OT-OIA-2026-0151

25 June 2026

s9(2)(a) [redacted]

Tēnā koe [redacted]

Thank you for your email, received on 28 April 2026, to Oranga Tamariki—Ministry for Children (Oranga Tamariki) requesting information on the transfer of Family Start to the Social Investment Agency from July 2027. Your request has been considered under the Official Information Act 1982 (the Act).

You have requested:

a. The final (or most recent approved) version of the A3 document titled 'Phase 1 Services Review: Family Start' (draft version dated 25 March 2026);
b. The Cabinet paper(s) submitted to Cabinet concerning Family Start, covering the period October 2025 to April 2026;
c. Any briefing notes, advice papers, or supporting analysis prepared in relation to those Cabinet paper(s); and
d. Any Cabinet minutes or decisions relating to Family Start from the same period
e. The same documents for the other four legacy services which were reviewed alongside Family Start in the Oranga Tamariki Phase 1 Services Review.

I have addressed each of your questions below.

**a. The final (or most recent approved) version of the A3 document titled 'Phase 1 Services Review: Family Start' (draft version dated 25 March 2026)**

Please find attached as **Appendix One** the final version of the A3 document titled 'Phase 1 Services Review: Family Start (draft version dated 25 March 2026).
Please note that some information has been withheld in these documents under section 9(2)(b)(ii) of the Act, to protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the person who is the subject of the information.

**b. The Cabinet paper(s) submitted to Cabinet concerning Family Start, covering the period October 2025 to April 2026.**

There are two documents that have been identified as in scope of your request:

1. The Cabinet paper titled *Report back: Progress update on a new approach to commissioning services for children and young people* (October 2025) can be found on the Oranga Tamariki website here.

2. The second Cabinet Paper, *Report Back: Oranga Tamariki and Social Investment Agency Review of Oranga Tamariki Early Support and Prevention Funding and Services* (March 2026), was proactively released on 19 June 2026 and can be found here.

As such, this part of your request is refused under section 18(d) of the Act, on the grounds that the information requested is or will soon be publicly available.

**c. Any briefing notes, advice papers, or supporting analysis prepared in relation to those Cabinet paper(s); and**

There are seven documents that have been identified as in scope of your request, which are attached as **Appendix Two** and listed below for your reference:

1. Aide Memoire – Evidence and data used to inform Phase One of the review of early support and prevention services (ref. OT-B-2026-0163)
2. Aide Memoire to support attendance at Cabinet Business Committee (CBC) – 7 April 2026 (ref. OT-B-2026-0124)
3. Revised update on Phase One of the Oranga Tamariki Early Support and Prevention funding and services review for the Child and Youth Ministers meeting on 9 February 2026 (ref. OT-B-2026-0102)
4. Weekly Report Updates on phase one of the review of early support and preventions services and programmes - from 31 October 2025, 14 November 2025, 21 November 2025, 28 November 2025, 12 December 2025, 23 January 2026, 5 February 2026, 20 February 2026, 27 February 2026, 6 March 2026 and 20 March 2026
5. Aide Memoire – Social Investment Minister's meeting – 17 February 2026 (ref. OT-B-2025-0074)
6. Phase One Review update: Oranga Tamariki Early Support and Prevention Funding and Services (ref. OT-B-2025-0067)
7. Aide Memoire – Social Investment Fund Ministers meeting – 9 December 2025 (ref OT-B-2025-0036)

Please note that the Weekly Report Updates, Aide Memoire – Social Investment Minister's meeting – 17 February 2026 (ref. OT-B-2025-0074) and Aide Memoire – Social Investment Fund Ministers meeting – 9 December 2025 (ref OT-B-2025-0036) have been provided as excerpts, as allowed under section 16(1)e of the Act.

Please also note that some information has been withheld in these documents under the following section of the Act:

- section 9(2)(a), to protect the privacy of natural persons.

- section 9(2)(b)(ii), to protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information.
- section 9(2)(g)(ii), to maintain the effective conduct of public affairs through the protection of Ministers, members of organisations, officers, and employees from improper pressure or harassment.
- Section 9(2)(ba)(i), to protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information from the same source, and it is in the public interest that such information should continue to be supplied.
- Section 9(2)(j), enable a Minister of the Crown or any public service agency or organisation holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).

In addition, OT-B-2026-0122 Review of Oranga Tamariki Prevention and Early Support funding and services (draft) Cabinet paper for Ministerial Consultation was found in scope of this request and is being withheld in full under section 9(2)(f)(iv), to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Minister.

Phase One Services Review Information Pack 2026 for the large national provider was also found to be in scope of this request and is being withheld in full under section 9(2)(j) and section 9(2)(ba)(i), to protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information from the same source, and it is in the public interest that such information should continue to be supplied and section 9(2)(j), enable a Minister of the Crown or any public service agency or organisation holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).

**d. Any Cabinet minutes or decisions relating to Family Start from the same period**

Two documents have been identified as in scope of your request Two documents have been withheld under section 18(d) of the Act, on the grounds that the information requested is already publicly available or will soon be publicly available:

1. Cabinet Social Outcomes Committee Minute of Decision- Progress Update on a New Approach to Commissioning Services for Children and Young People: Report Back (ref. SOU-25-MIN-0133). This document can be found here

2. Cabinet Business Committee Minute of Decision Oranga Tamariki and Social Investment Agency Review of Oranga Tamariki Early Support and Prevention Funding and Services (ref. CBC-26-MIN-0014). This document was proactively released on the Oranga Tamariki website here.

**e. I also request the same documents for the other four legacy services which were reviewed alongside Family Start in the Oranga Tamariki Phase 1 Services Review.**

In addition to the documents listed under heading c, the four A3 documents (draft versions dated 25 March 2026) for the other services have been identified as in scope of your request. These are attached as **Appendix Three** and are listed below for your reference:

1. Phase One Service Review – Gateway
2. Phase One Service Review – Post Gateway
3. Phase One Service Review – Strengthening Families
4. Phase One Service Review – Workers in Schools.

Please note that some information has been withheld in these documents under section 9(2)(b)(ii) of the Act.

Oranga Tamariki may make the information contained in this letter available to the public by publishing this on our website with your personal details removed.

I trust you find this information useful. Should you have any concerns with this response, I would encourage you to raise them with Oranga Tamariki. Alternatively, you are advised of your right to also raise any concerns with the Office of the Ombudsman. Information about this is available at www.ombudsman.parliament.nz or by contacting them on 0800 802 602.

Benesia Smith, MNZM
**Deputy Chief Executive, Commissioning and Investment**

# Phase 1 Services Review: Family Start

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## 1. Context

### Purpose of programme

- **Family Start is an intensive home-visiting programme to support parents and caregivers through challenges in the early years including mental health issues, using drugs or gambling, or caring for a child with a disability.**

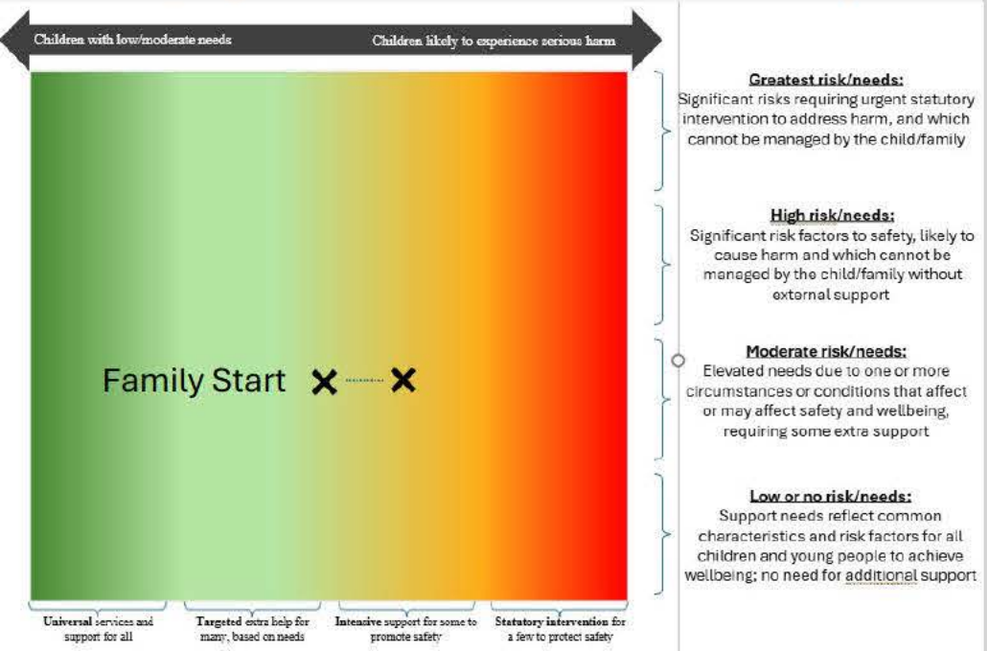
### Target cohort

- **Families facing difficulties who are expecting a child, and or up until the child's first birthday.**
- **Referrals are intended before a child turns one, ideally while the mother is pregnant.**

### Background

- **Family Start is child centred and family focused, aiming to provide early support to give children the best start in life.**
- **The programme targets the 15% of families most in need to improve outcomes in parenting, health, safety, and early learning.**

### How the programme fits into the wider children's system




## 2. Reach and outcomes analysis

- Family Start has **wide reach across the children's system** – services are mainly reaching children who have not come to the attention of Oranga Tamariki but are experiencing early risk factors to their safety and wellbeing requiring targeted supports. Most of these children have moderate safety and wellbeing needs, and a few are experiencing high risks to their safety and wellbeing, including those who are on the cusp of statutory involvement.
- **5,563 families** were referred to Family Start in 2024/25.

