ACCESS TO SERVICES TRIAL

An evaluation of services brokerage and direct purchase through Gateway

November 2018

ORANGA TAMARIKI
Ministry for Children

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The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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ORANGA TAMARIKI
Ministry for Children

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EXECUTIVE SUMMARY

Access to Services is a trial of brokerage for and direct purchasing of services

Access to Services (ATS) is a trial, attached to the Gateway Assessment system (Gateway), to better address the identified needs of tamariki and rangatahi in care, or at risk of coming into care. ATS introduces an 'enhanced' brokerage role by a specialist Service Lead and provides additional funding to enable direct purchasing of services where business as usual (BAU) public funding streams are exhausted or not available in a timely way.

ATS started with a demonstration phase (December 2016 to September 2017) and then a trial phase (October 2017 to April 2019), and was conducted in the Waitematā and Bay of Plenty District Health Board (DHB) areas. A process evaluation was conducted to inform on-going development of ATS and future evaluation design. The evaluation period was from 18 October 2017 to 22 May 2018, and included analysis of collected administrative data and qualitative focus group/interviews with professionals and key stakeholders.

Evaluation objectives

The objectives of the evaluation are to provide Oranga Tamariki with a comprehensive understanding of the following aspects of the ATS trial in the Waitematā and Bay of Plenty (BOP) DHB areas:

1. How brokerage and direct purchasing is best implemented into the Gateway processes.
2. What the expected outcomes for tamariki and rangatahi from ATS should be.
3. What the strengths and challenges are for implementing ATS into the Gateway processes, and how to improve/rollout the implementation.
4. Recommendations for further evaluation of ATS.

The evaluation methodology was developed to understand how ATS could be implemented to its best effect

A process evaluation was designed to gain insights into the activities carried out to deliver services to meet tamariki needs after a Gateway assessment. This included the process from the multi-disciplinary meeting, the formation of an inter-agency agreement, family consent and the efforts to secure services through BAU or the new options provided by Access to Services.

As Access to Services represented enhancements to business processes, rather than the delivery of services to children, any impacts on outcomes for children would be indirect rather than direct impacts. Given that it was not ethically feasible to randomise which children benefitted from the Access to Services enhancements, a site-level quasi-experimental design was considered as a means of gauging the attributable impact of the trial. This option was ruled out, due to technical issues including the lack of suitable comparison sites because of variations in practice and available services between sites, the lack of baseline and comparison data, and the inability to measure the effect of BAU, brokerage, and direct purchase separately.

During the evaluation period, 183 tamariki and rangatahi went through ATS

For the 183 tamariki and rangatahi who went through ATS, the following information on needs was recorded in the collected administrative data:

- 937 individual needs were identified
- 47 per cent of tamariki and rangatahi had five or more identified needs, none had no needs identified
- 7 per cent of tamariki and rangatahi had 10 identified needs
- Commonly identified needs include dental, trauma, vision, hearing, exposure to family violence, and immunisations, parenting support and learning.

All 937 identified needs have a service recommendation, for which 550 service recommendations could be addressed through 'Business-As-Usual' (BAU). At the time of the evaluation, the data collection wasn't mature enough to report on the number of needs that required brokerage or the number of services that needed direct purchasing.

Key strengths of implementing ATS

ATS enabled the potential for better outcomes for tamariki and rangatahi as identified through the interviews with professionals and stakeholders. The following key strengths of ATS were found:

- Child focused on needs of tamariki and rangatahi rather than service availability
- Overcomes service gaps and barriers as enhanced brokerage and ability to direct purchase to address service gaps
- Holistic by including whānau and caregivers provided a more realistic approach to improve wellbeing of tamariki and rangatahi.
- Changed practices where there is more discussion between professionals and more engagement with Gateway and the multi-disciplinary clinical meetings.

Key barriers to implementing ATS

The barriers to implementing Access to Services were primarily related to issues with utilising Gateway and wider service system issues which require systemic improvement:

- Referrals to Gateway where ATS was affected by systemic and process issues with referrals, consents, and assessments.
- Communication problems where it was difficult for busy professionals to connect with each other and also communications with large organisations, which led to information gaps around referrals and services delivered.
- Variability/confusion around roles and responsibilities where professionals didn't always know who was to follow through on service recommendations listed in the Interagency Service Agreement (ISA).
- Service accessibility/affordability can be affected by, service entry thresholds, a lack of a clear transfer process between Oranga Tamariki regions, and indirect costs, eg transport, childcare, lack of services in rural areas.
- Service availability locally where gaps in mental health services, trauma therapy, and counselling were primarily identified. A comprehensive assessment of service gaps was not undertaken and there are more location specific gaps.
- Service acceptability/approachability where more engagement with whānau through Gateway and with service providers is needed to facilitate access and utilisation of services

Recommendations

To better enable ATS in the future, the following recommendations are made.

1. Implement an ATS specialist role: where services are difficult to access brokerage requires people with authority and influence to negotiate service access and, if required, make direct purchases. We recommend Specialist Service Leads should sit with Oranga Tamariki, as this organisation has the authority and responsibility to ensure tamariki and rangatahi in care or at risk of coming into care have their needs met. Oranga Tamariki are able to broker and direct purchase across a range of service sectors. The Service Lead position requires being in a position to influence Oranga Tamariki practice with social workers, supervisors and site managers.
2. Consider funding for direct purchase of services not easily accessible through BAU at particular sites: There was sufficient evidence from qualitative interviews to suggest that a limited pool of funding changed the dynamic of referral conversations to focus on child needs, rather than be constrained by service availability.
3. Implement governance mechanisms: Both Gateway and ATS sit within a wider Oranga Tamariki and interagency system, and both local and national level governance is recommended to address issues as they arise and provide longer-term systematic improvement of the service system.
4. Provide a workforce development approach: Social workers need further support to help in their role of referring their cases to Gateway and subsequently onto services. A systemic approach to addressing this issue is recommended.
5. Facilitate better outcomes through alignment and support of ISA/FGC plans: ISA plans and Family Group Conferences (FGC), plans need to be aligned, regularly monitored and updated to respond to changing circumstances of tamariki and rangatahi.
6. Improve data collection: ATS requires better data capture and a database to support their recording, monitoring, and analysis. The ATS team is working to improve their data recording as a result of this recommendation.
7. Evaluate all of Gateway and ATS together: The evaluation found sufficient issues with Gateway that are not supportive of ATS. Therefore, it is recommended that any further evaluation be focused on the entire Gateway system, as the operation of ATS is inextricably linked to the Gateway operating context. The wider issues identified with Gateway are being addressed by the Gateway Joint Programme Initiatives. We recommend the following for future evaluation:
    a. An evaluation of Gateway improvement activities incorporating an evaluation of ATS to identify how these initiatives are impacting on service access and outcomes and to inform the development of a model of good practice.
    b. ATS be supported to develop a robust database for which outcome data can be collected for monitoring and evaluation purposes. We suggest that this is incorporated into the wider evaluation of all Gateway so that outcome measures and data collection methods can be improved across Gateway and ATS.
    c. The incorporation of an ATS outcomes evaluation component into the wider Gateway/ATS evaluation, focusing on short-term outcomes for tamariki and rangatahi and their whānau or caregivers.

BACKGROUND

What is Access to Services?

Access to Services (ATS) is a trial, attached to the Gateway Assessment system (Gateway), to better address the identified needs of tamariki and rangatahi in care, or at risk of coming into care. ATS introduces an 'enhanced' brokerage role by a specialist Service Lead and provides additional funding to enable direct purchasing of services where business as usual (BAU) public funding streams are exhausted or not available in a timely way.

ATS started with a demonstration phase (December 2016 to September 2017) and then a trial phase (October 2017 to April 2019), and was conducted in the Waitematā and Bay of Plenty District Health Board (DHB) areas. A process evaluation was conducted to inform on-going development of ATS and future evaluation design. The evaluation period was from 18 October 2017 to 22 May 2018, and included analysis of collected administrative data and qualitative focus group/interviews with professionals and key stakeholders.

