**Listening to Provider Voice: Co-designing One Social Service Accreditation Function**

1. Executive Summary

Providers need to be accredited to receive funding from government agencies. In its current state, this places a large burden on many providers – especially when they are funded by multiple agencies.

Although streamlining is happening, there is still a lot of work to be done to develop an inter-agency solution that minimises the compliance burden and frees up providers to do what really matters: deliver quality services that help clients, families and whānau in their communities.

Co-design is about engaging with end-users to plan and develop a system that is fit for purpose. As accreditation directly impacts providers, Inter-Agency Accreditation (IAA) developed a plan to engage with providers in co-design. The aim was to gain insight into what matters to providers and what government can do to develop a streamlined accreditation function that makes the process easier.

Between April and June 2017, IAA facilitated nine provider co-design workshops. The workshops engaged with almost fifty providers from Kaikohe to Dunedin. Attendees ranged from national organisations with multiple regional sites to smaller organisations and iwi providers.

We encouraged providers to speak openly and honestly about the current state of complying with government and their experiences with streamlining and inter-agency assessments. We asked them what is important to them and what actions they would like government to take that will help them to better support client needs.

The co-design workshops provided insight into:

* how providers see the current state of accreditation
* the impact of having to meet current compliance expectations
* what sorts of pressure providers are under to meet government expectations
* how dedicated they are to the services that they deliver to their communities
* how innovative they can be when faced with change
* what is truly important to them in delivering quality services
* how aligned they are with inter-agency accreditation’s purpose and aims
* how important it is to recognise that they are the experts in their communities
* how much of a difference to success co-partnership could make.

We will continue to engage with providers as we develop a better way of assessing the quality of the services they deliver.

The vision is to design and implement an accreditation function that takes into account community needs and the limited resources that providers often have to work with.

Our goal is for providers to look forward to being accredited and to feel that they have accomplished something worthwhile. Not only do we want to reward providers for delivering quality services, we want to equip and empower them to be able to do so.

*Note: Quality assurance experts who check that providers are meeting the Standards are referred to as* assessors*. When an accreditation check is done, this is referred to as either* accreditation *or an* assessment*.*

