EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

CHILDREN'S TEAMS

EVALUATION

Final report

ORANGA TAMARIKI
Ministry for Children

EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

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ORANGA TAMARIKI
Ministry for Children

CONTENTS

EXECUTIVE SUMMARY

Children's Teams are a community-based initiative, designed to support tamariki and whānau in need of support

This report outlines the findings of an evaluation exploring the implementation and operation of three Children's Teams - Canterbury, Horowhenua/Ōtaki and Rotorua. Inputs to this report include: qualitative interviews with key stakeholders, and whānau currently or previously involved with the teams; monitoring data relating to the timeliness of key Children's Teams processes, along with referral and transition information; and findings from past evaluation reports.

Since their establishment, a total of 2171 referrals have been made to the three evaluation sites. Most of these referrals (82%) were subsequently accepted by Children's Teams. As of April 2018, 460 tamariki were still engaged, while 1327 had transitioned from the teams. Of those no longer engaged, 46% had a planned exit, 15% were escalated to a statutory care and protection response, 17% disengaged, and 21% had some other exit status. On average, tamariki with a planned exit engaged with Children's Teams for just over a year.

Whānau and stakeholders support the concept of Children's Teams

Feedback suggests that the fundamental concept of the Children's Teams model is sound, particularly the direct support provided to whānau by Lead Professionals. Whānau reported an excellent experience with the teams overall, which was associated with relationship-based support and enhanced access to required services. Stakeholders also acknowledged these areas of strength, and expressed strong conceptual support for the model.

There are structural barriers to delivering the model

Beyond front-line engagement, feedback from stakeholders highlights several challenges to successfully delivering the Children's Teams approach. Stakeholders identified implementation, process and community-level issues, which constitute structural barriers to the teams' successful operation, and challenge their ability to support tamariki and whānau. Many of these findings are reflected in past evaluation reports and monitoring data.

Feedback indicates a new Children's Teams operating model could be introduced

Overall, this feedback highlights opportunities to improve how Children's Teams function and indicates introducing a new operating model would be beneficial. This model should be responsive to the range of structural barriers identified. Efforts to undertake this work can be usefully informed by the following success principles, identified through this evaluation. These principles also highlight key lessons from Children's Teams, which can contribute to developing a new Oranga Tamariki early intervention function.

Designing, implementing and supporting collaboration

- Communities must be committed and ready to engage in collaboration.
- The implementation and design of collaborative approaches should be led by local communities.
- Cross-agency contract arrangements should reflect and facilitate collaboration.

Investing in communities

- Cross-agency investment in services for vulnerable tamariki and whānau is required.
- Providing adequate resourcing is central to effectiveness and sustainability.
- Cross-agency capability and capacity building within the children's workforce is required.

Supporting whānau

- Support should be whānau-centred, relationship-based and empowering.
- Whānau benefit from timely access to required supports.
- The relationship between, and respective thresholds of, statutory responses and community-based preventative approaches must be clear.
- Enabling functions[1] should support, rather than challenge, work with whānau.
- Collaborative approaches must be culturally responsive and support the wellbeing of tamariki Māori and their whānau.
- The process of transitioning whānau from Children's Teams should balance meeting their needs and the risk of creating dependency.

Roles and responsibilities

- Having a key person lead a team working with whānau is important; these professionals must be competent and supported in their work.

All success principles identified have the potential to support future work; however, it is worth acknowledging their relative importance. In particular, this evaluation and others identify on-going challenges to the model's sustainability associated with the Children's Teams implementation process. In particular, a need for appropriate balance between local and national ownership has been highlighted. This finding is a key lesson for Oranga Tamariki.

Ensuring future design work considers lessons from Children's Teams will support efforts to deliver effective early intervention services. This work is especially important given the Oranga Tamariki commitment to valuing the wellbeing of tamariki, and supporting them to thrive in loving whānau and communities.

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[1] These functions include the referral process, assessment tool and case management system.

INTRODUCTION

Overview

This report outlines the findings of an evaluation exploring the implementation and operation of three Children's Teams - Canterbury, Horowhenua/Ōtaki and Rotorua. The information presented synthesises qualitative interviews with key stakeholders, and whānau currently or previously involved with the teams[2]. The report also includes monitoring data relating to the timeliness of key Children's Teams processes, along with referral and transition information. Finally, relevant findings from other evaluation reports are referenced[3].