Why Access to Services was developed?

The Access to Services (ATS) initiative was developed by Oranga Tamariki—Ministry for Children in partnership with the Ministry of Health (MoH) and the Ministry of Education (MoE) in response to service access issues for tamariki and rangatahi in care, entering care, or at risk of coming into care. These young people are some of the most vulnerable and disadvantaged members of our society. The Access to Services model also considers the needs of the whānau/caregiver to support and improve the wellbeing of tamariki and rangatahi.

This initiative evolved from the system redesign recommended in the *Expert Panel Final Report: Investing in New Zealand Children and their Families* (2016). A key component of ATS was a focus on prevention and early intervention, and ensuring service access for those most in need through direct purchasing when publicly funded services are unavailable, or not available in a timely way.

The original intent of developing and trialling ATS was to test if direct purchase of services could improve service access. The development of ATS found that operationally, the direct purchasing of services does not occur without some form of brokerage. 'Brokerage' is a process of negotiating and arranging an agreement, in this case to provide a service. Brokering services to overcome access barriers can occur without having to directly purchase services. The activities to secure service access are therefore either brokerage and direct purchase, or just brokerage.

We have called the ATS activity 'enhanced brokerage', as throughout our study, it became evident that ATS had more authority and influence than most Oranga Tamariki social workers, who already broker services for their clients.

The Gateway programme was identified as a suitable process for piloting Access to Services

Gateway is a joint process by Oranga Tamariki, MoH, and MoE for identifying the health and education needs of tamariki and rangatahi in care or at risk of coming into care. This initiative was first piloted in 2008 and the service was fully established by April 2013.

In November 2016, the Ministerial Oversight Group endorsed a two-stage approach to ATS

The ATS model was developed and tested in the District Health Board (DHB) regions of Waitematā and Bay of Plenty. The first stage was the ATS Demonstration (December 2016 to September 2017) to

establish and develop processes. The second stage is the ATS Trial (October 2017 to April 2019). The trial aims to understand what difference brokerage and direct purchasing are making to the existing Gateway processes and whether they are facilitating better access to the services tamariki and rangatahi require. Improvements to the existing Gateway processes relate to the ability to provide services that would have previously been unavailable (not publicly funded and/or not available in their location) and facilitating more timely access to services (eg due to avoiding waitlists).

Overview of the evaluation design

This section provides an overview of our evaluation methods. A detailed evaluation plan was developed in consultation with Oranga Tamariki. A process evaluation was designed to gain insights into the activities carried out to deliver services to meet tamariki needs after a Gateway assessment. This included the process from the multi-disciplinary meeting, the formation of an inter-agency agreement, family consent and the efforts to secure services through BAU or the new options provided by Access to Services.

As Access to Services represented enhancements to business processes, rather than the delivery of services to children, any impacts on outcomes for children would be indirect rather than direct impacts. Given that it was not ethically feasible to randomise which children benefitted from the Access to Services enhancements, a site-level quasi-experimental design was considered as a means of gauging the attributable impact of the trial. This option was ruled out, due to technical issues including the lack of suitable comparison sites because of variations in practice and available services between sites, the lack of baseline and comparison data, and the inability to measure the effect of BAU, brokerage, and direct purchase separately.

Evaluation objectives

The objectives of the evaluation are to provide Oranga Tamariki with a comprehensive understanding of the following aspects of the Access to Services trial in the Waitematā and Bay of Plenty (BOP) DHB areas:

1. How brokerage and direct purchasing is best implemented into the Gateway processes.
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3. What the strengths and challenges are for implementing ATS into the Gateway processes, and how to improve/rollout the implementation.
4. Recommendations for further evaluation of ATS.

Out of scope for the process evaluation

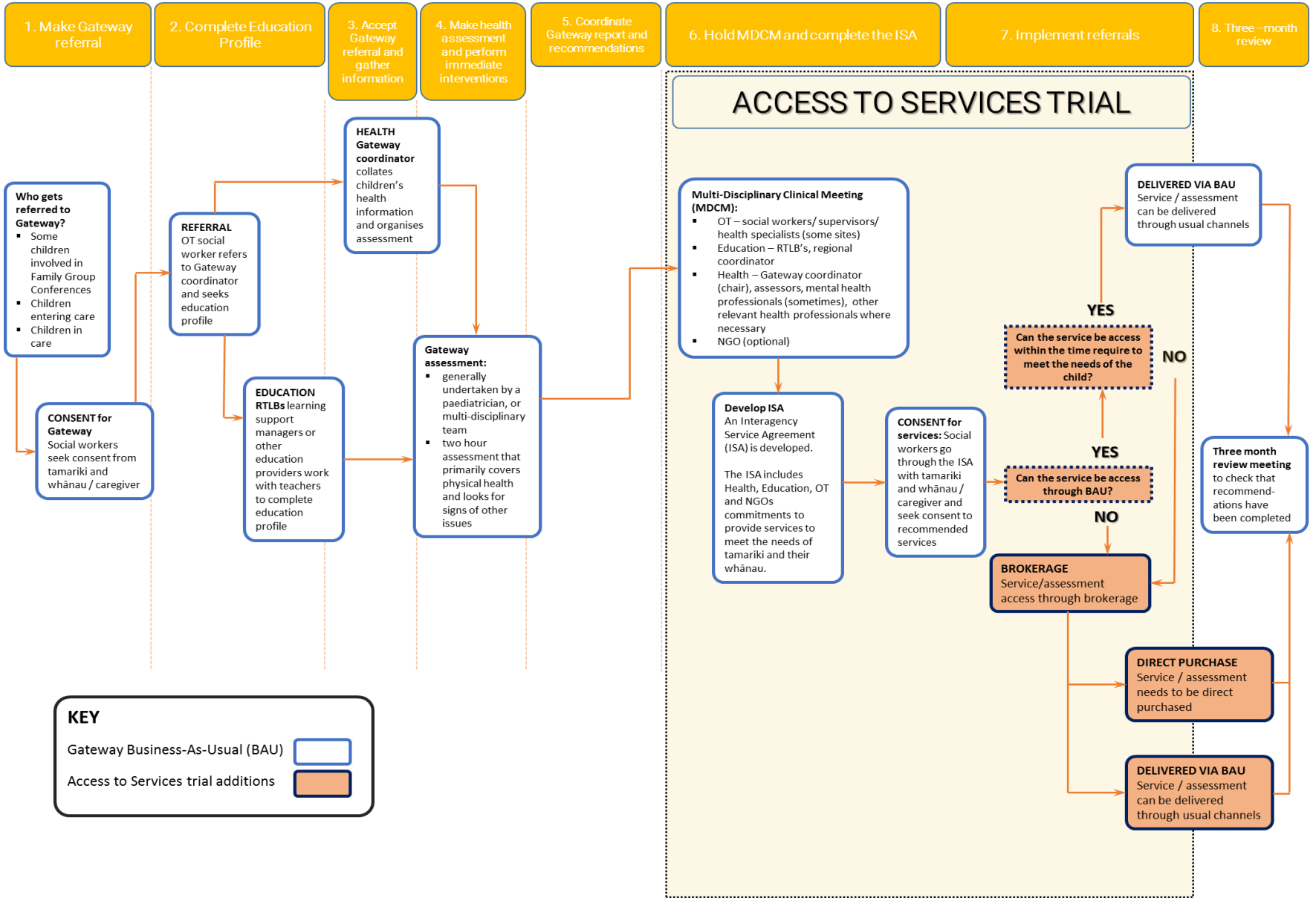
While ATS is designed to augment Gateway processes, an evaluation of Gateway is out of scope. As the implementation of ATS is dependent on the functioning of Gateway and there is a strong interconnection between brokerage, direct purchasing and the enabling functionality of Gateway, this evaluation has also highlighted areas where Gateway processes require improvement. These areas require more thorough investigation and extend to wider issues than Gateway, such as workforce capacity and capability issues, and systemic service provision issues. See Figure 1 for a diagram of where the ATS trial and evaluation are placed within the Gateway Assessment process.