**43 Family Start providers deliver services across the country**


- Analysis of 2023/24 data showed that of the 4,554 referrals that year:
  - 17% of children interacting with the programme had an infant interaction with Oranga Tamariki, but not everyone in this cohort interacted with the programme.
  - Only 10% of children who had an infant interaction with Oranga Tamariki received the service.
  - 72% of children interacting with the programme never interacted with Oranga Tamariki.
- Data limitations and caveats to consider:
  - Service delivery restrictions may cause misalignment between priority cohort (children who have had an infant interaction with Oranga Tamariki) and programme cohort.
  - Referral is not dependent on Oranga Tamariki interaction and is not strictly for children under 1 year.
  - Support from the programme may prevent Oranga Tamariki interaction.
- Previous evaluations indicate that although referral pathways are well established, Family Start's reach has been declining:
  - Referral acceptance rates dropped from 64% in 2017 to 45% in 2019.
  - Government-agency referrals were frequent but had very low acceptance (5%).
  - 80% of accepted referrals were self-referrals.
- The programme **contributes to multiple portfolio outcomes** – Health, Whānau Ora, Education, Family Violence & Sexual Violence and Oranga Tamariki.

## 3. Impact analysis

### Quantitative data

- Family Start has limited good-quality quantitative data on impact.
- IDI analysis shows some short-term positive impact, including lower infant mortality, but significant long-term improvements in safety, health, or education outcomes are not visible.
- This is likely due to underlying unobservable risk factors in the cohort, limitations of administrative data, and the programme meeting need rather than shifting long-term indicators.
- Impact varies regionally and is strongly tied to family–worker relationships.

### Qualitative information

- Relatively good quality qualitative evidence demonstrating mostly short-term impacts such as improved parenting skills, improved infant health, mental health and reduced family violence.
- Providers regularly report about micro-impacts that are not seen in the quantitative and population level data but appear visible at local and regional levels such as parents moving to a safe and stable home for children, children starting early childhood education with ongoing attendance supporting development, reduced family violence and long-term improvements in mental health and substance abuse and preventing escalation to high-cost interventions.

### International comparisons

- International evidence shows that high intensity, home-based early intervention programmes can improve outcomes for vulnerable children and families.
- Literature indicates potential for this service to reduce maltreatment, improve health and learning, and strengthen family resilience.

s9(2)(b)(ii) [redacted]

## 5. Operational factors to consider

- Need to assess how the programme supports the statutory obligations of the Oranga Tamariki Chief Executive.
- Need to ensure children known to Oranga Tamariki, or at risk of coming to its attention, receive priority in referral pathways.
- Service delivery in rural and remote communities will need to be prioritised, links and integration with other services are important.

## 6. Key impact themes from material that providers shared

**Better, more confident parenting skills that see gains in child development and health**

*… Family Start child [now] thriving, meeting developmental milestones, attending preschool, strong attachment with Mum.*

**Parents moving from isolation to community connection by engaging with services and wider whānau**

*… Parent progressed from isolated and anxious to socially engaged, employed part-time, driving, attending ELP, and managing household responsibilities.*

**Preventing escalation to high-cost interventions**

*… Two tamariki returned to parent's care, two subsequent tamariki remained in parents care, tamariki fully provided for by parents, no ongoing OT involvement at exit.*

**Supporting parents move to a safe and stable home for tamariki**

*… interventions saw whānau moving from inadequate, temporary housing to safe, stable housing with assistance from Family Start.*

**Tamariki starting early childhood education with ongoing attendance supporting development**

*… Regular daycare attendance supporting speech, socialization, and routine.*

**Reduced family violence and long-term improvements in mental health and substance abuse resulting in a safe, stable home for tamariki**

*… Ensured wellbeing of tamariki was central while parent navigated trauma, addiction and mental health challenges.*

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Ministry for Children

# Aide Memoire – Evidence and Data used to inform Phase One of the review of Early Support and Prevention Services

| | | | |
|---|---|---|---|
| **To** Hon Karen Chhour, Minister for Children | | | |
| **Date** | 26 March 2026 | **Deadline** | N/A |
| **Report number** | OT-B-2026-0163 | **Priority** | Low |
| **Key contact** | Benesia Smith, Deputy Chief Executive, Commissioning and Investments | **Contact number** | s9(2)(g)(ii) |
| **Security** | In-confidence | | |

**Purpose**

This aide memoire attaches an overview of the evidence and data used to inform Phase One of the review of Early Support and Prevention funding and services for your information. It builds on earlier advice provided to you and the Minister for Social Investment on the evidence base used for the review through briefings on 23 January 2026 (OT-B-2025-0067) and 6 March 2026 (OT-B-2026-0123).

**Background**

1 In 2025, Cabinet tasked Oranga Tamariki and the Social Investment Agency with reviewing Oranga Tamariki early support and prevention funding and services to ensure they align with government priorities for improving outcomes for children and young people. Five significant programmes and one national provider (s9(2)(a) [redacted] totalling approximately $126 million, were prioritised for Phase One of the review.

2 The review has assessed each programme using reach, impact and value for money. Further work on operational factors will be completed in the next stage of Phase One. Officials recently provided you and the Minister for Social Investment with a draft Cabinet paper seeking decisions on Phase One of this review. The draft Cabinet paper is currently out for ministerial consultation.

3 Phase One of the review drew on multiple sources of evidence, using a combination of existing evaluations of programmes, their contracted outcomes and any intervention logic models, qualitative and quantitative data (including direct feedback from providers) and international research. This data helped us understand:

- what is known from existing evidence about each of the programmes in-scope of Phase One including their intended purpose, delivery and outcomes.
- what the available administrative and monitoring data can (and cannot) tell us about reach, participant cohorts, and observed outcomes.
- what additional information or evidence providers held that could help address gaps in existing data and evaluations.

*Provider engagement*

4 In November 2025, officials shared evaluative material and programme-level data being used in the review with providers and invited feedback on the material and on any additional information providers considered relevant. In January 2026 providers were asked for feedback on proposed criteria to assess programme reach, impact, value for money, and operational considerations. In February Oranga Tamariki and the Social Investment Agency met with providers to share a high level overview of evidence and the approach to analysis.

**Key Issues**

**What evidence informed the review?**

*Administrative and quantitative data*

5 We relied on a range of quantitative data sets to inform the review, including:
- IDI (Integrated Data Infrastructure) data, which links de-identified information on health, education, justice and social outcomes over time.
- programme-level administrative data held by Oranga Tamariki.
- existing evaluations and contract information.

6 Data limitations included that:
- outcome measures were not designed for impact evaluation.
- data sets were incomplete or inconsistent.
- many outcomes of interest in early support (for example, trust, emotional regulation, and cultural connection) are not captured in reporting or administrative systems.

7 We also drew on provider information and international insights and benchmarking.

*Evidence from Providers*

8 We received material (largely quantitative) from providers across all programmes. This included:
- written submissions.
- case studies.
- previous reports.

9 Across all programmes, providers gave evidence of strong "micro-impacts" - small but meaningful changes for tamariki and whānau they engaged with. For example, improved emotional regulation, better whānau engagement, increased school attendance, crisis prevention and stabilisation and earlier access to support. These impacts were consistent across programmes, but not visible in population level datasets like the IDI.

*International evidence*

10 We reviewed international literature on early intervention, school based social work, navigation services, home visiting, and multiagency support. The literature highlighted that comparable early support programmes in countries with similar profiles to New Zealand can improve wellbeing, engagement, resilience and short-term stability. However, population-level changes are modest unless programmes are well-targeted, consistently delivered and supported by strong outcomes frameworks. This aligns with what we observed in our New Zealand data sets.

**Next Steps**

11 The joint Cabinet paper, "Review of Oranga Tamariki Prevention and Early Support Funding and Services", is scheduled for consideration by Cabinet on 7 April 2026. Officials will progress further work for Phase One pending Cabinet decisions. We will continue to keep providers of Phase One programmes informed.

12 We recommend forwarding a copy of this briefing to the Minister for Social Investment, Hon Nicola Willis, for her information.

**Attachments**

Programme-specific slide packs are attached at **Appendix One** for reference and a deeper dive into the data and evidence applied to Phase One of the review.
Packs included:
- Slide Pack: Strengthening Families
- Slide Pack: Post-Gateway
- Slide Pack: Gateway
- Slide Pack: Family Start
- Slide Pack: Large National Provider (s9(2)(a)
- Slide Pack: Workers in Schools (Social Workers in Schools, Youth Workers in Secondary Schools, Multi-Agency Support Services in Secondary Schools)

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# Strengthening Families Services

## Phase One Services Review

Information pack
March 2026

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# Contents



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# Programme overview

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# Phase One Services Review: Strengthening Families

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## Programme Overview

- Strengthening Families in Aotearoa New Zealand is a programme for whānau/families with children who need help and support
- Coordinators help families with 'structured interagency case conferencing' to coordinate services across government agencies.
- The primary purpose is to help families with multiple issues by providing one 'place to go' instead of having to approach several government agencies, thereby providing families with access to coordinated and integrated services and support.

**34 providers** deliver Strengthening Families across the country

### Cost breakdown

- Total cost of contracted services is approximately s9(2)(ba)(ii) per annum.
- Total contracted target is 1,437 families and four group programmes per annum.
- Average cost per family for support services is s9(2)(b)(ii) (target of 1112 families).
- Average cost per family for coordination services is s9(2)(b)(ii) (target of 325 families).
- Average cost per programme is s9(2)(b)(ii)

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## Contracted outcomes / outputs

2020 Service Guidelines for coordinators set out the following desired results:

- the family are more connected to their own family
- the health and safety, education and social outcomes of vulnerable children and young people are improved through a Strengthening Families intervention that supports their family to connect to agencies and meet the needs of those children and young people
- families report they feel stronger, more connected to and able to access and engage with services in their communities
- community organisations and government agencies report that working in an integrated way through this process has improved results for their clients
- families report that they have been offered a holistic process to address those needs and help them support their children and young people
- families who have been supported by the Strengthening Families process are able to access and engage with support services independently.