Collectively, these evaluation activities were designed to understand:

- How Children's Teams are operating on-the-ground
- Key strengths and challenges associated with the approach
- Opportunities to strengthen how the approach operates.

Insight from this evaluation will also contribute to the development of an Oranga Tamariki early intervention function. Delivering these services is part of transforming the prior Child, Youth and Family (CYF) operating model. Oranga Tamariki is mandated to support tamariki and whānau at-risk of experiencing maltreatment, not just those already within formal care and protection thresholds. As an existing early intervention orientated initiative, lessons gathered from Children's Teams can inform the future delivery of these services.

Describing Children's Teams

Implementation

Children's Teams were established following the 2012 White Paper for Vulnerable Children, which highlighted a need to better support tamariki at risk of maltreatment. The teams were implemented through the subsequent Children's Action Plan and currently operate in 10 sites across New Zealand. The Rotorua site was established in 2013, followed by Horowhenua/Ōtaki in 2014, and Canterbury in 2015. Initial responsibility for implementing the teams was held by the Children's Action Plan Directorate, an independent cross-agency entity. The teams were integrated into Oranga Tamariki following its establishment on 1 April 2017.

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[2] See Children's Teams evaluation technical appendixes A and B for more information. Technical appendix A presents evaluation findings from interviews with 26 key stakeholders, including: directly employed Children's Teams staff; Lead Professionals; other involved practitioners (service brokers, Panel members and Governance Group representatives); and community partners from the NGO sector. Technical appendix B presents evaluation findings from interviews with 13 whānau members who had engaged with Children's Teams. Seven of these participants were currently working with Children's Teams, while a further six had transitioned over the preceding 12 months.

[3] These reports include: Ripple Collective, 2016; Kahanui, 2015; KPMG, 2016; and, SuPERU, 2014.

Overall approach

Children's Teams are designed to support tamariki and whānau who have complex needs but do not meet the threshold for statutory care and protection services. Engagement with the teams is voluntary and whānau must agree to participate. Children's Teams support these whānau through an integrated approach, where agencies, non-government organisations (NGOs) and community members share information, collaboratively assess tamariki and whānau needs, develop a single plan of action, and broker access to required services. This approach reflects an understanding that a single organisation alone cannot protect and promote tamaiti wellbeing.

Referral process

Whānau are referred to the teams by community professionals or Oranga Tamariki social workers, though in some instances may self-refer. Professionals complete a referral form, which outlines key background information about tamariki and whānau. Referrals are now initially managed by the Vulnerable Children's Hub[4], which undertakes an assessment and triage process. Referrals are then considered by a local Children's Teams Panel, who collectively decide whether this approach is appropriate for the tamaiti[5]. After a referral is accepted, tamariki and whānau are assigned a Lead Professional who coordinates the support provided.

Key roles and responsibilities

Most practitioners involved in Children's Teams are drawn from community organisations. These include:

- *Lead Professionals:* the main point of contact for tamariki and whānau throughout their engagement. Lead Professionals are responsible for leading an assessment and planning process, which supports tamariki and whānau to identify their needs and any required services.

- *Children's Action Network (CAN):* works with the Lead Professional to undertake the assessment and develop a plan for the tamaiti. The CAN includes practitioners involved in providing care, support and services, along with tamariki and whānau.

- *Service broker:* facilitates information sharing and access to required services.

- *Panel:* is comprised of specialists from across the sector who make decisions regarding whether referrals are accepted by Children's Teams. The Panel also provides on-going clinical support to Lead Professionals.

- *Local Governance Group:* includes agency regional managers, NGOs and iwi. The Governance Group is guided by a Terms of Reference, has a strategic focus, secures resources from home agencies, and champions the approach at a community level.

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[4] Prior to 2017, the Hub was only available in the Hamilton, Canterbury and Counties Manukau Children's Teams sites. All Children's Teams sites began using the Hub throughout 2017 and 2018.

[5] This decision is based on the level of harm tamariki are at risk of experiencing.

Some practitioners involved in Children's Teams are directly employed as Oranga Tamariki staff. These include:

- *Director:* is responsible for building collaboration and growing the approach at a community level. The Director is guided by the local Governance Group when undertaking this work.

- *Administrator and coordinator:* support the Director and ensure other aspects of the approach are functioning effectively.

- *Work-force lead:* provides a range of practice and strategic support.