1. **General insights**
	1. **Compliance is necessary**
		1. Providers understand that compliance is necessary
* It is in their best interests to meet contract obligations to continue to receive financial support from agencies
	+ 1. Knowing that it is necessary doesn’t make it any less difficult
		2. In order to achieve outcomes, compliance and regulations need to be followed
		3. In some cases, compliance is even a legislative requirement
* E.g. Staff recruitment and selection policies should comply with fair employment practices as determined in the Employment Relations Act 2000 and, where applicable, the identification of positions as defined under the Vulnerable Children Act 2014.
	+ 1. Keeping full reports is good provider practice
* E.g. For incident checking when holding overnight camps
	1. **Accreditation is good**
		1. Accreditation itself affirms for providers that what they are doing is right
* It provides a benchmark against which they can measure themselves to review their approach to delivering services
* It is a robust way to measure outcomes and a way for providers to see that they are on track
	+ 1. Being able to identify where you need to improve can help as a selling point to leadership.
* That buy-in is necessary if processes and practices are to be improved
	+ 1. General consensus is that the review process is welcomed and encouraged
		2. Providers want to do well and to be recognised for it
		3. It is beneficial to have an external party come in to check
	1. **Duplication is a big drain on resources**
		1. Duplication of information increases the work that a provider must undertake
		2. It not only reduces efficiency in functioning as a successful provider but causes various frustrations:
			+ A decline in the quality of information being produced
			+ Variability and inconsistency, which reflect on professionalism and capability
		3. Too many agencies repeating the same information
* *Can’t it all just be shared?*
	1. **Time and resources are limited**
		1. Providers need as much time as possible to serve the families and whānau who engage with their services
		2. Staff and the families they engage with are impacted when they have to take time out for interviews
* If not managed well this can add up to a lot of wasted time and resources
* Is there room for recompense for taking staff out of the field for a few days?
	+ 1. Another consideration is external resourcing – such as interpreters – to help meet client needs
		2. Accessibility can be both time consuming and difficult
* Especially out in rural areas
	1. **It’s all been discussed before**
		1. Discussions of working together and streamlining compliance have come and gone over the years
* Providers are still waiting
	+ 1. The time for discussion is over
* They expect action
	1. **Is there a reason why government-wide accreditation doesn’t already exist?**
		1. *Why isn’t there one government accreditation agency already?*
	2. **Does accreditation provide a true picture of the entire service?**
	3. **What is government’s motivation here, in trying to develop one accreditation function?**
		1. Providers want to know that what government envisages will make a difference
		2. Will the insights from providers be enough to make a difference to decisions about the direction of one accreditation across the sector?
		3. Is the overall IAA plan/strategy robust/thorough enough to see this through?
	4. **Let’s do it well and do it once**
		1. Stop talking about RBA [Results Based Accountability] and start measuring outcomes
		2. Invest properly into something that will make an actual difference
		3. How can *real* outcomes be measured in reports?
	5. **Different agencies have different views on information sharing**
	6. **There are differences between what different providers want**
		1. E.g. One wanted an assessor with a social work background and another thought that would be detrimental
		2. There are always ways to find consensus, such as sending in different types of assessors to meet provider expectations
	7. **Small things can stress providers out**
		1. The key aim is to meet client needs
	8. **Maintaining relationships is key**
		1. A provider’s relationship with an assessor or auditor can make a difference to the result of the assessment
		2. Assessors should take every opportunity to build a good relationship with their providers
		3. A good relationship can go a long way towards flexibility and empathy
	9. **Building relationships can be difficult**
		1. Especially if there are many accreditation activities
	10. **Attitude and mindset are important**
		1. Accreditation should come from a place of generosity and belief rather than suspicion and fault-finding
	11. **What is the definition of quality?**
		1. Is there a government-wide agreement on what constitutes delivery of quality services?
		2. How quantifiable or measurable is quality?
		3. Does a *snapshot* view actually catch enough that should or could be improved?
	12. **An outcomes-focussed response will change what is expected of the provider**
	13. **What is the *actual* picture of one organisation using one set of Standards to assess all providers?**
	14. **Getting the entire process right will make a big difference**
		1. Streamlining will make it easier
	15. **Providers are self-aware – they know their limitations and capabilities**
	16. **They are trying to do the best they can**
		1. Providers want to be viewed through a non-deficit lens
		2. They are working to the best of their ability with limited resources
	17. **Providers know the most vulnerable clients**
	18. **Providers know their communities**
		1. Corporate organisations should engage with providers rather than coming into communities expecting to help
	19. **Interaction with and awareness of community groups is healthy and very important**
	20. **A great provider has very good leadership**
		1. Great leaders don’t just “fall out of trees”
	21. **A happy provider is good for the stakeholder**
	22. **Is accreditation the only way to cover off risks?**
		1. Risk is a daily concern for providers
	23. **Funded vs. voluntary services**
		1. Providers capture data but no one else does because it isn’t all funded
		2. Often engage with a lot more clients than they receive funding for
	24. **Regional sites are aware of and understand requirements**
		1. But sometimes, their first thought is for themselves, not for what the head office would do
* They are not always aware of changes
* Things take time to filter out to the regions
	1. **Regional sites should be accredited, not the head office**
		1. A site could be delivering services but not following head office policies
	2. **Iwi social service providers used to have additional support systems to get them to the right standard**
		1. A contractor to help with documentation or money to contract someone
		2. That support is missing now – no solid support
		3. Still need assistance to meet Standards and maintain Approval
	3. **Lack of Māori strategy for support in meeting the Standards**
		1. Need provision for Māori providers to reach their communities
	4. **Assessors should be sourcing information that exists rather than asking providers**
		1. For example, the Charities Services website for audited accounts
	5. **Charities services and DIA’s lottery commission utilise great systems for accreditation and reporting**
		1. Charities Services:
		+ Charities file annual accounts that are available to anyone
		+ Easy to fill out, pre-populated template that is self-saving
		+ Allows you to set automatic text or email reminders
		+ Uses the RealMe system
		+ Response messages that thank you for uploading
	6. **Are the right questions being asked for extracting information?**
		1. Government expects the right information to be given by providers
	7. **There is an assumption that government’s vision is for good outcomes**
		1. What outcomes are they seeking?
		2. Providers need clarity around working towards an outcome
	8. **There are accreditation tools out there already**
		1. Why reinvent the wheel?
		2. Providers want to look at how existing agreements compare across the sector
	9. **Government IT units are too invested in their systems**
		1. They refuse to be flexible and find an all-of-government system which works for providers
	10. **A clinical evaluation tool would work well for provider needs**
		1. But agencies would receive more information than they need
	11. **The National Health Index provides enough information without divulging names**
	12. **Does historical funding have a place?**
		1. How appropriate is it to every community?
	13. **Only those with the right capability will be successful**
		1. E.g. National providers
	14. **Does being accredited mean anything to clients?**
	15. **Is there room for voluntary compliance?**
		1. An opportunity for the provider to proactively amend things based on relevance
		+ Particularly when they fully understand the Standards and what is required of them
		1. Some providers already practice self-improvement based on the Standards
		+ Internal assessments that keep their practices relevant and on form
		+ Feedback and associated outcomes are volunteered to MSD
		+ The template in use is better structured for bespoke provider use and captures better information than the assessors’ one
	16. **If one service fails, how should that affect funding of the organisation as a whole?**
	17. **Some providers see their internal policies as Intellectual Property and don’t want to share them with government**
	18. **Arguments over who should fund what don’t help**
		1. Fighting over which departments should pay puts a greater burden on providers because things are not being done
	19. **Fiscal and risk-driven layers are a barrier**
		1. They impact how things work out
1. **The current state of the sector**

*Note that the current state of the sector is the interpretation and experience of many different providers.*