Cultural considerations

While the design of this evaluation was not based on a kaupapa Māori methodology, the evaluation team included a kaupapa Māori evaluation specialist who has used kaupapa Māori and Whānau Ora approaches extensively. Their preference is to move through the evaluation process guided by ka taoka tuku iho no ka tupuna (values and practices passed down to them by their ancestors). Other team members support and enable the kaupapa Māori researcher to work in this way as part of their response

to the concept of Tiriti partnership. All members of the team respect these values and abide by the fundamental research ethic of doing no harm.

Figure 1 Process flow diagram of where Access to Services starts and ends within the Gateway process, and what is in and out of scope of the evaluation



Ethical considerations and limitations

The evaluation team strictly adhered to the ethical standards of Oranga Tamariki and the Australasian Evaluation Society (AES). All members of the evaluation team have undergone Police vetting for this evaluation. All data and materials were kept secure with Carswell Consultancy throughout the evaluation and then destroyed. Administrative data remained within Oranga Tamariki and was analysed at the National Office premises.

Evaluation methods

Our evaluation examines the implementation and operating processes of ATS at the Waitematā and Bay of Plenty DHB areas to identify what is working well, the enablers and barriers, and areas for further improvement. To achieve this, we examined the demonstration and trial phases to learn about establishing and implementing the initiative over time, and to inform any potential rollout to other areas.

The evaluation design utilises a mixed-method approach with qualitative and quantitative components that were synthesised to reach conclusions. The following evaluation methods were conducted from January to May 2018:

- Evaluation Plan detailing evaluation design and activities.
- Intervention Logic Model (ILM) and Theory of Change (ToC) workshop with national key stakeholders (April 2018) and development of a revised model.
- In-depth qualitative interviews and focus groups with 50 stakeholders at a national level and at the evaluation sites from Oranga Tamariki, MoH, MoE, NGO service providers, and private providers.
- Quantitative analysis of ATS trial data from 18 October 2017 to 22 May 2018.
- Observations of Gateway Multidisciplinary Clinical Meetings (MDCM) at evaluation sites.
- Review of programme documents.
- A short review of literature on randomised controlled trial methods to assist in the potential design of an impact evaluation for ATS.

Table 1: Evaluation methods to inform findings for each evaluation objective

Evaluation Objective	Evaluation methods
How Brokerage and Direct Purchasing is best implemented into the Gateway Assessment processes.	– Review of Intervention logic model – Development of Theory of Change – Interviews & focus groups – Document review – Quantitative analysis of ATS administrative data
What the expected outcomes for children and young people from ATS should be.	– Review of Intervention logic model – Development of Theory of Change – Interviews & focus groups – Document review

Continued…

Evaluation Objective	Evaluation methods
What the strengths and challenges were for implementing ATS into the Gateway Assessment processes, and how to improve/rollout the implementation.	– Interviews & focus groups – Quantitative analysis of ATS administrative data – Review of Intervention logic model – Development of Theory of Change – Document review
What further evaluation and with which methodologies should be considered for the ATS Trial?	– Short literature review on RCT methods – Quantitative analysis of ATS administrative data – Review of the Intervention Logic Model – Development of a Theory of Change – Interviews & focus groups – Document review

The ATS theory of change and intervention model

The right services delivered as early as possible can enable contribute to better life outcomes by strengthening protective factors

The 'theory of change' underlying ATS is that earlier provision of services that meet tamariki and rangatahi needs will contribute towards better life outcomes. There is evidence that timely intervention can strengthen protective factors and prevent poor outcomes in health, education and social wellbeing. There is also evidence that disadvantaged populations in New Zealand experience inequitable service access, for example barriers to healthcare services experienced by Māori, Pacific peoples, refugees, low socio-economic status, and people with mental health conditions (Carswell, Donovan, Pimm 2018).

Timeliness of accessing services is important for tamariki and rangatahi wellbeing and development

ATS aims to make services accessible in a timeframe agreed by health and education professionals as important for tamariki wellbeing and development. ATS Service Leads utilise enhanced brokerage with agencies and service providers, and where necessary directly purchase services to overcome access and affordability barriers for tamariki and rangatahi and their whānau or caregiver.

The conceptual framework for how ATS aims to overcome different service access barriers

Drawing from the literature on access to healthcare services, we found the following common concepts of service access barriers: availability, accessibility, affordability (direct and indirect costs) and acceptability – including cultural acceptability by service users (Levesque, Harris, Russell 2013). We have utilised these concepts as a conceptual framework to explain how ATS aims to overcome different types of barriers to accessing services in comparison to the Gateway business as usual (BAU) processes (Table 3).

Intervention logic model

The ATS intervention logic model proposes that the resources, activities and service outputs implemented within a functioning Gateway process will contribute towards the following short, medium and long- term outcomes for tamariki and rangatahi and their whānau or caregiver (see Table 2). The outcomes are dependent not only on a well-functioning Gateway and ATS process, but also on the wider

service system and service engagement with whānau. It is important to consider what is within the ATS sphere of influence when identifying how the initiative contributes towards outcomes.

In the two DHB regions, ATS provides a Service Lead from Oranga Tamariki who works with the Gateway Coordinator, MDCM teams and Oranga Tamariki sites. The Service Lead is a senior position with the authority to make decisions, negotiate, and purchase services. The Service Lead attends the MDCM, and when services are not available or cannot be accessed in a timely way, they will provide 'enhanced brokerage' through BAU or purchase the service (or assessment) directly. Their role includes follow-up with Oranga Tamariki social workers and service providers, and may entail liaison at regional and national levels to gain timely access to a service.

Table 2: Access to Services Intervention logic model

GOAL: To ensure that tamariki and rangatahi in care, entering care, or at risk of coming into care, receive the right services to meet their identified needs at the time they need them so that they can actively and positively participate in age appropriate life roles leading to improved life outcomes.

Resources/ Inputs	Activities	Outputs	Outcomes
– Brokerage and direct purchase (DP) Project Manager & two regional Service Leads – Cross-agency group leaders in National offices supporting Access to Services – DP funding – Administrative spreadsheet	Promote focus on tamariki, rangatahi and their whānau needs not limited by BAU service availability. Service Leads broker and direct purchase to ensure service delivery where: – Services are unable to be accessed from the DHB, health funded providers or MoE funded education services or where those services are not delivered in a way that is responsive to the needs of the tamariki or rangatahi (i.e. time/location) – Services are not publicly funded or are not available locally – Services to whānau and caregivers where these are critical to the tamariki or rangatahi well-being – National cross-agency group members support brokerage and direct purchasing where required. – Monitoring & evaluation with regular reporting of progress to stakeholders – Ongoing systemic improvements to access to services via governance coordinated at local and national levels: – Local governance group actively reviews and addresses problems with access to services. – National cross-agency group actively reviews and addresses any problems with access to assessments & services that require national level solutions.	Comprehensive Interagency Service Agreements (ISAs) completed where tamariki, rangatahi and their whānau/ family current needs and services identified regardless of availability of publicly funded services to meet those needs. Services / assessments recommended in the ISA are provided through: – (BAU processes) – Access to Services brokering only – Access to Services brokering & direct purchase Tamariki, rangatahi and their whānau/ family/caregiver have access to the right supports and services to address their needs identified in the ISA in a timely way. Enabling conditions for service access encouraged by Access to Services but not within their control Tamariki, rangatahi and their whānau have been consulted, listened to and supported to access assessments and services. Agencies and providers have worked collaboratively to determine tamariki, rangatahi and their whānau/ family needs and support accessing services. Gateway 3-month review conducted which monitors progress of service access and delivery.	**Short-term outcomes** – Tamariki, rangatahi and their whānau/ family/caregivers are starting to have their identified needs met resulting in improvements in physical, mental, relational and spiritual wellbeing. – Tamariki, rangatahi and their whānau/family/caregivers have trust and confidence in supports and services they have accessed to help them address longer term needs where appropriate **Medium-term outcomes** Tamariki, rangatahi and their whānau have their needs addressed and are achieving their goals and aspirations. **Long-term outcomes** Improved life outcomes for tamariki, rangatahi and their whānau.