# How it fits into the wider children's system

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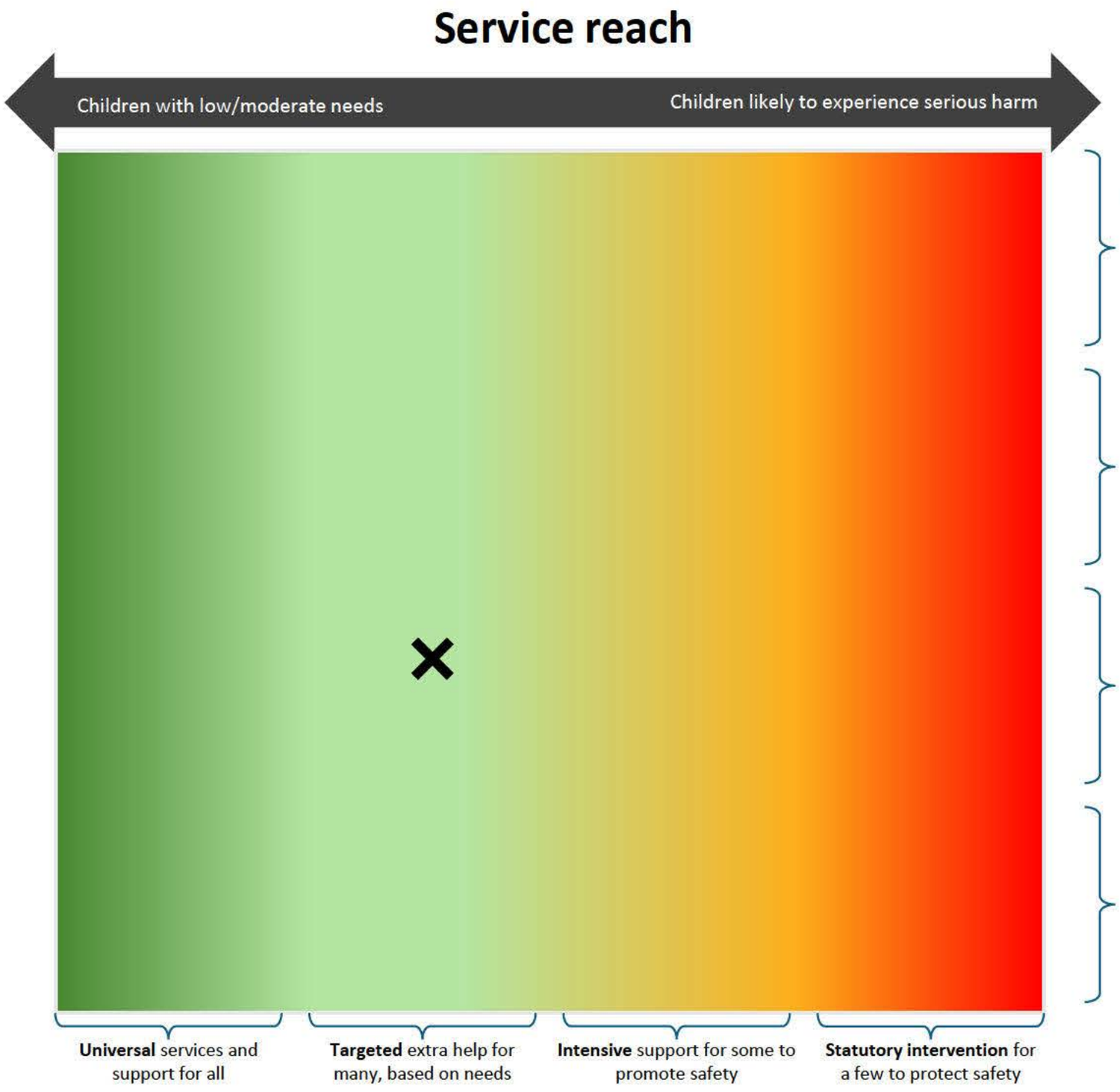
## Strengthening Families




**Greatest risk/needs:**
Significant risks requiring urgent statutory intervention to address harm, and which cannot be managed by the child/family

**High risk/needs:**
Significant risk factors to safety, likely to cause harm and which cannot be managed by the child/family without external support

**Moderate risk/needs:**
Elevated needs due to one or more circumstances or conditions that affect or may affect safety and wellbeing, requiring some extra support

**Low or no risk/needs:**
Support needs reflect common characteristics and risk factors for all children and young people to achieve wellbeing; no need for additional support

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# Overview of insights

**Reach and outcomes analysis shows:**

- Strengthening Families mainly reaches children who have not come to the attention of Oranga Tamariki. Most of these children have moderate risks/needs where one or more circumstances may be affecting their safety and wellbeing requiring extra targeted support.
- Services contribute to multiple portfolio outcomes – Health, Education, Whānau Ora, Employment (social connection, improved income and wealth), Family Violence and Sexual Violence, and Oranga Tamariki.

**Impact analysis shows:**

- Strengthening Families has limited quantitative data to demonstrate short or long-term impact.
- Micro impacts are visible more at local and regional levels.
- Qualitative evidence shows that families report very high satisfaction and many show short-term improvements when they exit the programme.

**Value for money** is something to be considered when redesigning and/or recommissioning the programme.

# Overview of insights



**Operational factors that need to be considered include:**

- The programme is inconsistently implemented, with significant regional variability and gaps in national capability.
- Need to assess how the programme supports the statutory obligations of the Oranga Tamariki Chief Executive.
- Need to ensure children known to Oranga Tamariki, or at risk of coming to its attention, receive priority in referral pathways.
- Service delivery in rural and remote communities will need to be prioritised, links and integration with other services are important.

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# What we know already

Understanding existing material on reach and effectiveness

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# What we know already

Strengthening Families is a national framework for interagency service coordination led by family. It provides holistic, wraparound case management to build resilience and long-term capability.

**Strengthening Families supports families with a wide range of emerging needs, though eligibility criteria vary**

- Common needs for children include education, behaviour, learning disabilities, mental health, and basic essentials.
- Caregivers often need support with mental health, isolation, housing, and finances.

**Strengthening Families has never been evaluated nationally**

- One small Dunedin study (2007–08) included limited follow-up with families but provided little insight into how or why the programme works.
- Most evidence comes from Strengthening Families Reporter administrative data, which has known accuracy and design issues; family feedback is limited to cases with a planned final meeting.
- No studies examining long-term outcomes.

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# What we know already

**Existing studies are limited**

- Two mixed-methods studies drew on document analysis, surveys, interviews, and Strengthening Families Reporter data, but neither included input from children or families.
- Insights rely mainly on professional perspectives and exit satisfaction.
- Both studies highlight major data limitations and the challenges posed by wide regional variation in delivery.

**Strengthening Families lacks a clear, evidence-supported theory of change.**

- Core assumptions—such as the effectiveness of coordinated, family-led case management—remain untested.
- A 2020 logic model exists but does not clearly articulate outcomes, mechanisms, or success conditions.

# What we know already

**Although designed as a nationally consistent, principles-based framework, Strengthening Families operates very differently across regions**

- Key components such as Local Management Groups are often inactive.
- Roles, referral pathways, lead agency availability, and agency engagement vary widely.
- Expectations around target groups, duration, and intensity of support are unclear and differ locally.

**There is no robust national evidence base**

- High variability makes evaluation difficult.
- Reporting focuses on outputs and short-term improvements across domains such as housing, education, employment, health, justice, and social connectedness.
- Long-term outcomes are unknown.
- The programme likely requires updating or reorientation to strengthen capability, capacity, and national consistency.

# What we know already

Strengthening Families needs updating, reorienting or overhauling to strengthen the capability, capacity, and profile of the programme.

**Inconsistent implementation and operational challenges need to be resolved**

- Core components are implemented unevenly across regions, with local groups showing varied participation and coordination effectiveness.
- Referral inconsistencies, resource constraints, and flawed data tools like SF Reporter limit programme monitoring and evaluation quality.

**Need for strategic refresh**

- Evidence calls for improved governance, strengthened data systems, and systematic evaluation to enhance program effectiveness and clarity.

**Need for clearer frameworks**

- Developing explicit theories of change and stronger evaluation methods is vital for programme effectiveness.

**Need for better evaluations of impact**

- Current evaluations lack robust outcomes and omit families who disengage, limiting understanding of impact.

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# Approach to Analysis

Understanding the methodology used to assess programmes

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# General approach to analysis

- **We were constrained by time**, so the amount and depth of analysis we could do was limited.
- **We looked at each programme as a whole**, rather than evaluating individual providers.
- **Programmes were analysed differently**, depending on what information was available for it.
- **We relied on data and evaluations that already existed**, rather than collecting lots of new information.
- **We used data in the IDI**, where we could.
- **Where information was missing**, we asked providers to share what they knew to help fill the gaps.
- **We included the voices and experiences of families** whenever we could.
- **It's hard to prove cause and effect in social services**, because many factors influence people's lives, not just one programme.

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# Understanding whether a social service causes a particular outcome is challenging

**People's lives are complicated**

Many different things influence how someone is doing—like their family situation, community, money pressures, and personal circumstances. Because so much is happening at once, it's hard to tell what changes are due to a specific service and what might have happened anyway.

**Real life isn't a controlled experiment**

Unlike a lab setting, people live in constantly changing environments. Their needs, situations, and how much they engage with services all vary, making it difficult to compare results in a clean, scientific way.

**You can't always run ideal studies**

Ethical and practical issues mean we often can't use the most rigorous research methods (like randomised controlled trials) in social services.

**So any changes we see may have many causes**

Because of all these factors, it's hard to confidently say a service caused a particular outcome. What we observe may be influenced by several overlapping things, not just the programme.

# Approach to assessing Strengthening Families

We completed an analysis of outcomes for service users within the Strengthening Families reporting tool. We looked at referral criteria, surveys and administrative data.

There are clear issues with the quality of this reporting, as there is a significant difference between the number of children interacting with the service from the reporting tool and the same numbers from Oranga Tamariki's funding and contracting system.

Strengthening Families providers gave us information on reach and impact from their perspectives, which provided qualitative data to inform our thinking.