* 1. **There is duplication**
		1. E.g. Provider had just ticked all the boxes for HealthCERT then had to tick them again for MSD
	2. **Agencies have a lot in common**
		1. Funders all want the same thing: delivery of services they have paid a provider to deliver
		2. There are specific things that are different, such as timeframes, approaches to assessing for quality and risk vs. compliance
		3. Despite having things in common, the reality is that understanding and awareness can be lost at the higher levels where decisions are made
	3. **Agencies use other reports but streamlining could be better**
		1. The MOU should have ironed out differences between the agencies
* Information sharing is still a tricky business
	+ 1. In cases where results are shared, separate reports are still produced
		2. Where findings are used in place of duplicating effort, this reduces the amount of time an assessor has to spend on site
* Dependent on awareness, buy-in, coordination, collaboration, and planning between all participating agencies
	+ 1. It is a struggle to coordinate five agencies at one meeting
	1. **Providers have had shared assessment experiences**
		1. Agencies spoke to each other when looking at tools
* Just a trial, but a positive experience
	1. **Agencies could utilise better judgement**
		1. Another agency came in the middle of an accreditation event, asking for a review of files
		2. Despite realising there was an audit, pressure was still put on the provider
		3. Communication and understanding could have been better
	2. **Agencies are only interested in services and interventions that use their money**
	3. **Some providers are highly reliant on the philanthropic sector**
		1. E.g. the Rotary Club
		2. They require help to provide resources because they don’t get enough funding to cover costs
		3. There is a big difference between providers, in terms of how much non-government support is need
		4. There is competition to get non-government funding
	4. **There are community services which are not funded or recognised by government**
	5. **Provider capability can be ahead of the curve**
		1. Government needs to catch up if they have any hope of making a difference to how things are done
		2. Providers often take the most risks at the greatest cost
		3. Some providers have cloud-based systems that give them management reporting – data that can be fed to agencies
	6. **Small NGOs don’t have the capacity to cope with demands**
		1. Providers who don’t have a dedicated quality team struggle to show that they meet the Standards
		2. Events outside of their control can impact on their ability to comply with the demands placed on them by their outcome agreement and their ability to achieve favoured results
		3. Services are expected to be provided at a gold standard, regardless of resources that are available
		4. Is there consideration for how hefty the requirements are for smaller providers to meet the Level 1 Standards?
	7. **Voluntary work is not recognised, measured, or rewarded by government**
	8. **Government doesn’t care what happens to children**
		1. Put into residential care as “somewhere to put them”
		2. No guarantee they will go to school
		3. How is separation anxiety dealt with?
		4. Who is liable for psychology services?
	9. **There is no available funding for delivery of services in some areas**
		1. Yet there is still a community need for those services
	10. **Government’s perspective is if it works it must be good**
	11. **Government has no idea about the cost of services but is able to put a value on a contract anyway**
	12. **Government's focus is on value for money rather than value for service**
	13. **Government doesn’t care that it takes a lot of work to comply with changes to legislation or policies**
		1. Retraining staff, updating policies, adjusting to practice changes, etc.
	14. **Government doesn’t truly grasp mental health statistics**
		1. There might be an understanding, in principle, but there isn’t an appreciation for the reality of long-term effects
	15. **There isn’t enough money from government to meet compliance costs**
		1. They provide 100% of the information requested with only 50% of government funding
	16. **There is a gap between contract expectations (compliance) and time to spend with clients**
		1. Too much time is spent on data entry and reporting to meet government requirements
	17. **Agencies care about damage to property rather than behaviour management and the underlying causes**
		1. Managing clients is the provider’s problem
		2. Behaviour management doesn’t fall within the government’s plan
		3. Reviews are attached to a snapshot – a point in time
		4. Behaviour that takes twelve years to develop can’t be turned around in twelve weeks
		5. Unrealistic expectations for meeting outcomes
	18. **Timing is an issue**
		1. Agencies work within different review cycles that are based on different interpretations of risk and investment
* A provider recently had a surveillance check before an MSD assessment
	+ 1. It is difficult for providers when multiple events happen within a short space of time
* This puts extra pressure on the provider to meet demands from different angles
	1. **Police and CYRAS checks can take a long time**
		1. Staff have been known to move on due to how long this can take
	2. **“Pop-up” organisations can harm the sector**
		1. Providers welcome competition as it means they are incentivised to make their services shine
		2. A new provider with lack of experience or not knowing what they are getting themselves into can inhibit an experienced provider’s ability to deliver necessary services to that community, and impact on keeping services at an optimum level
	3. **There is a disconnect between requirements and the coalface**
		1. A big disconnect between what is filtering down in terms of requirements and what is happening on the ground, at the appraisal point
		2. On the ground realities are not being captured at a higher level, so local knowledge is blurred or lost
		3. Is there a view that expertise is only held within government agencies?
* Providers know and understand what is happening at the coalface
	1. **Providers jump through hoops for assessors**
		1. Providers feel that they have to make the assessor’s life easier, rather than the other way around
		2. They find themselves covering all bases, “just in case”, which means extra effort and a drain on resources
		3. When an assessor is coming to pay a visit, the provider is under pressure to ensure that all information is gathered and evidence is made available
		4. There is a feeling that you have to be on your best behaviour, and in some cases there is an expectation to put on a morning tea as a courtesy
		5. Life goes on hold for two days as you host the assessor
* This is time that cannot be regained
	1. **Sometimes, it feels like assessors look for issues to justify their role**
		1. Risk minimisation becomes more important than service improvement
	2. **A lot of the same thing, just with different people**
		1. There is an expectation to comply with multiple decisions made by multiple agencies
	3. **Administration is time consuming**
		1. A huge amount of work goes into an assessment
* Days of staff trying to get the right information together
* Is it consistent? Is it up to date?
	+ 1. The information isn’t always easy to find
* Not everyone can afford a system that keeps things in order and ensures that everything is up to date and has been loaded correctly
* Some providers keep everything in a Spreadsheet because it is all they can do
	1. **There is no “best way” to present information**
		1. Getting information to the assessor can be difficult
	2. **Not all agencies have an independent accreditation process**
	3. **Dependent on assessor interpretation**
		1. E.g. A clinical approach that is policy-driven
		2. Is there familiarity with the services?
	4. **Issues can still come up after an assessment**
		1. E.g. A provider got certification but a major issue came up shortly afterwards
* The underlying problem was probably already present but was not found during the certification process
	1. **Too many different procedures to follow**
	2. **Accreditation events tend to be along the same lines as each other (i.e. similar in scope and process)**
	3. **The Level 4 application process is difficult**
		1. Why go through it if an existing Level 2 service?
		2. Big resource drain
		3. Too much information required
		4. Expectation to fund frontline until minimum referrals approved
	4. **Emergency housing requires excessive reporting**
		1. There is a lack of communication between systems
	5. **Certification audits are a ‘big issue’**
		1. Although DHBs are trying to piggyback on these to reduce compliance requirements
	6. **Competition often locks out capable smaller providers**
		1. Business model of open tendering allows externals into an area
		2. National providers will always be able to provide more bang for your buck
		3. Smaller providers just can’t compete with headhunting or shoulder-tapping
	7. **Agencies are affected by the political flavour of the day**
	8. **Agencies are putting too much time and effort into things that don’t produce valuable results**
	9. **Providers do more than they are contracted to do because there is a need**
		1. They have to be flexible
		2. At the ground level, there is a need to go over and above what is promised
1. **What providers want**