Figure One: Visual description of the Children's Teams approach
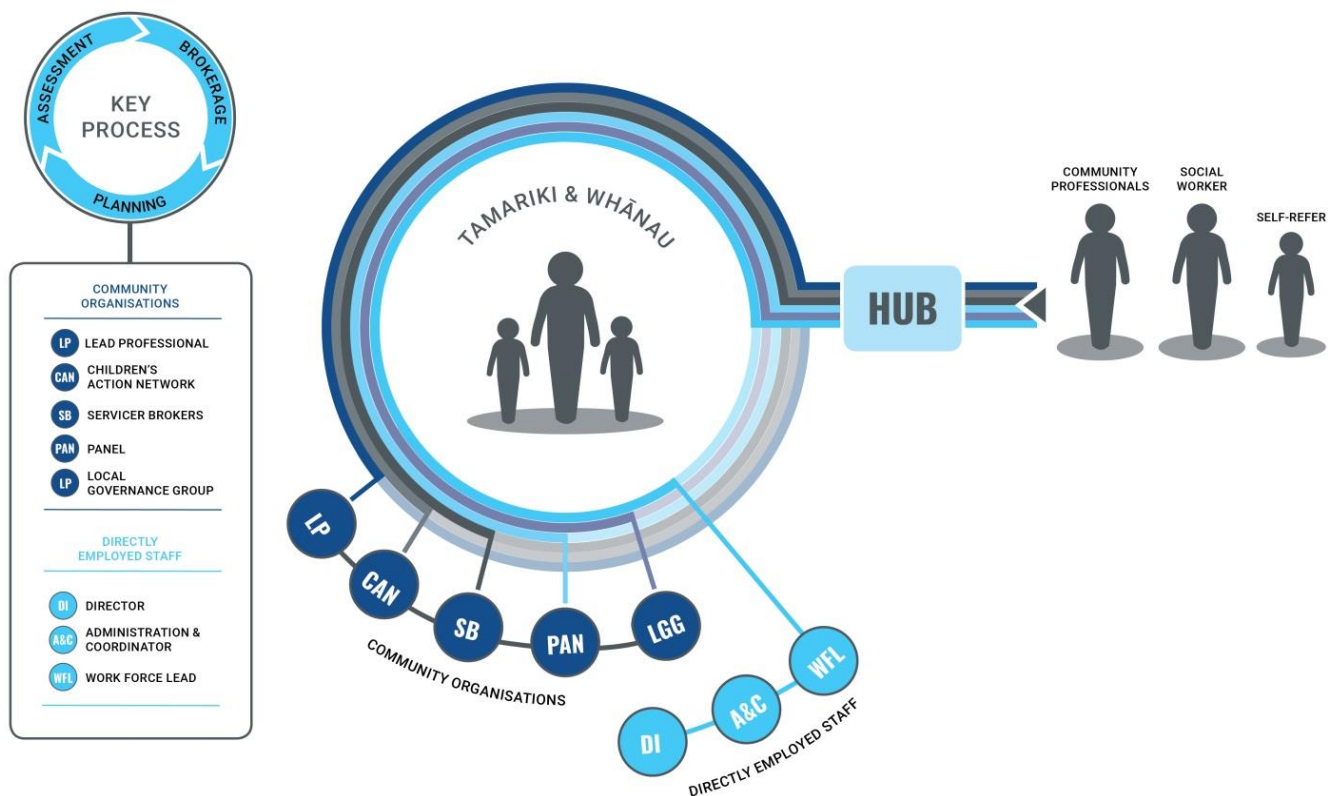
Report structure

The report is structured as follows:

- Part One presents key findings from monitoring data, relating to the timeliness of several Children's Teams processes, along with tamariki referral and transition information. This information provides useful context regarding who Children's Teams work with and how they are supported.

- Part Two discusses how well Children's Teams are perceived to be operating on-the-ground, including feedback from whānau and stakeholders regarding the extent to which key outcomes have been achieved, and the difference in opinion between these groups.

- Part Three highlights key strengths of the approach. The strengths (along with findings outlined in Part Four) are structured around 'key success principles', which reflect what was learnt from Children's Teams regarding the successful implementation of community-based approaches to supporting at-risk tamariki and whānau.

- Part Four outlines challenges delivering the Children's Teams approach, and identifies associated opportunities for improvement.

- Finally, the report's conclusion summarises evaluation findings and implications for future work.