Table 3: Conceptual framework for identifying how Access to Services aims to overcome different types of barriers that exist in BAU

Domain	Gateway & current service system - BAU	Access to Services mechanisms to overcome barriers
Availability	Availability limited to services that are publicly funded and services offered within the local area.	Access to Services is able to direct purchase/broker services not publicly funded and not available in area. Service Leads are senior positions within Oranga Tamariki with authority and ability to provide 'enhanced' brokerage compared to social workers. They are connected to the national cross-agency group to facilitate higher level brokerage and work across regions.
Affordability	Affordability relates to both direct and indirect costs. Direct costs – is the service publicly funded or not, would it normally cost whānau/families? Indirect costs – transport, time off work, child car, etc.	The ability to direct purchase would overcome affordability barriers if not publicly funded or not publicly available in a timely way i.e. due to wait lists, availability. Access to Services has the ability to pay for some indirect costs to enable access such as travel and accommodation that cannot be covered by other funding streams.
Accessibility	Eligibility criteria to access and continue to utilise a service can be a barrier to access. Timeframes for accessing the service: is there a waitlist, cut-off dates, number of 'Did Not Attend', and then 'close case'? How easy is it to get to the service?	Access to Services aims to use enhanced brokerage/direct purchase to overcome some of the barriers to entering services including negotiating requirements, paying privately, enabling travel so that tamariki could get to services or services come to them. Follow-up with OT social workers to monitor and support access to service.
Acceptability & Approachability	Acceptability & approachability of the service to tamariki and rangatahi & whānau/ families/caregivers can be based on past service experiences, perceptions of Oranga Tamariki and other agencies, cultural acceptability, ease of communication, etc. Where there have been negative experiences and lack of providers engaging well this can be a barrier to accessing further services.	Access to Services 'Service Leads' have no direct influence over working with services and whānau to enhance engagement. The Service Leads are reliant on Oranga Tamariki social workers and whānau support workers to enable initial access and engagement. Service providers are responsible for providing quality services and engaging with their patients/clients to encourage uptake and utilisation of their service or treatment.

KEY: Green highlights indicate where Access to Services had some success at achieving these aims.

EVALUATION FINDINGS

Overview

Our evaluation indicates that ATS makes a difference in accessing new services/assessments not previously available to tamariki and rangatahi. This leads to a more child-centred approach, as ATS encouraged a change in the conversation around each tamariki from what services are available, to what services does that tamariki require. The shift has positive implications for enabling timely intervention that is tailored to child needs. In addition, ATS promotes a more holistic approach of looking at the needs of whānau and caregivers to support their tamariki and rangatahi, with services considered for adults where this is likely to support child wellbeing.

While the administrative data wasn't able to demonstrate that time to services had improved, the perception from the professionals at the MDCM was that Access to Services was helping tamariki and rangitahi get services sooner than BAU. The data captured by the trial and recorded in the database was not complete, and there is no equivalent baseline data about the time taken to access the same services prior to implementation of ATS.

Summary of analysis from the ATS database

Profile of tamariki and rangatahi participants

During the evaluation period (18 October 2017 to 22 May 2018), the ATS database recorded 183 tamariki and rangatahi trial participants. The Bay of Plenty DHB saw 29 per cent of the 183 tamariki and rangatahi, with the remaining 71 per cent going through the larger Waitematā DHB area (Table 4).

Table 4: Participation of tamariki and rangatahi in the Access to Services Trial

District Health Board area	Trial site	Tamariki and rangatahi	Percentage
Bay of Plenty	Tauranga	43	23 %
	Whakatane	10	5 %
	Sub-total	*53*	*29 %*
Waitematā	Orewa	32	17 %
	Takapuna	36	20 %
	Waitakere	32	17 %
	Westgate	30	16 %
	Sub-total	*130*	*71 %*
Both District Health Boards		**183**	**100 %**

Over one in two (57%) participants identified as Māori and three in ten as NZ European. Six percent identified with Pacific peoples and three percent as Asian (Table 5).

Table 5: Ethnicities of tamariki and rangatahi trial participants

	Bay of Plenty DHB		Waitematā DHB		Both DHB areas	
Ethnicity	*N*=	%	*N*=	%	*N*=	%
Māori	44	83 %	59	45 %	103	57 %
NZ European	7	13 %	47	36 %	54	30 %
Pasifika	0	0 %	11	8 %	11	6 %
Asian	1	2 %	5	4 %	6	3 %
Other European	0	0 %	6	5 %	6	3 %
Other Non-European	1	2 %	1	1 %	2	1 %
Not recorded	-		1	1 %	1	1 %
All tamariki and rangatahi	53	100 %	130	100 %	183	100 %

Figure 2 Gender, age and ethnicities of children and young people in the trial

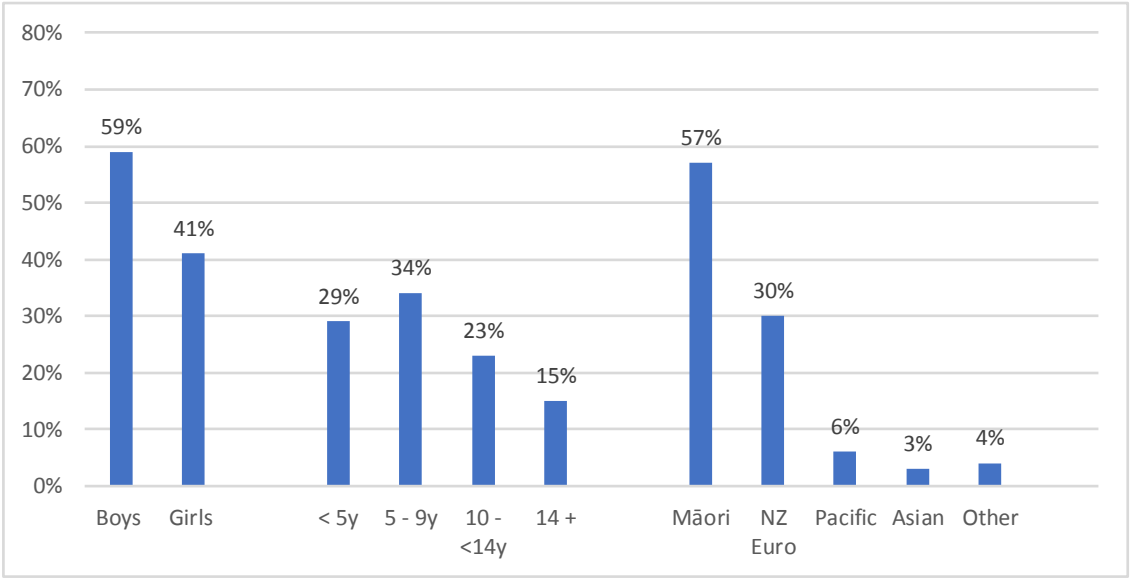


Figure 2 provides a summary of the age, gender and ethnicity profile of service recipients.