*We asked providers what is important to them and what they value the most. We also put scenarios in front of them and asked them to think about what comprises great service and assessment experiences.*

* 1. **A reduction in duplication**
		1. Just how many audits are required needs to be reduced
		2. No longer supplying the same or similar information more than once
		3. Agencies not asking for information when there is nothing new
	2. **High level leadership, ownership and responsibility**
		1. The Prime Minister to *mandate* everyone to “play ball”
		2. Consideration for community needs
		3. Ministers → CEs → managers → regional staff
	3. **To provide high quality services to families/whānau/communities**
		1. Providers have a sense of pride in what they do
		2. They want the capacity to be able to focus on providing high quality services that deliver favourable outcomes to the whānau they reach in their communities
		3. Government is more interested in providing a cost-effective service
		4. Clients need to be well looked after
	4. **To meet all the Standards**
		1. Including, e.g. a five-year strategic business plan
	5. **For the Standards to be updated according to the sector**
		1. New Standards could be applied due to knowledge and learnings
	6. **Financial stability**
	7. **Sensible re-evaluation of services**
		1. To ensure ongoing high quality without increasing the burden on the provider
	8. **Contract auditing and accreditation to line up**
		1. Although this is outside of the scope of IAA, providers want timeframes to be coordinated for better streamlining and to space things out appropriately to reduce the compliance burden.
		2. Contracting and accreditation communicating in the background to streamline what they are doing and trying to achieve
		3. One team across the board to support the different assessment functions
		4. Providers indicated that integrated contracts work better, as there is less management and they have more autonomy over resources
		5. The positivity felt at the end of an accreditation assessment should also be embraced by the contracting arm
	9. **More clarity around outcomes**
		1. What exactly is being accredited?
	10. **Agencies working together for a common purpose**
		1. Government agencies talking to each other to reduce duplication
		2. Agencies working across rather than downwards
		3. Government departments need to know who to talk to across the agencies (i.e. between themselves)
		4. Behind the scenes conversations specifically about benefitting providers
* Sort through the cracks in the back room before approaching providers
	+ 1. Providers and agencies working together to fill in the gaps
		2. Trust among the agencies to share and accept information
	1. **Collaboration and sharing of information**
		1. Make sharing information easy – remove the stress for providers
	2. **Government to have more control over the number of providers**
		1. High quality services to be delivered by the most appropriate provider
		2. A policy direction to reduce the number of unnecessary providers
		3. Government has the flexibility to pick and choose from providers delivering the same or similar services
	3. **Flexibility with timeframes**
		1. Being able to negotiate an accreditation assessment cycle
		2. Feeling comfortable in the knowledge that you can request an extension due to extenuating circumstances
		3. Give providers time to prepare
		4. Be understanding and reasonable when allowing time to complete outstanding actions
* This is especially important for smaller providers who have limited staff and resources
	1. **Adequate resourcing**
		1. Compliance costs inclusive in contracts
* Every funder contributing to the cost of compliance
	+ 1. Appropriate resourcing – e.g. manager not having to do administrator’s work, as this wastes resources
		2. Sustainable resourcing that enables organisations to continue delivering necessary services to communities
		3. Mental health lacks resources
	1. **To deliver good value for money**
		1. Better use and allocation of resourcing, because funding is limited
		2. Funding that meets the demands of services
	2. **Efficiency and effectiveness**
		1. As a perception, this is a win-win situation
		2. Streamlined processes will enable staff to get on with their core work
		3. A predictive view will help to drive data towards efficiency
	3. **A better way of sending out documentation**
		1. This includes corrections and amendments
	4. **Everything covered in one hit**
	5. **A multi-disciplinary team of experts that assesses each “service arm” of the provider**
		1. Specialists look at their particular service areas with a professional eye
	6. **No unnecessary monitoring visits**
		1. One visit per year [depending on risk and issues management]
		2. No visits for the sake of visits – they only add stress
		3. If there are no red flags and no changes, why visit?
	7. **Clear communication**
		1. Sometimes, picking up the phone can make a big difference
		2. A pre-assessment conversation to hammer out any possible issues and clarify expectations held by both parties
		3. Ensure that changes within the sector are clearly communicated to everyone affected
* E.g. Amendments or updates to the Standards
	+ 1. Communicate the purpose of the assessment
* What is it trying to achieve?
* Does the provider clearly understand everything?
	1. **A clear agenda to be sent for the assessment period**
		1. The sharing of a schedule that allows for planning
		2. A comprehensive list of expectations and questions before the review
		3. Being told in advance what, and who, will be needed, and when, will enable the planning of staff movements
		4. Notification that an assessment date is coming up
		5. Pre-determined and agreed criteria
	2. **An understanding from government that change doesn’t happen overnight**
		1. Complex issues can take a long time to elicit, let alone service
		2. Are timeframes realistic for making changes to the most vulnerable families?
	3. **Agencies to do something useful/impacting/meaningful with findings**
		1. Include community needs in their results
		2. Send needs up to the highest level to inform for future planning and improvement
	4. **A two-way partnership that is valuable to everyone**