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# Reach Analysis

Understanding who the services are reaching and whether the intended outcomes extend across more than one portfolio

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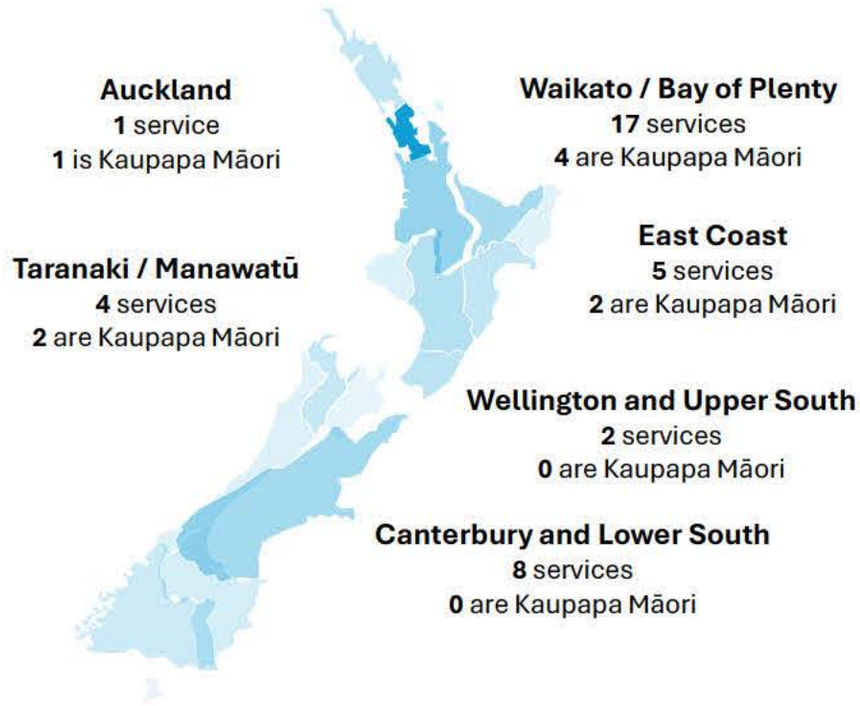
- **1,545 families** were accepted into the programme in 2024/25.
- The target priority cohort is likely to be high and complex needs, based on referral criteria, surveys and administrative data for children interacting with Strengthening Families.
- There is no current metric for the number of children with high and complex needs but estimated population is 15,300 (0-17 years).

**High and complex needs**
Target cohort




34 Strengthening Families providers deliver the service across the country

**Service delivery restrictions to consider**

- Some children may not meet the referral criteria of some services, but receive the service anyway, which could skew the numbers.

# Reach analysis (outcomes)

- Strengthening Families is positioned as an early, family-directed, interagency coordination model serving 'families with developing needs' rather than primarily Oranga Tamariki-involved families, indicating a lower proportion of Oranga Tamariki-involved families.

- Currently there is no ability to quantify the number Oranga Tamariki-involved participants accessing the service.

- Strengthening Families operates in most regions and serves a wide range of families, but there is ambiguity about eligibility, intensity and duration.

- Local Management Groups struggle in places consistent with a broad, mixed-risk caseload rather than a predominantly Oranga Tamariki-involved one.

- Services contribute to multiple portfolio outcomes – Health, Education, Whānau Ora, Employment (social connection, improved income and wealth), Family Violence and Sexual Violence, and Oranga Tamariki.

# Insights on reach



**Reach and outcomes analysis shows:**

- Strengthening Families has wide reach across the children's system – services are mainly reaching children who have not come to the attention of Oranga Tamariki but are experiencing early risk factors to their safety and wellbeing requiring targeted supports. Services are also reaching some children and young people that have come to the attention of Oranga Tamariki.
- Currently there is no ability to quantify the number of Oranga Tamariki-involved participants accessing the service.
- Greater targeting is needed to ensure those that need the support receive it, particularly with evidence that some children who are receiving some of the services do not meet the referral criteria.
- As a navigation service that works across multiple issues/portfolios, Strengthening Families is largely family-led and focuses on building resilience and long-term capability.

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# Impact Analysis

Understanding the effectiveness of the programme

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# Impact analysis: Quantitative data

- We completed an analysis of the outcomes within the Strengthening Families reporting tool.

- We found that of the families that exited the service, most exits were due to all actions within the whānau plan being completed (44%), or due to some actions within plan being completed, and as a result, no further interaction with the service being required (10%).

- We also found that of those that exited the service, many had slight or significant improvement in outcomes as at the exit date.

- The exit evaluation found that 99% of whānau that responded either strongly agreed or agreed with the statement that 'their family/whānau got access to the services they needed'

- However, there is no reporting on long term outcomes or metrics of improvement.

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# Impact analysis: Data limitations

- Outcomes are short-term only; there is not long-term outcome evidence.
- Effectiveness relies on family exit satisfaction and professional judgement — not robust impact measures.
- Variability in delivery makes comparisons and national conclusions difficult.
- There are clear issues with the quality of the Strengthening Families Reporting Tool, as there is a significant difference between the number of children interacting with the service from the reporting tool and the same numbers from Oranga Tamariki's funding and contracting system.
- There is no formal evaluation of Strengthening Families, and the evidence that does exist relies heavily on administrative reporting and professional perspectives
- Operational assumptions for the programme remain untested in today's context, despite major shifts in family need, service environments, and the wider system.

# Impact analysis: Qualitative information

**Providers said Strengthening Families**

- Provides coordinated long-term support for families with multiple, complex challenges.
- Reduces crisis escalation by bringing agencies together early.
- Improves school engagement, especially for neurodivergent children.
- Connects families to health, mental health, addiction, and community supports they would otherwise struggle to access.
- Is particularly important in rural communities where access barriers are high.

# Impact analysis: International comparisons

- Internationally, comparable models include family group conferencing, multiagency case management, and interagency child protection conferencing.
- These models fill critical gaps by ensuring no single issue is tackled in isolation. Programmes build a more holistic support system, addressing social, health, and educational needs in unison.
- International evidence supports the rationale Strengthening Families as a coordination mechanism, but evidence of impact is weak.
- When the quality of implementation is high, benefits include:
  - families and practitioners frequently report better communication, clearer plans, and more integrated support.
  - family participation and voice improve in well-facilitated models.
  - high consensus on the value of interagency collaboration.

# Insights on impact

**Impact analysis shows:**

- Strengthening Families has limited quantitative data to demonstrate short or long-term impact.
- There is currently no reporting on long term outcomes or metrics of improvement.
- Variability in delivery makes comparisons and national conclusions difficult.
- Families report very high satisfaction and many show short-term improvements when they exit the programme.
- Providers regularly report about micro-impacts that are not seen in the quantitative and population level data.

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# Value for Money

Understanding the programmes cost-to-serve

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# Value for money

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## Cost-to-serve for 2025/26

- Total cost of contracted services is approximately s9(2)(b)(ii) per annum.
- Total contracted target is 1,437 families and four group programmes per annum.
- Average cost per family for support services is s9(2)(b)(ii) (target of 1112 families).
- Average cost per family for coordination services is s9(2)(b)(ii) (target of 325 families).
- Average cost per programme is s9(2)(b)(ii).

**Limitations**

- Limited timeframes mean analysis beyond cost-to-serve isn't feasible.
- Provider feedback is acknowledged; value for money remains only a broad indicator.
- A full social return on investment assessment would require significant time and slow the review process.

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# Material Shared by Providers

Additional material that we used in our analysis

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# Material shared by Providers

We received six detailed written responses from Strengthening Families provider organisations and individuals. The key themes on the programme's impact were:

**Strengthening Families provides coordinated long-term interventions for families facing multiple and complex challenges that no single agency can resolve**

> *By bringing everyone together, in the same room at the same time, [ …] showed her the amount of support she had. She only needed to tell her story once.*
>
> South Canterbury provider

**Improvements are seen at school and at home for children (notably neurodivergent children) where specialist services come together and engage with families creating shared plans**

> *A family … were referred … with issues around the eldest child's behaviour at home and school, and a possible ADHD diagnosis … the family gained more tools to manage their son's behaviour.*
>
> South Otago provider

> *A co-ordinated approach resulted in everyone coming together, sharing strengths and concerns and developing a plan forward to support their young son.*
>
> South Canterbury provider

# Material shared by Providers

## Reduced barriers to health as families are connected to GP services, mental health services and addiction support

*This women's journey with SF has been a long, challenging and confronting experience. She still lives with addiction but manages it very well. She works hard every day to meet her, and her family's needs.*

South Canterbury Provider

## Coordination meetings help to reduce crisis escalation

*… We have a close relationship with the police, Oranga Tamariki, iwi providers such as […] to prevent statutory involvement or escalation.*

Bay of Plenty provider

## In different regions, coordinators do very different things

*… Our rural locations have no public transport, high rates of people without a driving license and deeply entrenched financial barriers. Families who are otherwise completely disconnected from services are gaining coordinated access to support…*

Bay of Plenty provider

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# Operational factors

Understanding operational factors that need to be considered

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# Operational factors

**Operational factors that need to be considered include:**

- The programme is inconsistently implemented, with significant regional variability and gaps in national capability.
- Need to assess how the programme supports the statutory obligations of the Oranga Tamariki Chief Executive.
- Need to ensure children known to Oranga Tamariki, or at risk of coming to its attention, receive priority in referral pathways.
- Service delivery in rural and remote communities will need to be prioritised, links and integration with other services are important.

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# Post Gateway Services

## Phase One Services Review

Information pack
March 2026

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# Contents

DRAFT WORK IN PROGRESS
IN STRICT CONFIDENCE

- Programme overview
- Approach to analysis
- Reach analysis
- Impact analysis
- Value for money
- Material shared by providers
- Operational factors

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# Programme overview

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# Phase One Services Review: Post Gateway Services

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## Programme Overview

- The Post-Gateway programme reaches children in care or youth justice/on the cusp
- In 2011, Gateway Service was established to identify the needs of children and young people in care or at risk of going into care. It provides a one-off assessment to understand what support they might need.
- When assessments identify health, disability, mental health, emotional, or behavioural needs, they may be referred to a Post Gateway Support Service.
- These services aim to keep care arrangements stable and prevent issues from becoming more serious and include:
  - Primary Level Mental Health Services
  - Disability Blueprint Investment Strategy Services
  - Drug and Alcohol Services in Residences

## Contracted outcomes / outputs

- Safety – children are not hurt as the result of our actions or inaction
- Stability – children are in a consistent, supportive, loving environment
- Security – children have access to essential resources and services
- Wellness – children are supported to reach their potential and connect with the wider community
- Development – children are achieving their potential
- Thriving independence – children and families are successful in their transition out of direct help from Oranga Tamariki.