PART 1: KEY FINDINGS FROM MONITORING DATA

The monitoring data presented is drawn from the Vulnerable Kids Information System (ViKI), an information management system used by Children's Teams. The data used in this report covers all referrals received by the three evaluation sites from their establishment to 31 December 2017. Data is current as at April 2018. Further details and monitoring data breakdowns are provided in Appendix One.

Referrals to Children's Teams

As outlined in Figure Two, monitoring data shows that over 2000 referrals were received by the three evaluation sites up to the end of 2017. These referrals relate to 2067 individual tamariki; 95 tamariki were referred to Children's Teams at least twice. Almost half of tamariki referred (47%) were Māori, and most (65%) were aged under 10.

Figure Two shows that of the 2171 referrals received by the teams, the majority (1787 or 82%) were subsequently accepted. Most (206 or 54%) referrals not accepted were for tamariki considered below the threshold for Children's Teams engagement. The majority of referrals (55%) were made by Oranga Tamariki.

Timeliness of key processes

Monitoring data shows that a majority (88%) of referrals were considered by the Children's Teams Panel within two weeks.

After being accepted by Children's Teams, on average, it took 29 days for tamariki to be assigned a Lead Professional. Across the three sites, 56% of tamariki were assigned a Lead Professional within a period that met operational policy (14 days).

Following a Lead Professional being assigned, on average, it takes 175 days (25 weeks) to first endorse a tamaiti plan. An initial Tuituia assessment, which is intended to holistically describe the needs of tamariki and whānau, should also be completed throughout this period.

Of those with a planned exit, on average, tamariki transitioned from Children's Teams 243 days (35 weeks) after their plan was first endorsed.

Transition from Children's Teams

Of the 1787 referrals accepted, 460 tamariki were still engaged with Children's Teams as of April 2018. As outlined in Figure Two, the remaining 1327 tamariki referrals have transitioned from the teams.

Across the three sites, 612 transitions (46%) from Children's Teams involved a planned exit. A further 202 (15%) tamariki referrals were escalated to a statutory care and protection response, while 231 (17%) disengaged, and 282 (21%) had some other exit status (including moving or being transferred to another site).

Of those with a planned exit, on average, tamariki engaged with Children's Teams for just over a year (378 days). Only 35% of tamariki had a planned exit within a period that met operational policy (10 months).

Figure Two: Key information about tamariki referred to the evaluation sites since their establishment[6]

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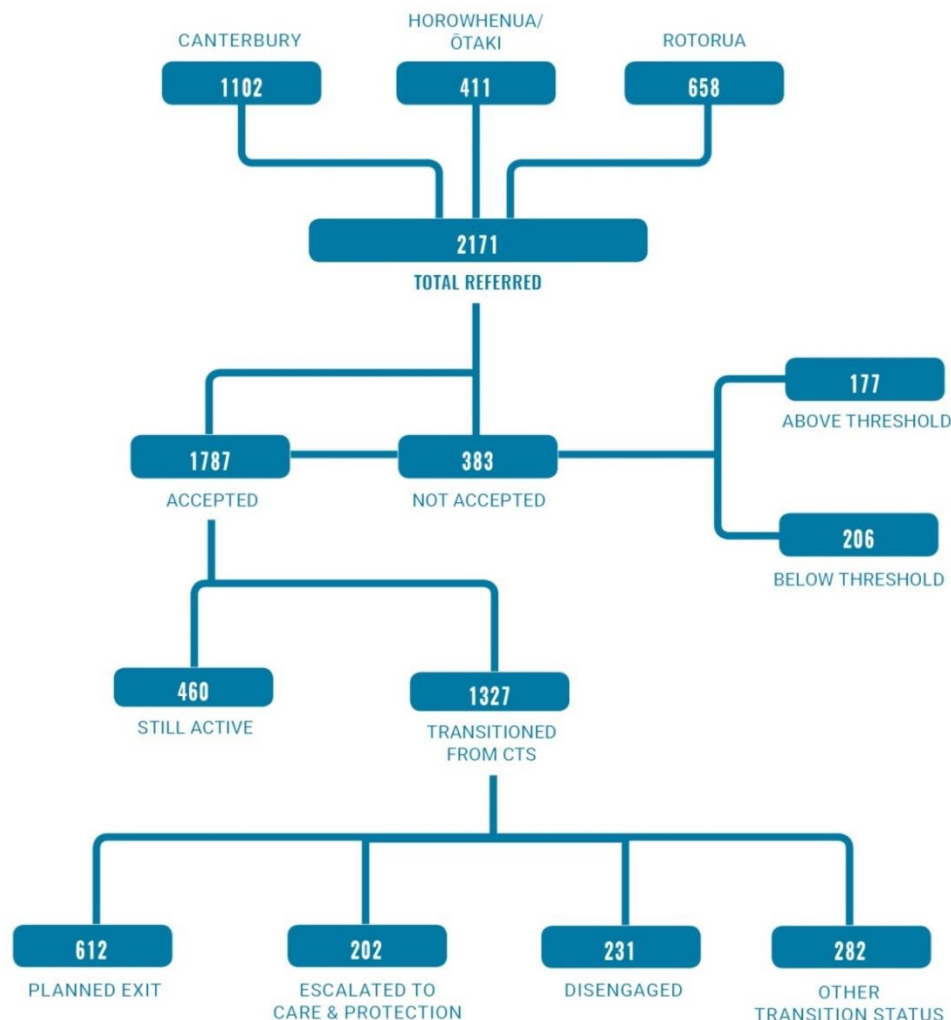
[6] The accepted and not-accepted total in this figure (2170) excludes one referral that was deferred as more information was needed.