		1. Work together on outstanding actions
		2. Inclusiveness and being a part of the process
		3. Feel like we are in this together
* Providers need to be accredited
* Government needs services to be delivered
	+ 1. Working at the same level with mutual purposes
		2. Partner with funders in finding meaningful community solutions
		3. Partnered with the assessor to form a sense of trust
	1. **Recognition of identity**
		1. Understanding of the uniqueness of providers delivering services
		2. Recognition of services that target minority groups
	2. **Recognition of being experts in their communities**
		1. Providers are the foremost connection to their community
		2. They understand more than anyone the people they work with
		3. Their knowledge and experience should be utilised in a sensible, respectful, and trusted way
		4. People connecting with people
		5. Dealing with the ‘nitty-gritty stuff’
		6. “Nothing about us without us”
	3. **Recognition as a trusted provider**
		1. The community should see the effort put in to attain accreditation
* Consideration for a high-trust contract
	1. **To be trusted**
		1. Work from a basis of trust and respect
		2. Government to determine the balance between the large percentage of providers who successfully deliver quality services and the small percentage who don’t/can’t
	2. **To be listened to**
	3. **To be consulted**
		1. Particularly on matters that affect their clients and communities
	4. **Appreciation for what they do**
	5. **Communities to be safe places**
		1. Without compromising other services
	6. **Whānau to be safe**
		1. Safe practices
		2. Safety of clients put first
		3. The capacity to meet client needs without compromising safety
	7. **A client-focused approach**
		1. Positive outcomes for clients
	8. **To meet community needs**
		1. Even if this means taking from a low volume service to resource higher needs
		2. Services that are appropriate to each community
		3. Processes that are appropriate to each community
		4. Services that are valuable to clients/communities, regardless of the cost
		5. Being trusted to meet the needs of their communities
		6. Being given the opportunity to demonstrate trust
	9. **To recognise priorities/what matters**
		1. E.g. Not being fixated on FV when it’s obvious there are children at risk
	10. **The opportunity for growth and self-development**
		1. Government doesn’t look at provider health
		2. Bettering themselves is intrinsic and only valuable to providers
	11. **To have the means to equip their communities with necessary skills**
		1. Communities to have the strength and wherewithal to face challenges together
		2. For communities to reach a place of less reliance on provider support
		3. Empowering families to help clients become self-reliant and in charge of their own lives and wellbeing
	12. **Clients to continue engaging with services after initial crisis has been dealt with**
	13. **Specialist services to meet specific needs**
		1. E.g. Ethnicity, disability, youth services, etc.
	14. **The tools and resources to articulate goals to every type of client**
	15. **Assessors as empathisers**
		1. Friendly
		2. Personable and approachable
		3. Encouraging and taking a positive approach to accreditation
		4. Show an interest in the service and client outcomes
		5. Able to empathise with the community (what clients are going through) and with the provider (what they have to go through to meet client needs)
		6. Wise about what they say and how they act
	16. **Assessors to be prepared**
		1. To come with an understanding of the aims of accreditation and expected outcomes
		2. To be able to answer any questions
		3. To come with an understanding of the organisation/business
* Familiar with the services being delivered
* Know what to look for
	+ 1. If providers put 100% into meeting client needs, assessors should put 100% into understanding the provider
	1. **Qualified and experienced assessors**
		1. Assessors as experts in their field
		2. Having an understanding of the social sector
		3. Remembering what it is to be at the frontline
* It is useful to have assessors who have lived the experience
	+ 1. Assessors can speak with confidence and answer questions on behalf of other agencies
* Knowledgeable and speaking with authority across the board
* Practice competence
	+ 1. Selecting the right people to do their job
* Professionalism
	+ 1. Relevant skills shared across a team
* All relevant skills covered – e.g. Political, cultural, social
	1. **Politically astute assessors**
		1. Aware of the current landscape
		2. Aware of current government priorities
		3. Aware of what is relevant
* Wider than just one agency
	+ 1. Competence around political acumen
		2. Understand and be able to articulate what is on the horizon
	1. **Qualified provider staff**
		1. Trained staff who can satisfactorily meet the needs of clients
		2. Skilled and knowledgeable in their sector
	2. **Cultural competence**
		1. To make appropriate cultural choices
		2. Be observant of manaakitanga
		3. Show a commitment to the Treaty of Waitangi
		4. Important for more than just Māori providers
		5. Not about an assessor’s ethnic background but the culture they carry with them, and how they portray that
		6. Recognise that cultural expertise on a board brings a wealth of knowledge that is just as important as governance skills
	3. **Flexibility with processes and the assessment approach**
		1. Respect for each provider’s circumstances
		2. Understand that every provider is different and part of a different community
		3. Being able to work outside of the prescribed model
* E.g. a short assessment should have only one assessor
	+ 1. Understand and account for recent changes that have occurred or the current change process within the organisation:
* Restructuring at board level
* High turnover of staff
* The continuous cycle of training team members
* Workforce development
* Time invested into staff so they are equipped to support clients
	+ 1. Allow for a check in each afternoon for live feedback and discussion
	1. **A transparent accreditation process that is equitable**
		1. Fair and balanced
		2. Accounting for provider differences