# Funding arrangements

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## Primary level mental health services

- Support for children and young people and/or their primary caregiver with mental health needs (behavioural and/or emotional).
- Total cost of contracted services is approximately s9(2)(b)(ii) per annum (from Vote Oranga Tamariki).
- Total contracted target is 451 children/young people per annum.
- Average cost per child/young person is s9(2)(b)(ii).

7 providers

## Disability blueprint investment strategy

- Support for children and young people and/or their primary caregiver with a physical, intellectual, sensory or mental health disability.
- Total cost of contracted services is approximately s9(2)(b)(ii) per annum (from Vote Oranga Tamariki).
- Total contracted target is 108 children/young people per annum.
- Average cost per child/young person is s9(2)(b)(ii).

2 providers

## Drug and Alcohol Services in Residences

- Wrap-around drug and alcohol abuse support and aftercare in three Youth Justice residences.
- Total cost of contracted services is approximately s9(2)(b)(ii) per annum (from Vote Oranga Tamariki).
- Total contracted target is 80 young people per annum.
- Average cost per young person is s9(2)(b)(ii).

2 providers

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# How it fits into the wider children's system

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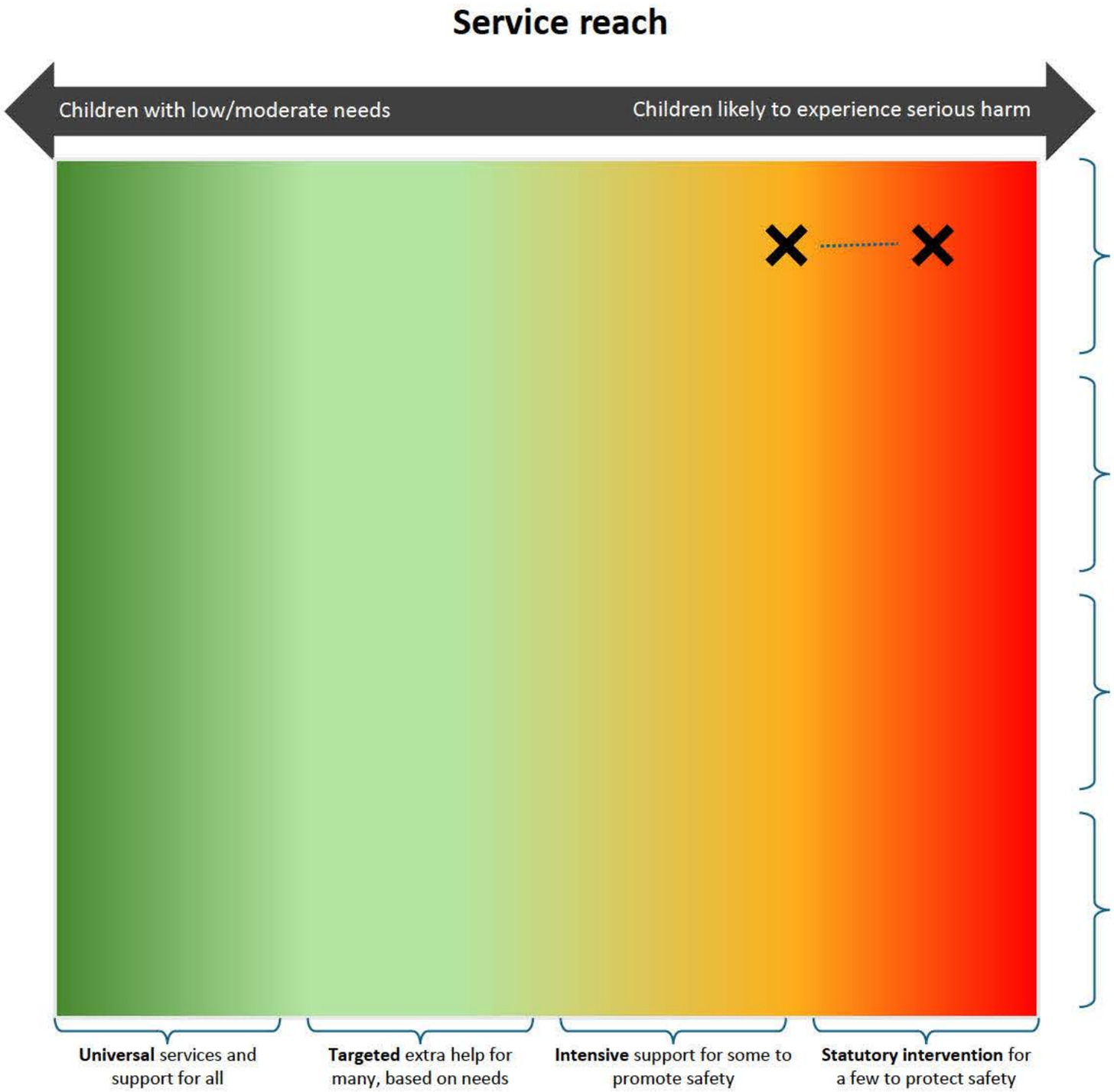
## Post Gateway Services




**Greatest risk/needs:**
Significant risks requiring urgent statutory intervention to address harm, and which cannot be managed by the child/family

**High risk/needs:**
Significant risk factors to safety, likely to cause harm and which cannot be managed by the child/family without external support

**Moderate risk/needs:**
Elevated needs due to one or more circumstances or conditions that affect or may affect safety and wellbeing, requiring some extra support

**Low or no risk/needs:**
Support needs reflect common characteristics and risk factors for all children and young people to achieve wellbeing; no need for additional support

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# Overview of insights

**Reach and outcomes analysis shows:**

- Post Gateway services are reaching children in (or on the cusp of being) in care or youth justice
- Services contribute to multiple portfolio outcomes – Health, Whānau Ora and Oranga Tamariki.

**Impact analysis shows:**

- Coverage is incomplete, and children not receiving services may have significant unmet needs.
- Programme impact is not being fully measured due to poor outcome and performance measurement.

**Value for money** is something to be considered when redesigning and/or recommissioning the programme.

# Overview of insights

**Operational factors that need to be considered include:**

- These services contribute directly to the Oranga Tamariki Chief Executive's statutory responsibilities under the National Care Standards clause 7 (immediate needs and long-term needs), clause 13 (health needs assessment process) and clause 35 (support to maintain and improve health).
- The current model is not consistently delivered, leading to inequitable access and outcomes.
- Services are unable to keep pace with the general increase in demand and increased complexity of need, highlighting gaps in intensive support, specialist expertise, and integrated wrap around services with the current model.
- Delivery relies heavily on the close operational integration of Oranga Tamariki, Ministry of Education and Health NZ.

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# Approach to Analysis

Understanding the methodology used to assess programmes

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# General approach to analysis

- **We were constrained by time**, so the amount and depth of analysis we could do was limited.
- **We looked at each programme as a whole**, rather than evaluating individual providers.
- **Programmes were analysed differently**, depending on what information was available for it.
- **We relied on data and evaluations that already existed**, rather than collecting lots of new information.
- **We used data in the IDI**, where we could.
- **Where information was missing**, we asked providers to share what they knew to help fill the gaps.
- **We included the voices and experiences of families** whenever we could.
- **It's hard to prove cause and effect in social services**, because many factors influence people's lives, not just one programme.

# Understanding whether a social service causes a particular outcome is challenging

**People's lives are complicated**

Many different things influence how someone is doing - like their family situation, community, money pressures, and personal circumstances. Because so much is happening at once, it is hard to tell what changes are due to a specific service and what might have happened anyway.

**Real life isn't a controlled experiment**

Unlike a lab setting, people live in constantly changing environments. Their needs, situations, and how much they engage with services all vary, making it difficult to compare results in a clean, scientific way.

**You can't always run ideal studies**

Ethical and practical issues mean we often can't use the most rigorous research methods (like randomised controlled trials) in social services.

**So any changes we see may have many causes**

Because of all these factors, it's hard to confidently say a service caused a particular outcome. What we observe may be influenced by several overlapping things, not just the programme.

# Approach to assessing Post-Gateway Services

- In the absence of formal evaluations of Post-Gateway Support Services, we applied a high-level mixed-methods approach to gather information about the services. This included:
  - an online form collecting responses from contract managers and residence managers
  - an online form collecting responses from providers
  - a review of contracts and provider returns.

- The insights exercise focussed on :
  - the needs of children, young people, and their families
  - referral pathways, demand trends, and demographic patterns
  - progress measures and overall service effectiveness.

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# Limitations

**Sample composition**
The small questionnaire sample (N=28) and uneven site participation – more from the North Island (n=10) than the South Island (n=2) – limit the robustness and generalisability of the results, despite the high provider response rate (92%).

**Timing and engagement**
Engagement was likely reduced by the survey's release during a busy period for Oranga Tamariki kaimahi and the short completion timeframe, affecting participation and response depth.

**Ambiguity in defining Post Gateway Support Services**
Inconsistent understanding of what Post Gateway Support Services entail resulted in variable responses and reduced comparability across stakeholders.

**Narrow engagement scope**
Tight timeframes limited in-depth engagement with providers and excluded direct input from service clients, constraining insights into the broader service context.

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# Reach Analysis

Understanding who the services are reaching and whether the intended outcomes extend across more than one portfolio

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# Reach analysis (who)

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## Primary Level Mental Health Services

- **293 referrals** accepted per year
- **1,268 children** entered care and protection custody
- 100% of programme participants are in the Oranga Tamariki priority cohort
- 23% of the total priority cohort are reached
- 83% of the eligible priority cohort are reached (i.e. 355 children and young people with a completed Gateway assessment and mental health needs identified)

**Care experienced children**
Target cohort

## Service delivery restrictions to consider

- All children and young people in care and protection custody need to have a completed Gateway assessment.
- Primary Level Mental Health Services have additional referrals criteria (i.e. serviced delivered to those with mental health related needs).
- Note there is no evidence that children and young people not in care receive this service, referrals occur post Gateway.