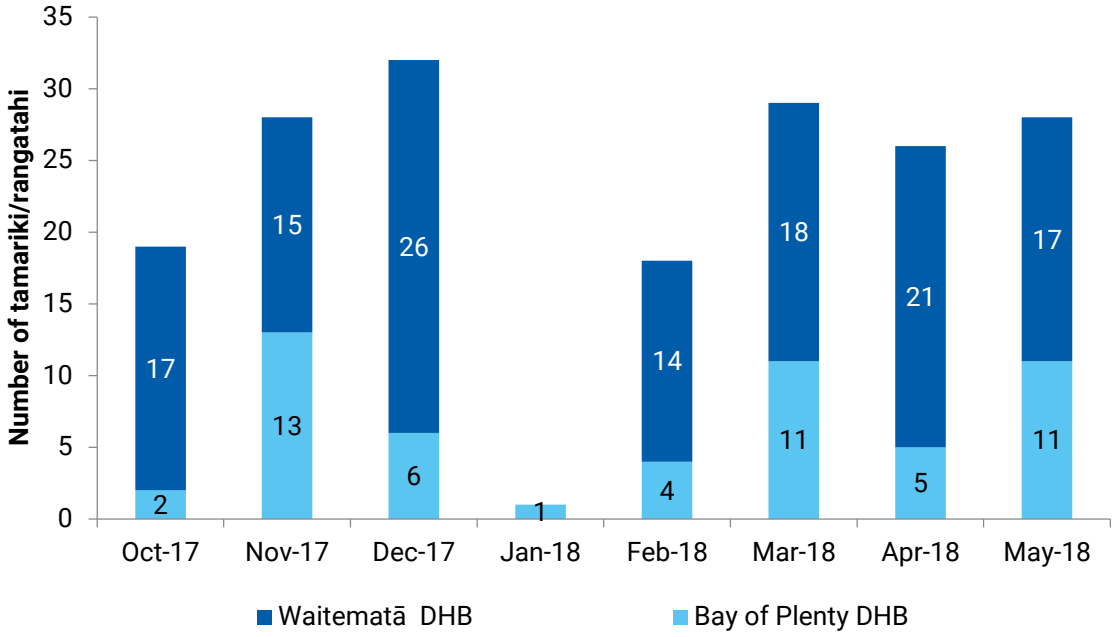
- Almost six in ten (59%) of those in the trial were male.
- Just over six in ten (63%) of those in the trial were children under 10 years, just under a quarter (23%) were children aged 10 - <14 years and 19% were aged at least 14 years (i.e. defined as 'young people' under the relevant NZ legislation,
- The youngest was not yet one and the oldest was 17 years.
- Those living in the area covered by the Bay of Plenty DHB tended to have a younger profile than those living in the area covered by the Waitematā DHB.

Monthly intake of tamariki and rangatahi into the trial over the evaluation period

Figure 3 shows the number of tamariki and rangatahi included in ATS each month for both DHB areas. According to ATS team, there was a larger than normal intake during December, especially for the Waitematā team, as they worked harder to get their cases ready for ATS before the close-off at the holiday break. The Gateway Assessment processes have contingency plans for urgent cases over the

holiday period. However, there were no urgent cases over January 2018 for Waitematā and possibly only the one for Bay of Plenty (T. Leofo, personal communication, 17 August, 2018).

Figure 3: Numbers of tamariki and rangatahi entering the trial each month (based on the date of agreed ISA)



Needs identified by Gateway

Of the 183 tamariki and rangatahi that entered into the trial during the evaluation period, the following data on needs were collected in the ATS database:

- 937 individual needs were identified
- 47 per cent of tamariki and rangatahi had five or more identified needs
- 7 per cent of tamariki and rangatahi had 10 identified needs

All 937 identified needs have a service recommendation, for which 550 service recommendations could be addressed through BAU. At the time of the evaluation, the data collection wasn't mature enough to report on the number of needs that required brokerage or the number of services that needed direct purchasing.

The most commonly identified health-related needs (in descending order of frequency) were:

- dental (n=54)
- trauma (34)
- vision (33)
- hearing (30)
- exposure to family violence (17)[1]

[1] This is also education-related.

- immunisation (17).

The most commonly identified education-related needs were:

- parenting support (n=52)
- learning (23).

Services most commonly delivered through BAU included brief advice/education, family violence courses, GP referral, education support, , general counselling, and parenting courses.

Data on the time taken from the Inter-agency service agreement (ISA) being agreed to first service delivery through BAU was missing for well over half the services. Where it was available, the average time taken between these two points was 28 days.

Services through ATS brokerage

Just over one in four (i.e. 51 out of 183, or 28%) tamariki and rangatahi in the trial were given access to a service through brokerage.[2] The proportion of children and young people given access to a service through brokerage only was higher in Waitematā (i.e. 44 out of 130, or 34%) than in the Bay of Plenty (i.e. 7 out of 53, or 13%[3]).

Data on the time taken from the ISA being agreed to first service delivery through brokerage was missing for well over half of the services. Where it was available, the average time taken between these two points was 62 days. It is possible that this duration is due to the nature of services being sought which could not be provided through BAU.

Services through ATS direct purchase

This section focuses on services provided through direct purchasing, which always requires a brokerage component to identify and negotiate the service access.

Just over one in three children and young people (i.e. 62 out of 183, or 34%) in the trial accessed a service through direct purchase.[4]

The proportion of children and young people accessing a service through direct purchase was higher in Waitematā (i.e. 62 out of 130, or 48%) than in the Bay of Plenty (i.e. 16 out of 53, or 30%).

Children/young people in the trial most commonly accessed teacher aide (7) or an assessment (6) via direct purchase.

'Not publicly funded' was the most common reason for direct purchase of the service. Directly purchasing services that are not publicly funded, unavailable in the area, or not available in a timely way, allows for a more responsive approach to meet tamariki, rangatahi and whānau needs. An example is direct purchasing a private WISC[5] assessment within a two to three-week timeframe, rather than wait six months on the publicly funded system.

Data on the time taken from the ISA being agreed to first service delivery through direct purchase was missing for well over half of services. Where it was available, the average time taken was 52 days.

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[2] Sheet 1 of the Access to Services Database.

[3] We were informed that this figured had doubled in June to 14, however to maintain consistency we have confined all our analysis of ATS data to the same period from 18/10/17 to 22/5/18.

[4] Sheet 1 of the Access to Services Database.

[5] Wechsler intelligence score for children. The score represents a child's general intellectual ability.

Limitations of the ATS database

During the trial period, prior to larger investment decisions being taken regarding IT infrastructure, the ATS team developed a simple Microsoft Excel file consisting of a small number of spreadsheets as its "database". This system had some limitations.

Some data was accurate and timely, for instance the data on the number and types of ATS brokerage and direct purchase activities. However, some data was missing at the time of the evaluation, which made it difficult to draw conclusions. Further information is needed, for instance detailed information on the types of services required

Our analysis of data in the simple database was conducted towards the end of the process evaluation period in order to capture ATS activities over as long a period as possible. Through that analysis we discovered areas in which the database could be improved. These were relayed to the ATS team just prior to submission of this evaluation report. We acknowledge that the ATS team would have liked more timely feedback to improve its data collection from an earlier point in time.

The implementation of enhanced brokerage and direct purchase

Brokerage is a process of negotiating and arranging an agreement, in this case to provide a service. While brokerage of services is undertaken by social workers, they described barriers accessing some services, including availability, eligibility criteria, and funding.

Brokerage Findings

The ATS Service Lead should be an OrangaTamariki role

Most stakeholders thought the Service Lead role should sit with Oranga Tamariki. Two reasons were identified:

- The tamariki or rangatahi was under Oranga Tamariki care (or at risk of coming into their care), therefore Oranga Tamariki had the authority and responsibility to ensure they received the right care and their needs were met.
- Oranga Tamariki were in a better position to broker and direct purchase across a range of services, including health, education and social services.