	2. **A process that works in favour of the services and enhances them**
	3. **A consistent way of doing things**
		1. One reporting process
		2. One team doing the process from beginning to end
		3. One practice
* Comprehensive and inclusive in nature
* Covering all of the sub-sectors
	+ 1. One consistent set of core national Standards, combined across government
* Confidence that everyone is following the same Standards and being assessed in the same way
* Agreed to by all agencies
	+ 1. One template for reporting, available to all providers
		2. Align it so that agencies all want and expect the same thing
	1. **Outputs that are clear, reasonable and achievable**
		1. Without placing a heavy burden on the provider
		2. Everyone wins
	2. **Joint agreement**
		1. Binding together in terms of collective goals and vision
	3. **Support and helpful advice**
		1. Sharing of knowledge, advice and recommendations around how to do better
* Rather than simply being told things are not up to scratch
* Especially when there are different findings to the last review
* E.g. “*These* are the areas you can improve upon, and what works well is *this*.”
	+ 1. Help with understanding what is expected
		2. Assistance and guidance to be able to remedy any outstanding actions
		3. An explanation of what is needed, as opposed to what might be needed
		4. Gaining the right support around pre-planning
		5. A pre-audit visit to ensure everything is understood
		6. Properly supported to be able to complete the process
		7. Allow the provider time to come back with a developed action plan
		8. Connect to a social sector blog or something similar that shares what success looks like, provides tips for specific services, etc.
	1. **Reflection**
		1. Look at what works well and how things can be improved
	2. **Mentoring and guidance**
		1. Functional help with the Standards and processes
		2. An explanation of what constitutes accreditation
		3. A plain English guide to meeting assessment requirements
		4. Room for collaborative developmental assistance
		5. Documented guidelines, procedures, practices, processes, and policies
		6. Guiding principles for specific circumstances, as and when identified
* This could assist in the development of an FAQ
	1. **More face to face contact to discuss concerns**
	2. **Acknowledgement of the positives**
		1. More emphasis on positive findings
		2. Acknowledge the skills and strengths that an organisation has
* It means a lot when staff receive praise
	+ 1. Look for things to celebrate as well as areas for improvement
	1. **Clear requirements/expectations**
		1. A consistent, clear process which everyone is aware of
		2. Easy to understand and follow
		3. Based on realities within the sector
		4. No confusion around what is expected, and therefore nothing missed
		5. A reduction in disparities
	2. **Evidence-based expectations**
		1. Research that shows why expectations exist
		2. What is the best form of evidence to show that client needs are being met?
	3. **Key principles that centre around relationship building**
	4. **Community expectations to be understood**
		1. Make objectives realistic
	5. **A link between data collected and outcomes being achieved**
	6. **A well-structured assessment**
	7. **Having a breadth of adaptation when developing policies**
	8. **To be able to trust reports**
	9. **No surprises or added expectations**
		1. Clearly written instructions that warn about forthcoming corrective actions
		2. Not waiting until the report comes out before informing of critical actions
		3. A measured response when corrective actions are required
	10. **Substantial reasoning for corrections to a report**
	11. **Minimum demands**
		1. Reasonable resources expected of the provider, with limited funding
		2. An understanding of the limitations that providers face
	12. **An indication of a timeframe for a solution**
		1. Providers want to be given a timeframe for when agencies will be working hand-in-hand with their best interests in mind
		2. Are we talking about next year, or ten years from now?
	13. **Consideration for their business model**
		1. E.g. Taking a novel approach to how providers are accredited when they belong to a Collective
	14. **Preferred providers**
		1. Meeting the Standards vs. Exceeding the Standards
		2. A ranking/rating system
* Gold standard
	+ 1. No longer under microscopic scrutiny
	1. **Ownership of the Standards**
		1. Having the opportunity to give feedback on the Standards
		2. The opportunity to input into improving the Standards
	2. **To receive constructive feedback from agencies**
		1. Feeling comfortable with the way that feedback is given/presented
		2. Evidence to confidently say that they provide high quality services
		3. Being able to state to what degree service needs are being met
		4. Are there gaps in their community which need to be filled?
		5. Providers are able to learn from their assessment outcomes
	3. **To be able to give feedback to agencies**
		1. How did the assessment go?
		2. How were they treated by assessors?
		3. Where could processes be improved?
	4. **A period of self-reflection**
		1. Time to determine areas of improvement, etc.
	5. **Collaborative learning and inter-sector sharing**
		1. Rather than organisations staying tight-lipped in order to hold onto their contracts, how about free sharing of insights, learnings and ways to improve services?
		2. When a critical action or an issue is resolved, sharing of the how and what could help other providers to avoid the same
		3. Agencies should have a network of knowledge they are willing to share
* Instead of reinventing the wheel and repeating themselves, global impartation of knowledge would only help the sector
	+ 1. Being in support of each other, regardless of competition for service
		2. The sharing of success stories
		3. What impact does loss of sector knowledge have?
	1. **More transparency**
		1. To help mitigate misinformation or communication breakdown
		2. To help build authentic relationships
		3. To build trust
		4. To develop awareness
	2. **A Warrant of Fitness approach**
		1. If you go to one centre you can trust that they will check the same things and expect the same remedial action as any other centre
1. **What providers don’t want**