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# Reach analysis (who)

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**Disability Blueprint Investment Strategy Services**

- **102** children and young people supported by the service annually
- **1,268 children** entered care and protection custody
- 100% of programme participants are in the Oranga Tamariki priority cohort.
- 8% of the <u>total</u> priority cohort are reached
- Between 9% and 14% of the <u>eligible</u> priority cohort are reached (i.e. between 710-1090 children and young people with a completed Gateway assessment and disability related needs identified)

**Care experienced children**
Target cohort

## Service delivery restrictions to consider

- All children in care and protection custody need to have a completed Gateway assessment.
- Blueprint Investment Strategy Services have additional referrals criteria (i.e. service delivered to those with disability related needs).
- It is estimated 56 to 86% of children and young people in care have a disability related need identified.

# Reach analysis (who)

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## Drug and Alcohol Services in Youth Justice Residences

- **309 young people** supported annually
- **542 young people** entered Youth Justice custody
- 100% of programme participants are in the Oranga Tamariki priority cohort
- 57% of the <u>total</u> priority cohort are reached
- 100% of the <u>eligible</u> priority cohort are reached (i.e. 306 young people in residences being served).

**Youth justice experienced young people** Target cohort

## Service delivery restrictions consider

- Drug and alcohol services are only delivered in three Youth Justice residences (Whakatakapokai, Te Puna Wai, Korowai Manaaki).
- Considering the service delivery restrictions there is 100% alignment with Oranga Tamariki priority cohort.

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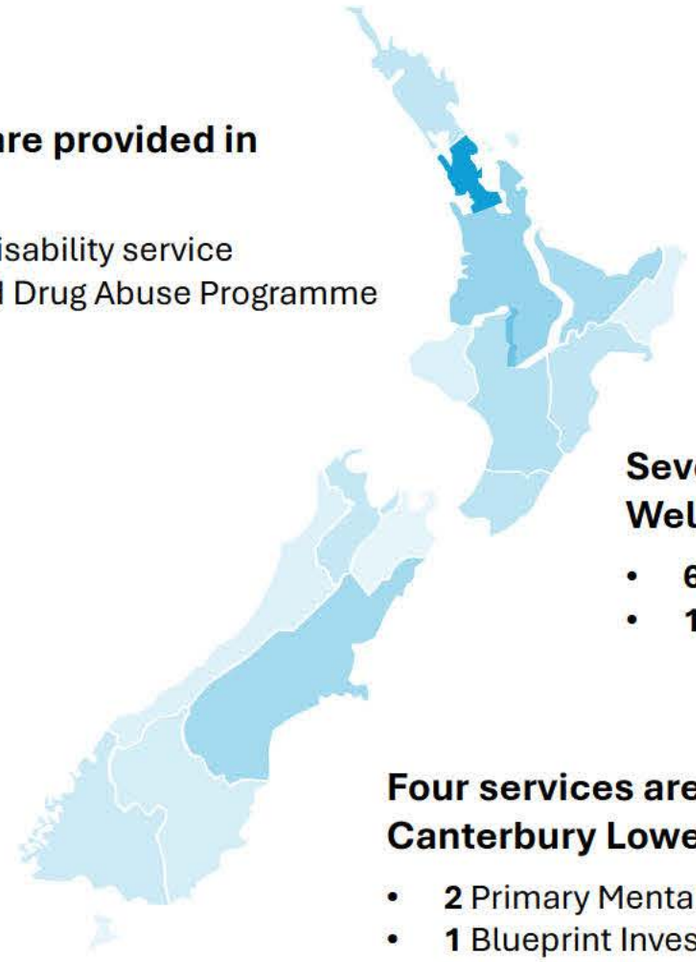
## 13 Post Gateway services are delivered across multiple locations



**Two services are provided in Auckland**

- **1** Blueprint Disability service
- **1** Alcohol and Drug Abuse Programme

**Seven services are provided in Wellington and Upper South**

- **6** Primary Level Mental Health Services
- **1** Blueprint Investment Strategy

**Four services are provided in Canterbury Lower South**

- **2** Primary Mental Health Services
- **1** Blueprint Investment Strategy
- **1** Alcohol and Drug

# Reach analysis (outcomes)

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## Reach and demand

- Services cater to high-needs, high-complexity cohorts facing trauma, mental health issues, poverty, and placement instability.
- Demand is increasing, with more primary level mental health referrals for younger children (under 10 years) and more severe cases requiring multi-agency involvement. Capacity constraints and long wait times (up to 18 months) limit timely access.

## Emerging trends

- Increased complexity of needs, increased identification of neurodevelopmental support needs greater exposure to trauma and family harm and growing socio-economic pressures.
- Services are not keeping pace with these changes, highlighting gaps in intensive support, specialist expertise, and integrated wrap-around services.

## Identified needs

- Common support needs include emotional dysregulation, trauma, mental health challenges, neurodiversity (ADHD/ASD), and identity/attachment issues. Families face additional stressors such as housing insecurity and financial hardship.
- Short-term interventions in primary level mental health (6–8 sessions) are insufficient for complex cases.

## Themes from online questionnaire and narrative information from provider returns

### Post-Gateway support is reaching complex high needs cohorts

> *… Common support needs include emotional dysregulation, trauma, mental health challenges, neurodiversity (ADHD/ASD) and identity/attachment issues. Families face additional stressors such as housing insecurity and financial hardship …*
>
> *… Almost all Tamariki in this cohort have experienced trauma, often severe and complex…*

### Demand is increasing while capacity is constrained

> *… Demand is increasing, with more primary level mental health referrals for younger Tamariki (under 10 years) and more severe cases requiring multi-agency involvement. Capacity constraints and long wait times (up to 18 months) limit timely access.*

# Insights on reach

**Reach and outcomes analysis shows:**

- All three Post Gateway Support Services have high reach with a focus on Oranga Tamariki cohorts targeting:
  - children in care, with high and complex needs requiring intensive support in unstable environments with layered challenges (trauma, mental health, socio-economic hardship, digital risks)
  - young people in custody, with high needs requiring intensive support.
- All services cater to high-needs, high-complexity cohorts facing trauma, mental health issues, poverty, and placement instability.
- Referrals often relate to family harm, trauma and parent support.
- Services contribute to multiple portfolio outcomes – Health, Whānau Ora and Oranga Tamariki.

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# Impact Analysis

Understanding the effectiveness of the programme

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# Impact analysis: Quantitative data

- Quantitative data on impact is limited.
- There are no existing formal evaluations of Post Gateway services.
- Data is fragmented, delivered variably across regions, and not designed for outcome measurement.
- Current administrative datasets do not capture cultural, relational, or family level impacts - leading to under detection of positive change.

# Impact analysis: Qualitative information

## Themes from online questionnaire and narrative information from provider returns

### Effectiveness indicators

- Success is defined collaboratively by children, young people, families, caregivers, providers, and Oranga Tamariki.
- Indicators that Post Gateway is achieving benefits include improved emotional regulation, placement stability, caregiver confidence, and engagement in school/community.
- Providers report positive outcomes when services are family-centred, culturally responsive, and trauma-informed.

# Impact analysis: Qualitative information

## Themes from online questionnaire and narrative information from provider returns

### Obstacles limiting effectiveness

- Services are currently unable to keep pace with changes, highlighting gaps in intensive support, specialist expertise, and integrated wrap around services.
- Referral challenges, session limits, and systemic delays.
- Policy changes (e.g., disability funding reforms) have reduced accessibility.

### Enablers driving effectiveness

- Family-inclusive approaches, play-based therapy for younger children, strong partnerships with community and mana whenua, and advocacy for resources.

# Impact analysis: Qualitative information

**Providers said Post-Gateway:**

- Is reaching complex high needs cohorts.
- Demand is increasing while capacity is constrained.

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# Insights on impact

**Impact analysis shows:**

- Programme impact is not being fully measured due to poor outcome and performance measurement:
  - Quantitative data on impact is limited with no existing formal evaluations of Post Gateway services.
  - Data is fragmented, delivered variably across regions, and not designed for outcome measurement.
  - Current administrative datasets do not capture cultural, relational, or family-level impacts - leading to under detection of positive change.
- Coverage is incomplete, and children not receiving Gateway may have significant unmet needs.
- Current model may not be fit-for-purpose given changing demographics and needs.
- This suggests that the work underway with other agencies to progress national improvements to the Gateway programme and supporting services should continue.

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# Value for Money

Understanding the programmes cost-to-serve

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# Value for money

## Cost-to-serve for 2025/26

### Primary level mental health services

- Total cost of contracted services is approximately s9(2)(b)(ii) per annum (from Vote Oranga Tamariki).
- Total contracted target is 451 children/young people per annum.
- Average cost per child/young person is s9(2)(b)(ii).

### Disability blueprint investment strategy

- Total cost of contracted services is approximately s9(2)(b)(ii) per annum (from Vote Oranga Tamariki).
- Total contracted target is 108 children/young people per annum.
- Average cost per child/young person is s9(2)(b)(ii).

### Drug and alcohol abuse services

- Total cost of contracted services is approximately s9(2)(b)(ii) per annum (from Vote Oranga Tamariki).
- Total contracted target is 80 young people per annum.
- Average cost per child/young person is s9(2)(b)(ii).

**Limitations**

- Limited timeframes mean analysis beyond cost-to-serve isn't feasible.
- Provider feedback is acknowledged; value for money remains only a broad indicator.
- A full social return on investment assessment would require significant time and slow the review process.

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# Material Shared by Providers

Additional material that we used in our analysis

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We received two provider case studies illustrating Post-Gateway support services.

**Case Study 1: Better understanding of trauma enables a family to heal**

Oranga Tamariki referred a parent for mental health support to transition children back to their care.

Significant progress was made with the parent remaining drug-free, strengthening relationships with their children and providing a safe and stable home environment.

The parent gained better understanding of historical trauma affecting herself and her children. The whānau reconnected with Māori tikanga and are living more closely aligned with cultural values, including the children attending a bilingual unit.

> *… She has better understanding of the historical trauma experienced by herself personally and the children […] supporting the children to heal by being emotionally responsive to their needs, while also providing clear consistent boundaries in the home.*
>
> Christchurch provider

## Case Study 2: Gateway entails long term, interconnected child mental health support

Oranga Tamariki referred a young child due to care and protection concerns relating to their safety and wellbeing, including a significant family harm incident. Subsequent placement of the child with the maternal grandmother meant extensive and long-term support was needed.

The programme resulted in positive changes in the child's overall wellbeing, school attendance, and health through participation in social and sporting activities.