PART 2: HOW WELL ARE CHILDREN'S TEAMS OPERATING?

Children's Teams are designed to achieve enhanced outcomes for tamariki, whānau and communities

Through direct engagement, Children's Teams seek to enhance the wellbeing and outcomes of tamariki and whānau

Whānau and stakeholders identified a range of outcomes they hoped would be achieved through engagement with Children's Teams, which were consistent with the original objectives of the approach. These outcomes encompassed improvements to both tamariki and whānau wellbeing, and were seen to occur over the short and long-term. The expected outcomes described by whānau and key stakeholders were broadly similar.

Common short-term outcomes whānau and stakeholders expected included engagement in education, behavioural and mental health improvements, experiencing stable and healthy housing conditions, enrolment in primary health care, and reductions in family violence. These outcomes were generally associated with linking whānau to appropriate supports.

Long-term, whānau and stakeholders hoped Children's Teams involvement would result in improved whānau wellbeing and resilience. This outcome would arise from whānau moving from a state of vulnerability to confidently addressing challenges, subsequently resulting in reduced whānau stress. Improved whānau wellbeing was further associated with enhanced parenting, development of future-focused goals, and extended social networks.

Whānau and stakeholder perspectives on the extent to which these outcomes were achieved differed

The majority of whānau who participated in the evaluation described experiencing transformative outcomes through their involvement with Children's Teams, and the support received from Lead Professionals in particular. Whānau described substantial increases in their wellbeing, defined as the degree of control and general happiness possessed. It is important to note these reported outcomes are based on the experiences of evaluation participants only, and are not intended to be representative.

In contrast, stakeholders saw improvements in whānau outcomes as occurring episodically, rather than on a systematic basis. While stakeholders highlighted examples of Children's Teams effectively supporting whānau to improve their wellbeing, these cases were perceived as 'success stories', rather than evidence of widespread change.

Children's Teams have a number of community-level transformation objectives, centred on increased collaboration and behaviour change

At a community-level, stakeholders hoped organisational behaviour change would be a fundamental component of Children's Teams success. This change would be characterised by awareness of, and buy in to, the Children's Teams approach, along with willingness to collaborate. Community ownership of this working style, and mobilising community resources towards meeting the needs of vulnerable whānau, were identified as other expected success characteristics.

Past evaluations also identify these broader community-level change objectives. For example, SuPERU (2014) highlights the nature of Children's Teams as an integrated service response model, requiring shared ownership and large scale behavioural change within communities. Further, Ripple Collective (2016) note the importance of building a shared vision and common agenda, and securing sufficient buy-in and acceptance of the approach.

Overall, achievement of community-level outcomes was perceived as limited

Stakeholders identified some progress towards changing organisational attitudes across the community, noting greater flexibility and willingness to collaborate. However, overall, most stakeholders saw limited evidence of broader community-level change and ownership. Stakeholders commented that socialisation and awareness of Children's Teams was not widespread, and that most organisations maintained a status quo approach when supporting vulnerable whānau.

Challenges achieving these broader community-level change objectives are highlighted in past Children's Teams evaluations. For example, establishing collective ownership and buy-in was identified as a key challenge by SuPERU (2014), while Ripple Collective (2016) note variable awareness of Children's Teams, limited willingness to modify organisational practice, and a lack of buy-in to the approach.