*We asked providers to think about what constitutes a burden for them or what would hinder them from delivering high quality services. We also put scenarios in front of them and asked them to define poor service.*

* 1. **Compliance without regard for realistic limitations**
		1. Lack of resourcing is a barrier to being able to comply with demands
	2. **Accrediting agencies that don’t talk to each other**
		1. Government agencies need to be more transparent and talk to each other
	3. **Inconsistencies across agencies**
	4. **Unreasonable or unrealistic timeframes**
		1. A last minute rush
		2. Not having the time to prepare
	5. **Unrealistic expectations**
		1. Demanding requirements without appropriate compensation, resources or funding
	6. **Multiple agency visits in one hit**
		1. Or within a short period of time
	7. **To be treated as incompetent**
		1. Rather than seen as the competent service experts they are
	8. **A lack of clarity around corrective actions**
		1. The way that a corrective action is presented is not specific enough
		2. An unbalanced expectation for the action required
	9. **A lack of trust**
		1. The provider is treated with suspicion
		2. Questions are more probing than they need to be
	10. **Conflict**
		1. Any sort of conflict can create contention and make either party unhappy
		2. Getting upset about things doesn’t help anyone
	11. **Conflicting requirements**
	12. **Different or difficult processes**
	13. **Difficulty in finding the correct information and guidance**
	14. **Decisions that don’t reflect community needs**
		1. A focus on policing rather than wellness
	15. **Unaffordable services**
	16. **Inexperienced or culturally inept assessors**
	17. **Inflexible or apathetic assessors**
		1. An assessor who doesn’t recognise change and adapt to it
	18. **Inconsistency between findings**
		1. Having a different assessor each visit increases the chance of different findings
		2. Where a finding or a recommendation is different to the last review but nothing has changed, what has happened?
* N.B. Some providers think that having the same assessor all the time makes things predictable and there is risk of desensitisation or diluting of the assessment process
	1. **The assessor to revisit to get additional information**
		1. Including additional requirements that are found later
	2. **No follow-up by the agency**
	3. **No appreciation for the size/capacity of the organisation**
		1. Not everyone can afford a quality manager
	4. **Questions that are not relevant to services**
	5. **Duplication**
		1. Hours spent meeting requirements only to have to do it all over again
	6. **The demand for empirical evidence despite clear positive outcomes**
	7. **“Proof” and “evidence” valued over trust**
		1. A process that is more investigative than partnership focussed
	8. **Multiple accreditation visits per year**
		1. IAA calls this “cars up the drive”
		2. This is an extra cost to government, not just a burden on providers
		3. Government requires the same information for accreditation visits and then there are multiple contract monitoring visits
	9. **Lack of confidence or assurance that they are doing it right**
		1. No constructive feedback to help improve record-keeping and the delivery of services
	10. **Confusion or lack of clarity around responsibility, expectations, and the visit schedule**
		1. Not having an extensive, pre-planned schedule
		2. No date set until e.g. two weeks before the review
		3. Unable to plan substantially
	11. **Cancellations, lateness or changes to the schedule**
		1. Really affects the flow of business when you have organised staff availability, etc.
	12. **The attitude of the assessor is inflexible or fixed**
		1. Not listening to what the provider has to say
		2. Approaching the assessment with pre-determined ideas
	13. **The report not reflecting what was discussed with the assessor**
		1. This creates surprises and can stress the provider even more
		2. Positives observed/discussed by assessors are not noted in the report
* E.g. The assessor telling the provider they are fantastic and then not putting that into the report
	1. **Misleading title for the assessment**
		1. Not calling it what it is
		2. E.g. A housing audit called a “regulatory report” when it was obviously an audit with questions, corrective actions, etc.
	2. **Lack of depth to the report**
		1. Especially if there was extensive engagement with staff and resources
	3. **No timeline for final report due**
	4. **Lack of transparency**
		1. This includes the withholding of information
	5. **A punitive/critical approach**
		1. Assessors overstepping their bounds
		2. Vague or underlying threats
* E.g. The power to shut a service down
	+ 1. This only causes anxiety and is not a constructive, learning environment
	1. **A master-servant relationship**
		1. The provider is treated as the underdog
	2. **Delayed feedback**
		1. It shouldn’t take a long time to receive feedback, even if it is an initial assessment
	3. **Personal agendas conflicting with the qualitative nature of an assessment**
		1. Undisclosed conflicts of interest
		2. Lack of professionalism
	4. **A breach of privacy**
		1. Confidentiality that isn’t treated seriously
	5. **Shifting/moving goal posts**
		1. A change in instructions or expectations causes confusion and more stress
* E.g. Last time it was fine but this time there is a greater expectation to fulfil requirements
	1. **Processes which are under development complicating the audit process and outcomes**
	2. **A “one size fits all” approach to accreditation**
		1. Not taking into account the provider’s scope or the community that they belong to
		2. Be careful with ‘one accreditation’, as it needs to be flexible enough to recognise capability restrictions that smaller providers have
	3. **Government contracting a national provider to save money**
		1. National providers may not have the right skillset to deliver the services
		2. Smaller, local providers often have the existing skills and resources and understand their communities
	4. **National providers ‘stealing’ ideas**
	5. **Government withholding funding when there is capability to meet service needs**
	6. **Competition for the same funding**
		1. Government chooses where to put their funding and the reasons for doing so, but are they considering communities and institutional/expert knowledge?
	7. **Lack of collaboration between providers to fill in gaps in the community**
	8. **An over-supply of services**
		1. Providers could end up fighting over clients which leads to insufficient numbers to gain necessary funding
	9. **Providing sub-standard services**
		1. Providers don’t want to deliver low quality services
	10. **Feelings of inadequacy**
		1. Not having the confidence, competence or ability to deliver quality services
	11. **Lots of documentation**
		1. Filling out goal achievements, service satisfaction, outcomes, volumes-based data, etc.
		2. Copious amounts of pre-audit documentation when a lot is only repeating what has already been done
* Is everything relevant?
	+ 1. Is it all necessary? Does it help to achieve higher quality services?
		2. A line has to be drawn somewhere
	1. **All decisions being made in Wellington**
		1. No consideration for on-the-ground realities
	2. **The need for more resources just to complete accreditation**
	3. **To be negatively impacted by media**
		1. This is something that neither government nor providers want
1. **What is important to clients/whānau/communities**
	1. **Transparency and accountability**
		1. Some clients need to know that a provider is accredited so they know they can trust what they are getting