Key skills that enabled Service Leads to do their work and would be good to consider for that role

The ATS team thought successful negotiations when brokering access to services was based on a combination of factors, including the relationships with stakeholders, their knowledge and experience, as well as the authority of their senior status. Key qualities identified for the role including:

- A senior person with knowledge and experience to act as influencer, and authority to work at local, regional and national levels
- Local knowledge and experience of service systems)
- Good communicator and ability to build relationships with internal and external stakeholders, such as Gateway Coordinator, social workers, site managers, agencies and NGOs

Knowledge of service context and capabilities

ATS and social workers highlighted the importance of maintaining current knowledge about service providers in their area and their eligibility criteria, capacity, and capabilities. This could be difficult in a dynamic service and funding environment, where NGOs capacity and capabilities can change quickly. Knowing the quality of services and their current ability to meet the needs of tamariki and rangatahi is be challenging, particularly when their needs are very complex. The MDCM forum provided a range of knowledge and perspectives on the most appropriate services.

The ATS Service Leads could also draw on their own knowledge and contacts, including specialists within Oranga Tamariki such as the Disability advisor, and clinical services team (Special Services Unit), some of whom have in-house psychologists. Colleagues in the national cross-agency Gateway team provided another avenue for advice.

A stakeholder said that because of ATS there has been a greater focus given to Gateway across all three agencies, resulting in some innovations to assist social workers' knowledge of Oranga Tamariki contracted services. In Waitemata, the Partnering for Outcomes team (PfO) are testing a new database tool for social workers, which provides information on Oranga Tamariki contracted services available in their area.

Providing a specialist broker role has the potential to enable social workers to focus more on whānau engagement

Downstream effects of having the Service Lead broker role, were that Oranga Tamariki social workers and, where utilised, whānau support workers could be enabled to spend more time with whānau.

Whānau engagement was critical in making sure that appointments were attended and services were able to deliver benefits. There was recognition amongst stakeholders that social worker workloads often meant that they weren't always able to put in the time and resource necessary in building effective relationships with whānau, and that this role might be better fulfilled by a navigator or similar role.

> *Oranga Tamariki pretty much decided that they needed that whānau role because what they were needing …we're out to support the social workers…. the social workers were doing the referrals, but they couldn't necessarily do a number of things.* (Health stakeholder).

While the ATS database showed that social worker attendance is at 80% overall for Gateway Assessment clinics and that social workers attended is at 82% overall for MCDM meetings there is potentially likely to be regional variation both in attendance and who attends. See Table below.

> *We do the planning and the strategy and sort of basic connection; but [the whānau support workers are] doing the sitting in the room, they're observing, they're gathering information, they're offering the emotional support to parents, they're transporting children and they're providing a consistency for contacts. It's the same person doing it all the time; so, the children are much more relaxed. We're not having different people each time which is traumatising for the children. We get a competent, safe person that's become an extension of that child's world; so, it's just providing more stability for the children when they're going through a lot of change. Then we get written reports.* (Oranga Tamariki stakeholder).

Uplifting responsibility for the brokerage from social workers, also had the potential to release social worker time for more face-to-face engagement activities, in-keeping with the new Practice Framework. In-depth analysis of these issues around social worker role is outside the scope of our evaluation of ATS and is more usefully considered as part of the transformation of Oranga Tamariki and the social sector.

However, the key lesson here is that the more support roles there are around the social worker and whānau, the better the child and whānau can be supported.

The potential to leverage off the new ATS enhancements to increase engagement was noted:

> *I think if a young person went through the Gateway process and their needs were identified, and as a panel we talked about what could be done differently to support that young person and their whānau, and then things happened in a timely way, it would start to build a sense of trust between that family and their social worker; which might translate into more engagement with services, more motivation to kind of put their own time and effort into it. (NGO stakeholder)*

Table 6 Those who had attended Gateway Assessment clinics for the tamariki and rangatahi in the trial

	Bay of Plenty (n=53)		Waitematā (n=130)		Total (N=183)	
Role	n	%	n	%	n	%
Social worker	31	58%	115	88%	146	80%
Parent	19	36%	77	59%	96	52%
Caregiver	15	28%	65	50%	80	44%
Support worker	6	11%	12	9%	18	10%

Figures were extracted from Sheet 1 of the Access to Services database.

Large proportions of data for parent, caregiver and support worker were missing. 'Missing' data = not relevant or 'N/A's (personal communication).

Table 7 Those who attended the multi-disciplinary meetings for tamariki and rangatahi in the trial

	Bay of Plenty (n=53)		Waitematā (n=130)		Total (N=183)	
Role	n	%	n	%	n	%
Social worker	50	94%	100	77%	150	82%
Primary mental health service representative	42	79%	96	74%	138	75%
Education representative	48	91%	84	65%	132	72%
NGO representative	26	49%	93	72%	119	65%
Social work supervisor	3	6%	43	33%	46	25%
Caregiver/support worker	5	9%	3	2%	8	4%
School representative	0	0%	4	3%	4	2%

1. Figures were extracted from Sheet 1 of the Access to Services database, except for those for Education representatives which were extracted using the Gateway IT Tool.

Direct purchase

ATS refocused stakeholders on the needs of tamariki and rangatahi rather than service availability

The initiative allowed for a focus on identifying services that would met tamariki and rangatahi needs, rather than being constrained by service availability,

Some stakeholders identified the focus on considering services for whānau to support tamariki and rangatahi was beneficial, as it promoted a more holistic approach potentially more sustainable for better long-term outcomes.

> *The most important thing it's done is raise the level of dialogue about the needs [of tamariki and rangatahi], because some subject topics… in relation to a child's needs, or a young person's needs, was sort of avoided because everyone in the room knew, or thought, or understood, that some services that were needed, that various government agencies weren't able to provide. So, the needs were often not tabled. (Education stakeholder)*

Potential for better outcomes through improved and timely access to services

Stakeholders noted that improved and timely access to services could lead to better outcomes for tamariki and rangatahi.

> *I've used it for lots of different things. I've used it as a quick way to get a cognitive assessment, because it takes too long through private psychs (Oranga Tamariki stakeholder)*

> *This boy they were able to access private funding, so, radiology, and get that done straightaway 'cause he's in-between placements and you just go, 'Awesome.' So, pretty much next week he can have that done, or in the next two weeks he can have it done. (Education stakeholder)*

Increased professional engagement in Gateway and MDCM

Stakeholders reported that having ATS was beginning to change the conversation at the MDCM. There was more discussion between MDCM professionals and social workers about service options.

> *It has provided a better dialogue between agencies, particularly those that attend regularly at the Gateway meetings. It has streamlined some things; I mean children that I'm becoming aware of in the course of my work who I know Oranga Tamariki are involved with and they haven't been to Gateway (Health Stakeholder)*

Most stakeholders agreed that ATS enhanced Gateway by providing a focus on the needs of tamariki and rangatahi and a process for securing services to meet those needs. The MDCM provided a forum for robust discussions around the provision of services, and the addition of ATS meant all their needs could be discussed, rather than being limited by what services were publicly funded and available:

> *I think it's a really good meeting to be running and it means that all the health needs can be discussed and an appropriate plan. But it also means that everyone's on the same plan and, so, families aren't getting caught in the middle or missed with things,….(Health Stakeholder)*

ATS viewed as last resort

While ATS direct purchase helped to open up service options, most interview participants saw direct purchasing as a 'last resort' after all BAU options had been exhausted:

> *It's that brokerage, and the funding isn't available when we go into the Gateway meeting, we can actually go in and they can broker for us [MDM]; or, they can access private funding if it's not available within the scope of the people that are sitting at the table. (NGO stakeholder)*

> *… it gives them a sort of a priority process to be seen by key people (Education stakeholder)*

Summary: Strengths of Access to Services implementation

Stakeholders interviewed are supportive of the Access to Services initiative and identified the following strengths to implementation:

- Child focused: on needs of tamariki and rangatahi rather than service availability.
- Overcame service gaps and access barriers: Access to Services provided enhanced brokering and ability to direct purchase to address service gaps.
- Holistic approach: Inclusion of whānau/family/caregiver focus provided a more holistic and realistic approach to improve wellbeing of tamariki and rangatahi.
- Practice changes: Stakeholders reported that having Access to Services was beginning to change the conversation at the MDCM. There was more discussion between MDCM professionals and social workers about service options. Increased professional engagement in Gateway and MDCM.
- Enables potential for better outcomes: Access to Services enables the potential for better outcomes for tamariki and rangatahi through access to services they would have either not have been able to access via BAU, or not in a timely way. Access to Services can influence access to services that are recommended by the Gateway MDCM as necessary for the health, education and wellbeing of tamariki and rangatahi. Further Access to Services direct purchasing was also used to access service assessment in cases where there were significant delays in assessments. However, Access to Services have no control over service delivery and engagement that contributes towards outcomes.