Feedback from whānau further illustrates these challenges. All whānau involved in the evaluation commented there was little, if any, community awareness of Children's Teams, reducing the possibility of ownership and buy-in to the approach. A wider lack of awareness was associated with limited referrals, meaning whānau fail to benefit from Children's Teams engagement and support.

Perceptions on the overall success of Children's Teams varied

Whānau reported a high level of satisfaction with Children's Teams

A majority of whānau who participated in the evaluation stated they had an excellent experience with Children's Teams. Whānau described a high degree of satisfaction with Children's Teams, and Lead Professionals in particular. Success factors associated with this positive experience are outlined in the following section.

While stakeholders supported the concept of Children's Teams, they reported a limited overall perception of success

Overall, a majority of key stakeholders supported the concept and potential of Children's Teams, and saw a collaborative response to the need of vulnerable whānau as appropriate. This feedback is reflected in other evaluation findings, with SuPERU (2014) identifying support for the model as a "fundamentally better approach to protect and support vulnerable children" (pg. 16), and Ripple Collective (2016) highlighting general support for the concept of Children's Teams.

However, alongside these comments, a majority of stakeholders noted that Children's Teams were not functioning effectively overall. Feedback from stakeholders identified a range of barriers preventing the model from functioning as intended, ranging from community perceptions and buy-in to the approach, to the broader operational environment (these issues are detailed later in the report). Stakeholders associated these barriers with challenges delivering the outcomes for tamariki and whānau originally envisaged.

This differing feedback provides insight into how well Children's Teams are operating overall

Several potential reasons for whānau and stakeholders having contrasting views on the effectiveness and success of Children's Teams were identified. Exploring this feedback, and why perceptions differed, provides additional insight into how well Children's Teams are operating overall.

Feedback from whānau suggests their experience with Children's Teams primarily occurs at the individual-level, through their interactions with a Lead Professional. For example, in qualitative interviews, whānau described viewing Children's Teams and Lead Professionals synonymously, with feedback more accurately reflecting their specific experience of front-line engagement.

In contrast, feedback from stakeholders primarily relates to organisational and community-level challenges; implementation, process and engagement issues, which constitute structural barriers to the teams' successful operation. Feedback from whānau suggests they have limited to no visibility of these broader challenges, which largely sit outside their experience of Children's Teams.

The overall judgments of success reported by whānau and stakeholders therefore relate to two different interpretations of the model, and are not necessarily directly comparable. This conclusion is further reinforced by whānau comments that they lack a clear understanding of the team's function, describing it as a service providing support, a listening ear and advocacy, rather than acknowledging broader objectives.

Finally, whānau experiences with Children's Teams should be appreciated within a historical context of repeated unsuccessful attempts, over prolonged time periods, to access support. Whānau perspectives on the teams therefore represent a relative judgement of success.

Overall, these comments suggest that the fundamental concept of the model – particularly the direct support provided to whānau by Lead Professionals and their enhanced ability to access services – is sound. However, a range of structural and process barriers to implementation are evident, which have undermined stakeholders' perceptions of effectiveness and ability to successfully deliver the approach.

PART 3: WHAT ARE KEY SUCCESS FACTORS?

Support should be whānau-centred, relationship-based and empowering

High levels of satisfaction with Children's Teams were associated with a complementary focus on tamariki and whānau

A high degree of satisfaction with Children's Teams was commonly associated with a model focused on whānau, rather than individual tamariki. Within this approach, tamaiti wellbeing was achieved by simultaneously addressing the needs of tamariki and whānau. Whānau valued the recognition that tamaiti wellbeing was inextricably linked to this wider support system.

Key stakeholders also recognised the relationship between tamaiti and whānau wellbeing. While a focus on tamaiti needs was identified as a key model component, stakeholders acknowledged that this approach also requires supporting adults; as tamariki are part of whānau, Children's Teams must also provide this broader support.

Whānau receive relationship-based support through engaging with Lead Professionals

Whānau and stakeholders identified relationship-based support from Lead Professionals as a key Children's Teams success factor. Developing relationships was facilitated by Lead Professionals taking a strengths-based approach based on non-judgemental engagement, along with demonstrating commitment, availability and reliability.