The caregiver felt well-supported, had a strong understanding of trauma-informed care, and remained committed to caring for them long-term.

> *... this support continued for nearly three years .... the grandmother reported a stronger understanding of trauma, its impact on her grandson's behaviour, and effective strategies for managing his behaviour ...*
>
> Christchurch provider

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# Operational Factors

Understanding operational factors that need to be considered

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# Operational factors

- These services contribute to the Oranga Tamariki Chief Executive's statutory responsibilities under the National Care Standards clause 7 (immediate needs and long-term needs), clause 13 (health needs assessment process) and clause 35 (support to maintain and improve health).
- Coverage is incomplete, and children not receiving Gateway may have significant unmet needs.
- The current model is not consistently delivered, leading to inequitable access and outcomes. The process requires redesign to improve cultural responsiveness, system integration, and follow through.
- Services are unable to keep pace with general increase in demand and increased complexity of need, highlighting gaps in intensive support, specialist expertise, and integrated wrap around services with current model.
- Delivery relies heavily on the close operational integration of Oranga Tamariki, Ministry of Education and Health NZ.

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# Gateway Services

## Phase One Services Review

Information pack
March 2026

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Social Investment Agency
Toi Hau Tāngata

New Zealand Government

# Contents

DRAFT WORK IN PROGRESS
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Social Investment Agency
Toi Hau Tāngata

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# Programme overview

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# Phase One Services Review

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## Programme Overview

- Gateway is a joint programme between Oranga Tamariki and the Ministries of Health and Education and Health NZ.
- The programme provides specialist assessments to identify health, education, disability, social, and wellbeing needs of children involved with Oranga Tamariki.
- It is usually a one-off process with a health and education assessment.
- Gateway is intended for children and young people who are:
  - entering care
  - at risk of entering care
  - already in care
  - attending a Family Group Conference.

## Contracted outcomes / outputs

- Safety – children are not hurt as the result of our actions or inaction.
- Stability – children are in a consistent, supportive, loving environment.
- Security – children have access to essential resources and services.
- Wellness – children are supported to reach their potential and connect with the wider community.
- Development – children are achieving their potential.
- Thriving independence – children and families are successful in their transition out of direct help from Oranga Tamariki.

**1** provider delivers 21 co-ordination functions across NZ

## Cost breakdown

### Total funding

- Approximately s9(2)(b)(ii) per annum (from Vote Oranga Tamariki) for a contracted target of 3,718 assessments

### Gateway coordination

- s9(2)(b)(ii) per child or young person

### Gateway assessment

- s9(2)(b)(ii) per child or young person

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# How it fits into the wider children's system

ORANGA TAMARIKI Ministry for Children

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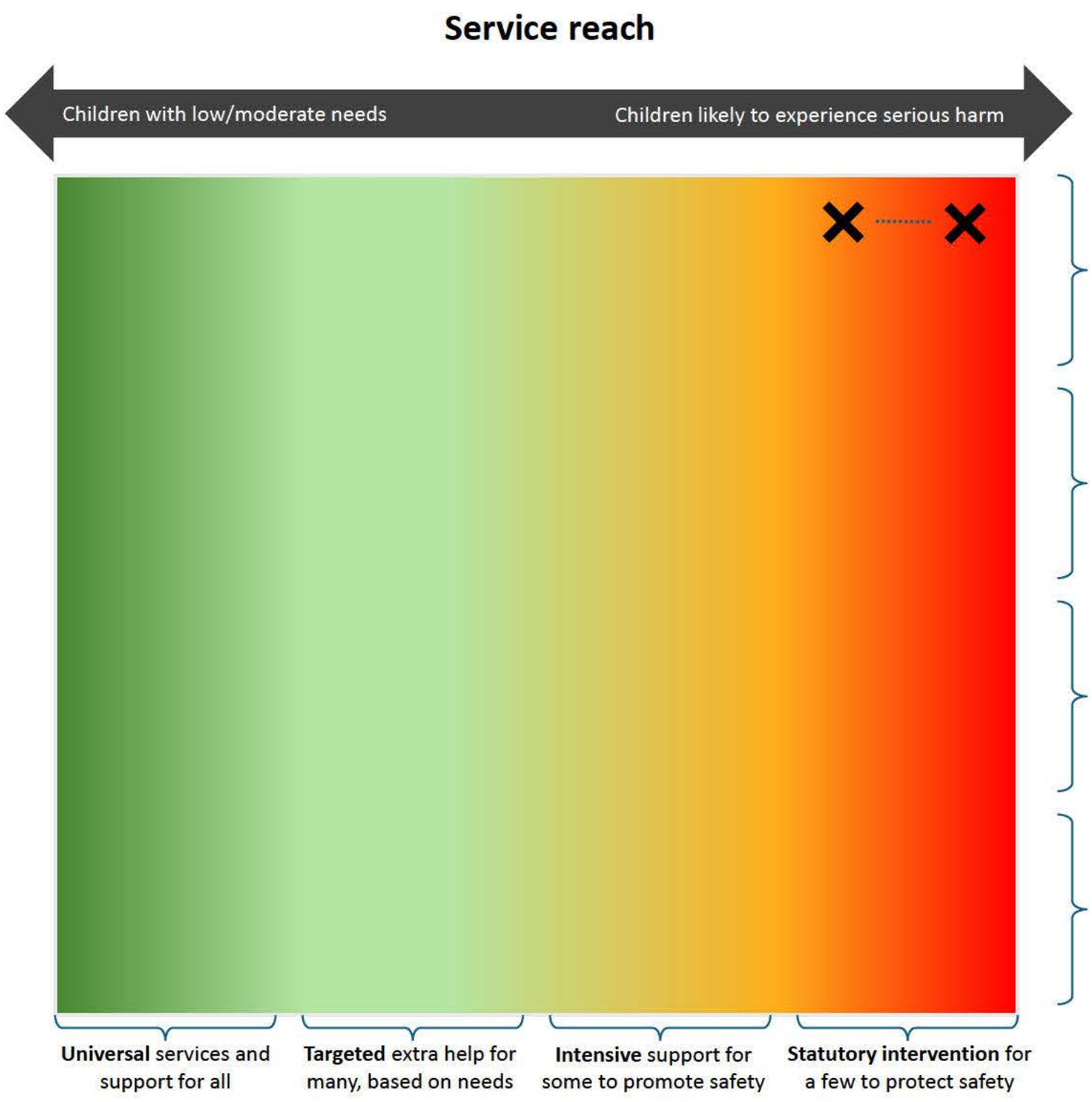
## Gateway Services




**Greatest risk/needs:**
Significant risks requiring urgent statutory intervention to address harm, and which cannot be managed by the child/family

**High risk/needs:**
Significant risk factors to safety, likely to cause harm and which cannot be managed by the child/family without external support

**Moderate risk/needs:**
Elevated needs due to one or more circumstances or conditions that affect or may affect safety and wellbeing, requiring some extra support

**Low or no risk/needs:**
Support needs reflect common characteristics and risk factors for all children and young people to achieve wellbeing; no need for additional support

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# Overview of insights

**Reach and outcomes analysis shows:**

- Gateway has high reach with children and young people involved with Oranga Tamariki by design.
- Gateway services support children and young people in care or youth justice, or on its cusp. These children and young people are experiencing the highest risks to their safety and wellbeing.
- Children who receive a Gateway assessment tend to access more health and support services post-Family Group Conference, and experience slightly fewer stand-downs, but many other indicators show minimal differences compared to those without Gateway.
- But delivery is incomplete with only 44% of the priority cohort receiving a Gateway assessment, largely due to process and consent barriers.
- Services contribute to multiple portfolio outcomes – Health, Whānau Ora and Oranga Tamariki.

**Value for money** is something to be considered when redesigning and/or recommissioning the programme.

# Overview of insights

**Operational factors that need to be considered include:**

- These services contribute directly to the Oranga Tamariki Chief Executive's statutory responsibilities under the National Care Standards clause 7 (immediate needs and long-term needs), clause 13 (health needs assessment process) and clause 35 (support to maintain and improve health).
- Coverage is incomplete, and children not receiving Gateway may have significant unmet needs.
- The current model is not consistently delivered, leading to inequitable access and outcomes.
- Delivery relies heavily on the close operational integration of Oranga Tamariki, Ministry of Education and Health NZ.
- Both Oranga Tamariki and Health NZ contribute funding to the Gateway programme.

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# What we know already

Understanding existing material on reach and effectiveness

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# What we know already

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## Operational review in 2013/14 identified four overarching themes

1. **Gateway should be more child, family, and community-centred**
   - Māori and Pacific families often feel disconnected.
   - Services lack cultural responsiveness and meaningful family voice.

2. **Enhanced Gateway could reach more children and ensure follow-up**
   - Many children do not receive recommended services.
   - Follow-up is inconsistent; eligibility criteria are too narrow.
   - Long assessment timeframes – especially for psychological needs – signal inefficiencies and resource constraints.

3. **More work is needed to identify and meet needs**
   - Service availability is inconsistent across regions.
   - Gaps exist in trauma, mental health, and disability services.
   - Needs data recording is inconsistent; caseload pressure affects timeframes and workload.

4. **System integration requires improvement**
   - Issues with Gateway IT systems, information sharing, governance, and accountability.
   - Some regions show strong cross-agency collaboration and innovation.

# What we know already



**Thematic analysis of Māori and Pacific voices in 2018 identified three core themes**

1. **Working together to meet needs**
   - Strong desire for better collaboration and information sharing.
   - Māori and Pacific providers feel underutilised and involved too late.
   - Community-led approaches are viewed as more effective and culturally appropriate.
2. **Challenges for Māori and Pacific communities**
   - System mistrust due to past negative experiences with Oranga Tamariki.
   - Language barriers and inappropriate communication.
   - Long wait times and under-resourced services.
3. **Supporting Māori and Pacific aspirations**
   - Māori seek autonomy to deliver "by Māori, for Māori" services.
   - Pacific communities want stronger leadership and representation in Gateway.
   - Cultural values and holistic models (e.g., Te Whare Tapa Whā) are not reflected in the current process.