Barriers to ATS Implementation

ATS is not well understood by some stakeholders

There was variable understanding of what ATS did at the evaluation sites, with members of the MDCM having the most comprehensive understanding of the initiative. Some social workers also had a good understanding and utilised the service, however some of their colleagues did not.

Service entry thresholds and criteria can be too prescriptive and prohibit access to tamariki and rangatahi

The ATS team and stakeholders identified a number of examples where service criteria prohibited access. This issue was seen as a significant problem. The rationale for thresholds and settings may require some examination and of course there are issues with adequate resourcing and workforce capability and capacity to cope with additional volumes.

> *Most specialist services are hard to access. I'm not sure if it's just a funding thing. Often, we try and get them from Marinoto and they've waiting lists and criteria about engagement and all these kinds of challenges… (OT stakeholder)*

Gaps in types of services

A general lack of mental health services for tamariki and rangatahi was a common theme. Access to trauma therapy and counselling was seen as a particularly big gap:

> *really for me the mental health, the attachment, the trauma is not addressed in any way shape or form, in my opinion. And these kids, it's all foundational to how they're gonna live their lives; are they gonna have drug and alcohol addictions? Well, probably, because they'll be self-medicating the brokenness… (Education stakeholder)*

> *We need trauma counselling for this child. Where are we going to get it from? And even finding a trauma counsellor…(Education stakeholder)*

Lack of access to specialist assessments, like foetal alcohol syndrome, and dentistry services was also a common theme:

> *Yeah, there are big gaps in services, like, for assessments of foetal alcohol syndrome disorder. (Health Stakeholder)*

Barriers for social workers referring to ISA recommended services

There seemed to be some confusion amongst the various stakeholders around whose responsibility it was to follow through on ISA recommendations. Having multiple stakeholders involved in the provision of services for tamariki and rangatahi, for example, created some uncertainty around who was responsible for what, a 'blurring' of roles and responsibilities, and assumptions around who was responsible for actioning referrals and recommendations:

> *Yeah. I think sometimes, and again, it's just that whole idea of a whole group of people being at the table and, for me in particular, it's just not quite sure who's who? And so, when a decision has been made sometimes I walk away and I think, 'Okay, so who was actually going to action that?' (Education stakeholder)*

Summary: Barriers to Access to Services implementation

There was variable understanding of what Access to Services did at the evaluation sites with members of the MDCM having the most comprehensive understanding of the initiative. Some social workers also had a good understanding and utilised the service, however some of their colleagues did not.

- Referrals into Gateway:

  While generally stakeholders thought Access to Services had improved aspects of the Gateway process there are still systemic and process issues with the referral, consent and assessment processes resulting in low referrals to Gateway.

Stakeholders noted that a barrier for social workers to leverage off Access to Services was a lack of knowledge of the Gateway service and process. This was particularly the case for new staff.

- Communication issues: Communication between stakeholders is a broad issue and several themes emerged regarding the implementation of Access to Services.

  There could be significant barriers for Access to Services Service Leads trying to get in touch with social workers to find out about progress in referrals to services. Hearing back from other busy professionals could also be an issue. This could lead to information gaps about whether referrals were made, and services were actually delivered. It was difficult to know what had been done when the information was not always recorded on Oranga Tamariki databases. To encourage communication the Service Leads focused on building relationships with social workers and other professionals and their managers.

  Other professionals also experienced communication barriers with large organisations. One stakeholder attributed this to issues with conveying the ISA agreements made at the MDCM to other staff which could lead to a renegotiating the agreements.

- Roles and responsibilities: There seemed to be some confusion amongst the various stakeholders around whose responsibility it was to follow through on recommendations in the ISA.

Accessing Services: The Five A's

Barriers to accessing services have been conceptualised in a number of ways. Drawing from the literature on access to healthcare services, barriers have been conceived in terms of availability, accessibility, affordability (direct and indirect costs) and acceptability (including cultural acceptability by service users) (Levesque, Harris, Russell 2013).

- Accessibility/affordability of services:

  Stakeholders observed that some of the service providers entry thresholds and criteria can be too prescriptive and prohibit access to tamariki and rangatahi who require those services.

  A systemic issue was that there was no clear transfer process for Oranga Tamariki between regions. Several participants expressed whānau 'transience' between different service regions as being a barrier to effective whānau engagement which is clearly the responsibility of the service system to enable better transference, handover and engagement processes.

  Logistical, geographical and financial barriers also impacted on whānau service engagement (eg indirect costs of transport and childcare; lack of services available in rural areas).

- Availability: Some of the services gaps identified locally were mental health services, trauma therapy and counselling.

- Acceptability/approachability: Stakeholders recognised that more needed to be done to engage whānau/families/caregivers with the Gateway process and with services in order to facilitate access and utilisation of services. Understanding and leveraging whānau relationships, and encouraging whānau independence, rather than co-dependence, was a key factor in getting positive whānau engagement.

  we really recognise that we've got some issues with our [whānau] - some people call them the 'hard to reach' - but it's actually not the people who are hard to reach, it's just that we don't reach them.(Health stakeholder)

Access to Services findings that relate to Gateway processes

For ATS to be effective within the Gateway process there was a number of assumptions about how Gateway operates, and how involved agencies are supporting the process. In relation to the assumptions around how Gateway processes work, our findings were variable at the evaluation sites, and a number of operational and systemic issues with Gateway were identified. As part of establishing the initiative, the ATS team had to conduct additional work to support and enhance local operating conditions for Gateway processes. Aspects of this work are on-going. The findings point to issues with Gateway that require improvement, noting that there is variable Gateway implementation around the country.

Some stakeholders talked about 'reinvigorating' Gateway, as they regarded it as a valuable and unique process of providing specialist assessments for tamariki and rangatahi and recommendations by a multidisciplinary team. During the demonstration phase, issues with Gateway were identified by ATS members and reported to the Vulnerable Children's Board (VCB). The VCB agreed that there are opportunities to improve Gateway and planning process, and in March 2018 the Chief Executives of Oranga Tamariki, Ministry of Health and Ministry of Education agreed to a joint programme of work.

Assumptions about the Gateway process as a basis for Access to Services to be effective

The following assumptions, which can be regarded as an 'ideal state', were identified as part of the Access to Services intervention logic and theory of change analysis.

The following are the Access to Services assumptions of the Gateway process:

- All eligible tamariki and rangatahi are being referred to Gateway by their Oranga Tamariki social worker (SW).
- The Gateway assessment process identifies all the current needs of tamariki/ rangatahi and their whānau/family/caregiver.
- The MDCM identifies appropriate services to address needs.
- The MCDM develop and agree the Interagency Service Agreement.
- Tamariki, rangatahi and their whānau/family/caregiver are consulted and supported to access and engage in utilising services.
- Access to Services Service Leads are supported by local, regional and national level colleagues from Oranga Tamariki, MoH and MoE to broker services and where necessary direct purchase assessments and services to achieve timely delivery for tamariki, rangatahi and their whānau/family/caregivers.
- The ISA is reviewed in 3 months.
- Governance mechanisms are in place at local and national levels to address assessment and service access barriers and systemically improve service access over time.

Barriers for social workers referring to Gateway

While this evaluation did not specifically examine Gateway, stakeholders identified a lack of social worker knowledge of the Gateway service and process as a barrier. This was particularly the case for new staff. The Gateway referral and assessment process, particularly obtaining parental/caregiver consent was particularly challenging.