Trusting, positive relationships were associated with a range of broader support, including:

- Facilitating engagement, and encouraging tamariki and whānau to become active participants in developing their wellbeing.
- Positioning Lead Professionals as critical friends, who provide positive feedback and highlight areas for change.
- Co-development of parenting and behaviour change strategies.
- Providing general, trauma-informed and psychotherapeutic support to whānau.

Whānau empowerment is a core component of the Children's Teams approach

Whānau and stakeholders identified empowerment as central to the Children's Teams approach. Whānau described being empowered through engagement with Lead Professionals, particularly after being supported through times of crisis, and consequently developing internal resilience. Similarly, key stakeholders highlighted the importance of self-determination and whānau ownership of planning and decision-making.

Whānau benefit from timely access to required supports

Children's Teams support whānau by removing barriers to service access

Children's Teams' capacity to facilitate service access was identified as a key success factor by whānau and stakeholders. Lead Professionals were commonly described as efficient, action-focused and able to access multiple services in a timely manner. Quickly linking whānau to appropriate services was associated with mitigation of presenting issues and improved overall outcomes.

The advocacy role of Lead Professionals was identified as a key component of this work. Whānau described Lead Professional as facilitators and mediators, and highlighted their engagement role promoting child-centred practice in other settings, for example, schools. Stakeholders echoed these comments, noting the role of Lead Professionals in supporting and monitoring referrals to relevant services.

Children's Teams directly support whānau to meet their basic needs

Whānau and key stakeholders described an additional role of Children's Teams as supporting whānau to have their basic needs met. Whānau reflected on their experience of Lead Professionals providing food, bedding and clothing, and ensuring housing was of an adequate standard. Lead Professionals also acknowledged this work, describing it as providing 'emergency support'.

PART 4: WHAT OPPORTUNITIES FOR IMPROVEMENT EXIST?

DESIGNING, IMPLEMENTING AND SUPPORTING COLLABORATION

Communities must be committed and ready to engage in collaboration

Some organisations have negative attitudes about collaboration or limited readiness to engage in the Children's Teams approach

Comments from key stakeholders highlight challenges associated with organisational commitment to collaborate within the Children's Teams approach, and variable engagement in key collaborative processes, particularly information sharing. Stakeholders noted opportunities to facilitate engagement by improving community perceptions and understanding of the approach.

Past evaluations have identified similar challenges, noting limited development of a shared organisational vision, uneven buy-in to the approach, and difficulties creating mind-set change across the community (SuPERU, 2014; Ripple Collective, 2016; Kahanui, 2015). While SuPERU (2014) and Ripple Collective (2016) also flag issues relating to information sharing, the specific nature of these challenges appears to have changed over time, moving from a focus on enabling infrastructure to practitioners' attitudes[7].

Importantly, key stakeholders and past evaluations identified changing organisational attitudes to collaboration as a long-term project. Given this perspective, it is likely the process of embedding broader community-level change and collaboration is still on-going, particularly within more recently established Children's Teams sites.

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[7] When Children's Teams were first established, information sharing was supported by an Approved Information Sharing Agreement and training around information sharing protocols and Privacy Act obligations. Findings from past evaluations suggest challenges to information sharing were associated with the introduction of these new processes, and comfort adjusting to new ways of working. In contrast, this evaluation identified practitioners' attitudes as the primary driver for limited engagement in information sharing.

The implementation and design of collaborative approaches should be led by local communities

Development and implementation of the Children's Team model was driven at a National Office level and could have better reflected community conditions

Key stakeholders reported that while Children's Teams were portrayed as a "locally-led" approach, this intent had not been fully achieved. Stakeholders commented that the Children's Teams' design and implementation process was driven at a National Office level, and local knowledge around how to best serve whānau was not reflected. This issue was identified as a key challenge with a range of implications, for example, limited community buy-in to the approach.

Issues relating to the Children's Teams design and implementation process have been clearly communicated. SuPERU (2014) identified tension between central and local ownership as a strong theme in their initial evaluation of the models' design, noting this issue diminished regional ownership and local support. In a subsequent evaluation, Ripple Collective (2016) highlighted similar challenges balancing community ownership and national consistency; this issue was seen to impede the teams' functioning and undermine community trust in the approach.

Cross-agency contract arrangements should reflect and facilitate collaboration

Current contracting arrangements do not adequately support collaboration

Key stakeholders commented that contracting conditions within the NGO and broader sector challenged collaboration. Stakeholders reflected that contracts were not consistently aligned with the Children's Teams approach, and work to collaboratively support whānau could be restricted by pre-existing obligations and competing priorities. Given these challenges, a need for cross-sector contract flexibility and integration was highlighted.