# What we know already

**No formal theory of change or intervention logic model is documented but implied logic exists**

> Identifying health, education, and social needs early should lead to coordinated assessment, appropriate referrals, and better outcomes for children.

However, the 2024 review found this was not fully realised due to:

- poor follow-up
- inconsistent service availability
- inadequate data recording
- lack of accountability

**Underlying assumption is that if Gateway is culturally responsive, community-led, and holistic, then Māori and Pacific tamariki and whānau will be more engaged and experience improved outcomes**

The current gap is that the system is viewed as:

- too clinical
- deficit-focused
- not aligned with Māori and Pacific worldviews.

# What we know already

- Gateway completion targets for children and young people in care remain unmet.
- Of 21,931 eligible children, only 13,301 received a Gateway assessment.
- Practice gaps such as inconsistent follow-up or accountability meant realised impact was uneven across regions.
- Identified material implementation gaps (i.e. follow-up, needs recording, IT tool issues).
- Practice gaps need to be filled and other service improvements made to ensure better outcomes for children.
- The existing model could better align with Māori and Pacific aspirations, strengths, and lived realities.
- No value-for-money analysis has been completed to date.

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# Approach to Analysis

Understanding the methodology used to assess programmes

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# General approach to analysis

- **We were constrained by time**, so the amount and depth of analysis we could do was limited.
- **We looked at each programme as a whole**, rather than evaluating individual providers.
- **Programmes were analysed differently**, depending on what information was available for it.
- **We relied on data and evaluations that already existed**, rather than collecting lots of new information.
- **We used data in the IDI**, where we could.
- **Where information was missing**, we asked providers to share what they knew to help fill the gaps.
- **We included the voices and experiences of families** whenever we could.
- **It's hard to prove cause and effect in social services**, because many factors influence people's lives, not just one programme.

# Understanding whether a social service causes a particular outcome is challenging

**People's lives are complicated**

Many different things influence how someone is doing—like their family situation, community, money pressures, and personal circumstances. Because so much is happening at once, it's hard to tell what changes are due to a specific service and what might have happened anyway.

**Real life isn't a controlled experiment**

Unlike a lab setting, people live in constantly changing environments. Their needs, situations, and how much they engage with services all vary, making it difficult to compare results in a clean, scientific way.

**You can't always run ideal studies**

Ethical and practical issues mean we often can't use the most rigorous research methods (like randomised controlled trials) in social services.

**So any changes we see may have many causes**

Because of all these factors, it's hard to confidently say a service caused a particular outcome. What we observe may be influenced by several overlapping things, not just the programme.

# Key limitations to consider

**No matching on pre-FGC outcomes**

- Groups were not matched on pre-intervention outcomes, which can undermine baseline comparability.

**Consent-driven selection bias**

- Gateway requires caregiver consent, so those who participate may differ systematically from those who do not (e.g., engagement levels, need complexity).

**Unmeasured confounding remains**

- Important factors (e.g., complexity of needs, family context, regional differences) were not captured in the matching process.

**Limited causal inference**

- The approach is observational, so it can show associations, not causation.

**Data gaps**

- Some outcomes could not be estimated due to small numbers or data logic issues, reducing coverage across the 19 indicators (i.e. hospital dental appointment, potentially avoidable hospitalisations, families on the housing register and Infant, Child, Adolescent and Family Service).

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# Reach Analysis

Understanding who the services are reaching and whether the intended outcomes extend across more than one portfolio

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# Reach analysis (who)

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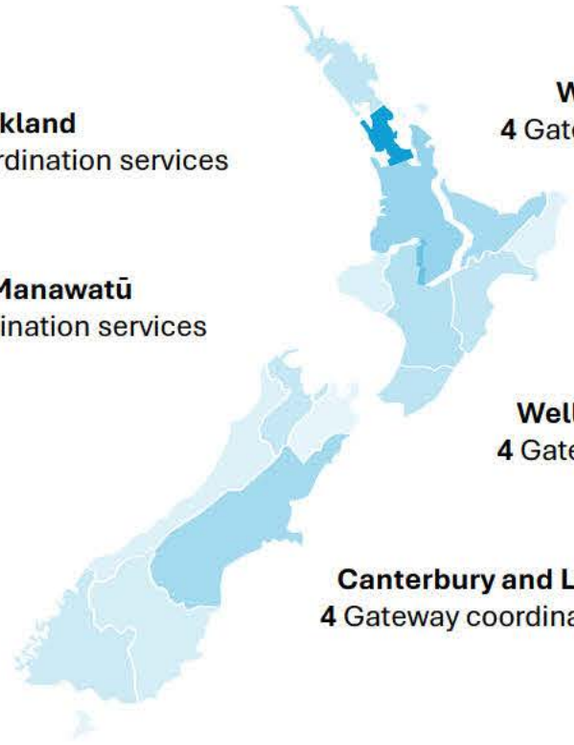
- **2,035 children** received a Gateway assessment in 2023/24, and 1,545 in 2024/2025.
- 50 of those children were not in care / custody or had a family group conference.
- 97% of children who had a Gateway assessment are within the Oranga Tamariki priority cohort.
- 44% of the priority cohort interacted with the service.

**Care experienced children**
Target cohort

## Service delivery restrictions to consider

- A Gateway assessment requires six months to complete.
- Parental consent must be given.
- Family are already with services.

# 21 Gateway Health Assessment Coordination services are delivered in multiple locations across the country



**Auckland**
**3** Gateway Coordination services

**Waikato / Bay of Plenty**
**4** Gateway coordination services

**Taranaki / Manawatū**
**2** Gateway coordination services

**East Coast**
**4** Gateway coordination services

**Wellington and Upper South**
**4** Gateway coordination services

**Canterbury and Lower South**
**4** Gateway coordination services

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# Reach analysis (who)

- Eligibility is explicitly tied to Oranga Tamariki involvement (e.g. entry to care, child in care, Family Group Conference), so the programme is inherently designed to serve children already engaged with Oranga Tamariki.
- A large cohort is eligible (21,931), but only 13,301 receive a Gateway assessment, showing high intended reach but significant coverage gaps.
- Service design and documentation (ILM, specifications) confirm Gateway is meant to be a cross-agency tool, but still anchored strongly to Oranga Tamariki, reinforcing its placement as a high Oranga Tamariki-reach programme.
- Gateway has a strong alignment with Oranga Tamariki's core population and system, but many eligible children still miss out — highlighting both the appropriateness of its placement and the need to address gaps in completion.

# Insights on reach

**Reach and outcomes analysis shows:**

- Gateway has high reach with a focus on Oranga Tamariki cohorts by design – targeting children and young people already involved with Oranga Tamariki (e.g. entry to care, child in care or custody, FGC).
- But delivery is incomplete with only 44% of the priority cohort receiving a Gateway assessment, largely due to process and consent barriers.
- Services contribute to multiple portfolio outcomes – Health, Whānau Ora and Oranga Tamariki.

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# Impact Analysis

Understanding the effectiveness of the programme

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# Impact analysis: Quantitative data

We compared children who received a Gateway assessment with those who did not, tracking outcomes before and after the family group conference (FGC).

**Where Gateway shows positive association**

Children who received Gateway assessments had higher engagement with key services including:

- more disability support services referrals (2% difference 24 months post FGC)
- more paediatric medical appointments (15% difference at 12 months post FGC)
- higher pharmaceutical dispensing for ADHD (3% difference 24 months post FGC)
- more secondary mental health and addiction services used (6% difference at 24 months)
- fewer school standdowns post FGC.

These patterns were seen in both raw and matched (adjusted) analyses.

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# Impact analysis: Quantitative data

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## Where Gateway shows minimal or no difference

Between the same cohorts, there were minimal differences between those with and without a Gateway assessment in relation to:

- GP enrolment
- immunisation rates
- attendance at child development services appointments
- attendance at well child services
- before school checks
- pharmaceutical dispensing for eczema
- school suspensions
- ADHD diagnoses
- ongoing resourcing scheme approvals
- learning and behaviour (RTLB) support

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# Impact analysis: International comparisons



- Many countries (including the UK, Australia, Canada, and the US) use multi-disciplinary assessment approaches similar to New Zealand's Gateway Assessment.
- International evidence shows multi-disciplinary assessments effectively identify children's needs and strengthen cross-agency collaboration.
- When supported with proper follow-up services, they lead to improved educational, health, developmental, and safety outcomes for children entering or in care.
- Successful implementation requires consistent practice, robust evaluation, and adequate resourcing to ensure assessment insights translate into real improvements.

# Insights on impact

**Impact analysis shows:**

- Children who receive a Gateway assessment tend to access more health and support services post Family Group Conference, and experience slightly fewer stand-downs, but many other indicators show minimal differences compared to those without Gateway.
- Coverage is incomplete, and children not receiving Gateway may have significant unmet needs.
- This suggests that the work underway with other agencies to progress national improvements to the Gateway programme should continue.

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# Value for Money

Understanding the programmes cost-to-serve

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# Value for money

## Cost-to-serve for 2025/26

- Total cost of contracted services is approximately s9(2)(b)(ii) per annum (from Vote Oranga Tamariki).
- Coordination services
  - Total contracted target is 3,718 coordination services per annum
  - Cost per child/young person is s9(2)(b)(ii)
- Assessments
  - Total contracted target is 3,718 assessments per annum
  - Cost per child/young person is s9(2)(b)(ii)

**Limitations**

- Limited timeframes mean analysis beyond cost-to-serve isn't feasible.
- Provider feedback is acknowledged; value for money remains only a broad indicator.
- A full social return on investment assessment would require significant time and slow the review process.

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# Operational Factors

Understanding operational factors that need to be considered

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# Operational factors

**Operational factors that need to be considered include:**

- These services contribute to the Oranga Tamariki Chief Executive's statutory responsibilities under the National Care Standards clause 7 (immediate needs and long-term needs), clause 13 (health needs assessment process) and clause 35 (support to maintain and improve health).
- Coverage is incomplete, and children not receiving Gateway may have significant unmet needs.
- The model is not consistently delivered, leading to inequitable access and outcomes.
- Delivery relies heavily on the close operational integration of Oranga Tamariki, Ministry of Education and Health NZ.
- Both Oranga Tamariki and Health NZ contribute funding to the Gateway programme.