RECOMMENDATIONS

Overall, the ATS initiative was found to be an enhancing component of the provision of services to children within the Gateway process. In particular, the evaluation identified the value of having specialised brokerage functionality. This brokerage functionality was usefully augmented with a direct purchase functionality for services difficult to obtain in a timely fashion.

This evaluation has identified a complex interplay between brokerage, direct purchase and the enabling functionality of Gateway. While this evaluation was not an evaluation of Gateway, it has found that for ATS to work well the Gateway system has to operate at an optimal level. Further, the direct purchase component of ATS is reliant on an effective brokerage function.

The following recommendations are drawn from a synthesis of the evaluation data from the different mixed method streams and provide considerations for the future development and iterative improvement of ATS, within the context of an inter-agency assessment, co-ordination and service provision system.

Recommendations

1. The enhanced brokerage Service Lead role was essential to the success of ATS and should be retained

The ATS Service Lead is a specialist and dedicated role that requires someone with authority and influence to broker services that are difficult to access, and the ability to direct purchase services where appropriate. We consider that this specialist role is required to supplement social workers current brokerage activities where a combination of skills, access and lack of time affect their ability to effectively broker services.

The role of Service Lead requires being in a position to influence Oranga Tamariki practice and buy-in with social workers, supervisors and site managers. Oranga Tamariki staff are key to the referral (to Gateway and to ISA identified services) and case management processes. However, a few stakeholders had an alternate view that the position should sit within Health to ensure the completion of Gateway ISA recommendations. If this was the case, there would have to be clarity about roles and responsibilities and good coordination between Health and Oranga Tamariki social workers. It is difficult to see how a health-based role would have the influence and authority to work with Oranga Tamariki social workers and supervisors and to broker across services.

2. Consider funding for direct purchase of services not easily accessible through BAU at particular sites

There was sufficient evidence from qualitative interviews to suggest that a pool of funding changed the dynamic of referral conversations to focus on child needs, rather than a constrained focus on service availability.

The ability to purchase previously unobtainable services was viewed as a positive outcome of ATS, which would contribute to better outcomes for tamariki and rangatahi. Further to this, the evaluation found that direct purchasing was sometimes used to purchase assessments, which had been difficult to source previously.

The evaluation was unable to conclude what impact direct purchasing and brokerage had on the time to obtain services, as many of these services are difficult to source in a timely manner and within a regional context and empirical data about existing time frames was not availaible.

3. Implement governance mechanisms

Gateway and ATS processes sit within a wider system of Oranga Tamariki and other interagency processes. Therefore, a broader systems approach is required to understand and address the barriers to access and engagement with services.

Governance mechanisms are required at local and national levels to address issues as they arise and provide longer-term systematic improvement of the service system.

A number of service gaps were identified (eg specialist assessments, teacher-aid hours). A more thorough and systematic overview of the major service gaps, along with the rationale for service thresholds, is required to inform on-going service and workforce development. The Access to Services team and stakeholders identified a number of examples of where service criteria prohibited access. The rationale for thresholds and settings may require some examination.

4. Provide a workforce development approach

Oranga Tamariki social workers play a pivotal role in referring their cases to Gateway, and subsequently to ISA recommended services. Further investigation is required into the barriers for social workers to perform their role and what support and processes would address these issues. In this evaluation, barriers often mentioned included workload, time, priorities, lack of clarity about processes and responsibilities, communication issues, difficulties making referrals, changes in staff, lack of continuity on cases and lack of transfer processes when whānau shifted etc.

These barriers highlight a number of systemic issues, which require an organisational approach to ensure social workers are informed, supported and supervised to ensure good practice and follow-through on referrals to services. The handover of cases between social workers may also require examination as it appears this can be a major cause of poor referrals into Gateway and onto ISA recommend services.

Roles and responsibilities in the Gateway process require some clarification, particularly the role/responsibility of social worker/supervisor, Gateway Coordinator, and ATS Service Leads actioning and monitoring ISA recommendations. We note that the ATS team and Gateway Coordinators have been encouraging referrals to Gateway and that Service leads have been trying to support, encourage and monitor social workers referrals to ISA services.

Providing social workers with support personnel was also seen as a viable option, with some social workers already having support personnel in place. ATS is funding whānau support workers at one of the trial sites to enable more time to be spent with whānau to engage and support them in accessing services.

5. Facilitate better outcomes for tamariki and rangatahi and their whānau through alignment and support of ISA/FGC plans

We suggest that alignment of ISA and FGC plans are essential for a way forward for tamariki, rangatahi and whānau/family/caregiver. If an FGC is well facilitated, this process supports tamariki, rangatahi and their whānau/family/caregivers to have a voice and develop their own plan. We noted that the Gateway ISA should be conducted prior to the FGC but this does not always happen. We also note that the situation of tamariki and rangatahi can be dynamic and therefore plans need to be updated. Consideration of how the FGC plan is actioned, reviewed, and updated in a consistent and meaningful way to meet the needs and aspirations of tamariki and rangatahi and their whānau/family/caregivers. (Carswell, o-Hinerangi, Gray 2013)

Where services have difficulties engaging with whānau/family/caregiver, we suggest examining ways to support engagement. Some of the examples provided include the work of NGOs, whānau support workers, and direct purchasing a service to engage with tamariki at school.

6. Improve data collection

ATS enabled new services to be accessed through direct purchase for the first time. This means that there is no appropriate baseline data with which to compare the timeliness of these services prior to the implementation of the trial. While the timeliness of some other services that were available through BAU prior to or post the implementation of ATS could be compared with those accessed by direct purchase, the numbers accessing such services is small and the data on actual service type is not sufficiently granular.

More detailed information on service type, together with information on access mode, would highlight how this initiative is facilitating a more comprehensive service response to meet the needs of tamariki and rangatahi. It would also highlight service gaps (regionally and nationally) to inform service and workforce development. We suggest that the ATS team is supported to develop an updated database to enhance their recording, monitoring and ability to analyse data.

Recommendations for further evaluation

Evaluate all of Gateway and Access to Services: The wider issues identified with Gateway are being addressed by the Gateway Joint Programme Initiatives. We recommend the following for future evaluation:

1. An evaluation of Gateway improvement activities incorporating an evaluation of ATS to identify how these initiatives are impacting on service access and outcomes, and to inform the development of a good practice model.
2. ATS is supported to develop a robust database for which outcome data can be collected for monitoring and evaluation purposes. We suggest that this is incorporated into the wider evaluation of all of Gateway, so that outcome measures and data collection methods can be improved across Gateway and ATS.
3. The incorporation of an ATS outcomes evaluation component into the wider Gateway/ATS evaluation, focusing on short-term outcomes for tamariki and rangatahi and their whānau or caregivers.

Given the issues uncovered with Gateway processes at the ATS evaluation sites it may be more profitable to invest in an evaluation of all of Gateway incorporating ATS, than to conduct an outcomes/impact evaluation of ATS alone. Because of the Gateway Joint Programme Initiatives, improvement activities need to be considered in any evaluation plan for all of Gateway. A systems approach will be important to understand the broader interactions across the service system and how any new Gateway initiatives and ATS are impacting on service access and outcomes.

Any outcomes evaluation of ATS over the next year would only be able to focus on short-term outcomes. We suggest that this is incorporated into the wider evaluation of all Gateway so that outcome measures and data collection methods can be improved across Gateway and ATS. Examples of short-term outcome measures for tamariki and rangatahi and their whānau/caregiver from their perspectives are:

- They had a seamless experience of accessing services/support when they needed it.
- The services provided were appropriate for their needs and not constricted by service requirements & availability.
- They have trust and confidence in the support and service received.
- Where appropriate they want to remain engaged in longer term service provision to achieve positive outcomes for tamariki and rangatahi and their whānau/family/caregiver.

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