	2. **Information**
		1. If a provider is accredited the client can ask for it
		2. They want to know that a provider is working in the community for their benefit
	3. **Approvals Level 4 means nothing to clients**
		1. However, service scope is relevant
	4. **Services should be current, effective, efficient, and equitable**
		1. Must meet the needs of the client
		2. They want and need services to be delivered
	5. **There are people who want the choice to spend how they choose**
		1. Programmes delivered by services are not the only way to help clients
	6. **Clients want longevity and consistency**
		1. The provider needs to be stable
		2. They need to be around tomorrow
	7. **Whānau care about the relationship they have with individual staff**
		1. Trust is important in the individual within the organisation
		2. Confidentiality is important
		3. The provider has a reputation to maintain
		4. If a client has to deal with a different person, can they trust that person?
	8. **People can just walk in**
	9. **Iwi providers who are capable of delivering services**
		1. Funding and resources to enable this
	10. **Resources within the community**
		1. Client eligibility
		2. Consideration for waiting lists
	11. **A client feedback forum**
		1. It can be hard to get honest feedback from the community or to hear client voice
		2. What would a “client voice” app look like?
		3. What incentives could be offered in exchange for feedback?
		4. What methods of recording client voice would be appropriate?
	12. **Being able to tap into other resources**
		1. E.g. Educational facilities, business, etc.
		2. May be difficult to coordinate but the outcomes would be valuable
	13. **Government understanding needs**
		1. As opposed to “this is what we think they need”
	14. **Innovative ways of gathering information**
		1. E.g. Advocates with learning difficulties getting information from clients with learning difficulties
2. **One accreditation – ideas and concerns**
	1. **An all-of-government social service quality assurance function is a great idea**
		1. But it should be about quality *improvement*, not just assurance that quality is at a certain standard.
	2. **Providers like the idea of one secure, accessible database**
		1. One repository for providers who deal with multiple agencies
		2. A cloud-based system for uploading and downloading information
	3. **People will need to be in agreement**
		1. A system that everyone is able to put their faith in
	4. **A system that works across the board**
		1. Providers want to be able to save time and effort
		2. No more siloes
		3. A common platform with equal measurements
	5. **One accrediting tool that everyone uses**
		1. Include the ability for providers to conduct self-assessments
* Inclusive of the things a provider is working towards improving
	+ 1. Flexible enough to be appropriate for the community and the services being assessed
		2. Takes into account cultural appropriateness
		3. Everyone will have access to the same up to date information
		4. Being able to see if boxes have been ticked
	1. **What will be the cost to providers of a new system?**
		1. Some providers have put a lot of money into their own systems and upgrades
* Has consideration been given to this?
* Would there be any recompense?
	+ 1. Staff training, time to familiarise, etc. could be an added cost
		2. At the moment, providers *give* a lot
	1. **Where is the funding going to come from for a new system?**
		1. It would be a big investment
	2. **Is adding another platform going to be more duplication?**
	3. **Can providers have their own space?**
		1. A government IT system where documentation can be picked up by all agencies
		2. A shared space should have the flexibility to be truly shareable while keeping sensitive information private – i.e. client details
	4. **Providers know what would benefit them**
		1. Would be able to do far better if they were given the opportunity to develop a system or be highly involved in its development
	5. **What will a new system mean in reality to frontline staff?**
		1. There is a lot more involved than simply keeping case notes
	6. **An accreditation system that uses an iwi framework**
		1. Kaupapa Māori principles for the foundation – the framework
		2. Set up an iwi provider network to work on cultural requirements for meeting the future of the system
		3. Work within an established framework that recognises the principles of mana whenua and tangata whenua
		4. Consider the number of tamariki who are in need of an appropriate system
		5. When youth are in the system, how do we transition them out in an appropriate way?
	7. **A nationwide best practice quality assurance framework that is accessible and able to account for every type of provider**
		1. Able to incorporate/plug in specialist checks, where applicable
		2. Recognising best practice and being open to new practice methods
		3. Allow providers the freedom to proactively input into changes
	8. **A function that is separate to other agencies**
		1. Sits within its own kaupapa
	9. **An independent body**
		1. Not swayed by government pressure to reduce costs
		2. Not affected by a change in government
	10. **A function to accredit agencies who contract for services**
		1. An expectation that if providers must be accredited, agencies must as well
		2. Quality checks on assessors’ work
	11. **A simple system**
		1. Easy for anyone to pick up and use
		2. Intuitive and not requiring loads of training
	12. **Founded on a principle of connection and equity**
		1. In partnership with the local community
		2. National providers can’t just come in on a national contract and take clients
	13. **Once accredited, always accredited**
		1. Unless there is a breach or serious concern
	14. **Filtering by applicable Standards only**
		1. E.g. A modular approach
	15. **Future proofing**
		1. How much will it change down the track?
		2. How will a system be sustainable in the long-term?
	16. **Keeping confidential information secure**
		1. Confidentiality is paramount
		2. If clients were afraid someone could see their information or didn’t know where their information was going they may not access services
	17. **Outcome focussed**
		1. A win for communities, providers and government
	18. **Build a narrative**
		1. Show the distance travelled on a client’s journey to recovery
		2. Show where a person was to where they need to be, and over how long
	19. **Provision for specialists for different services**
	20. **Do you accredit the provider or the services?**
	21. **Recognise that communities are different worlds**
		1. E.g. Rural vs. urban
	22. **The system shouldn’t collect data for the sake of data**
		1. How can this be avoided?
		2. It doesn’t add value
	23. **National and local providers viewed differently**
		1. Consideration for who has the ear of Ministers
	24. **Expectations can differ between sites**
		1. Different ways of reporting can be time consuming
	25. **Concerns**
		1. That this will lead to extraction of resources from communities
		2. That providers will not be at the centre
		3. That streamlining will make things easier only for government
		4. That there won’t be a justifiable basis for accreditation
		5. That it could be a convenient way of removing providers from the market to save money
		6. That one accreditation will increase compliance
* E.g. An added expectation to do *this* and *that* to fulfil requirements
	+ 1. It sounds time consuming and resource heavy
		2. How will existing information be accurately exported to another database?