing families as part of their community and wider society and the need to strengthen community links and make use of community resources to meet those needs, rather than relying on professional assistance, which is at risk of creating a relationship of dependency on those professional services.⁵

³ http://www.rch.org.au/uploadedFiles/Main/Content/ccch/PB5_Childhood_mental_health.pdf;
http://www.rch.org.au/uploadedFiles/Main/Content/ccch/Policy_Brief_24_web.pdf;
http://sydney.edu.au/law/news/docs_pdfs_images/2011/Sep/FKS-ResearchReport.pdf;

'Evidence Brief: Interventions for parents and families: the evidence for improving social outcomes for children', www.benevolent.org.au

⁴ http://sydney.edu.au/law/news/docs_pdfs_images/2011/Sep/FKS-ResearchReport.pdf

⁵ http://www.rch.org.au/uploadedFiles/Main/Content/ccch/PB6_Effective_community_serv.pdf

Contestability could be maximised by meeting the conditions under which a user could access a particular service; only services that met the criteria would be eligible to participate in the expenditure of vouchers. As mentioned above, such criteria would need to be holistic in order to cater for the range of user needs including their cultural, linguistic and spiritual needs.

What human services have these characteristics?

- service recipients are willing and able to make decisions on their own behalf and, if not, another party could do so in the best interest of the recipient
- user-oriented, timely and accurate information to compare services and providers can be made available to users so they are able to exercise informed choice or, if not, this could be cost-effectively addressed
- service recipients (or their decision makers) have sufficient expertise to compare alternative services and providers or, if not, this barrier could be overcome
- outcomes experienced by a service recipient and their family and friends in past transactions can inform which service and provider they choose in the future.

Again the family and early childhood human services sector has these characteristics, particularly where accessing preventative services is normalised and readily available eg via vouchers from MCH staff along with information about the availability of additional services so that accessing the service is both optional but not seen as an indicator of failure or insufficiency but rather a support to help the user/s achieve their desired outcomes as new parents. Where such services were deemed to be necessary, the MCH staff could incorporate such services into those offered by the MCH centre to normalise their take up even further. Follow up or refresher services could be offered to provide a low level of ongoing support for participants.