SuPERU (2014) identified similar challenges relating to the role of contracting in supporting collaboration. For example, they note existing contracting processes "[drive] practice away from the collaborative ideal of [the Children's Teams] approach" (SuPERU, 2014: 24). This evaluation identified the need for budget reprioritisation, along with providing agency guidance around contract flexibility.

The presence of multiple services competing for resources creates challenges for collaborative efforts

Alongside Children's Teams, several similar community-based initiatives contracted to support whānau were identified. Key stakeholders and past evaluations identified the presence of these initiatives as creating competition for contracts, referrals and resources, along with introducing confusion within the community (see SuPERU, 2014; Ripple Collective, 2016). This duplication introduced uncertainty regarding Children's Teams' 'point of difference' and was seen as a barrier to implementation.

INVESTING IN COMMUNITIES

Cross-agency investment in services for vulnerable tamariki and whānau is required

A lack of service availability within communities is a key challenge for Children's Teams

Children's Teams primarily support tamariki and whānau through brokerage of government or other services, and referral to community-based organisations, rather than direct service provision. Given this model, a foundational goal of the approach was to "develop a service response model that provides the right mix and level of services…across health, education, and social sectors" (Ministry of Social Development, 2012b: 102).

Past evaluations identify achievement of this goal as an important area for development. For example, SuPERU (2014) note little progress prioritising resources towards services for vulnerable tamariki, while Ripple Collective (2016) highlight challenges providing sufficient services to meet the specific needs of whānau.

These challenges are further reflected in current evaluation findings. Key stakeholders identified issues relating to high demand, long waiting-lists, strict criteria around entry thresholds and service gaps. Limited or conditional availability of services was seen as a key barrier to supporting tamariki and whānau.

Providing adequate resourcing is central to effectiveness and sustainability

Relying on voluntary workforce contribution has implications for the sustainability of Children's Teams

Children's Teams are not funded to directly employ Lead Professionals, consequently relying on voluntary workforce contributions from organisations across the community. Key stakeholders and past evaluations identify several related implications for the sustainability of the model:

- Gradual losses of community good-will, associated with organisational expectations to engage with Children's Teams and deliver their core business (see SuPERU, 2014; Ripple Collective, 2016).
- Accountability, practice and supervision challenges for professionals working in Children's Teams and their home organisation (see Ripple Collective, 2016).
- Constraints around the provision of Lead Professionals, for example, very part-time or conditional availability (see Ripple Collective, 2016).

Long waiting lists are a new development associated with the Children's Teams' resourcing model

Key stakeholders identified long waiting lists as a further implication of the Children's Teams' resourcing model. Capacity issues, specifically a lack of practitioners able to act as Lead Professionals, were identified as the key driver. Waiting lists are a new issue, which have not been identified in past evaluations. They are a particular issue within the Canterbury Children's Teams site.

Comments from whānau also highlight the presence of long waiting lists. For example, two whānau participating in the evaluation raised a concern about the time it took to engage with Children's Teams following referral. One whānau had waited six months to meet with a Lead Professional, while the other had waited for a year following referral.

Monitoring data further supports evaluation findings relating to waiting lists. Only 56% of tamariki accepted by Children's Teams were assigned a Lead Professional within a period that met operational policy (within 14 days). Across all teams involved in the evaluation, on average, it took 29 days for a Lead Professional to be assigned. The average time in Christchurch (39 days) exceeded other sites.

Cross-agency capability and capacity building is required within the children's workforce

The capability and professionalism of the children's workforce could be enhanced

The importance of developing the capability and capacity of the children's workforce to operate in new ways has been identified in past evaluations, and is also reflected in current findings. Children's Teams have consistently experienced challenges accessing sufficient numbers of practitioners skilled in collaboratively working with whānau (see SuPERU, 2014; Ripple Collective, 2016; Kahanui, 2015). Further, this evaluation and others have identified a need to provide adequate training and support to the existing children's workforce.

SUPPORTING WHĀNAU

The relationship between, and respective thresholds of, statutory responses and community-based preventative approaches must be clear

Increasingly, whānau referred to Children's Teams have complex and multiple needs, challenging efforts to provide early intervention support

While Children's Teams are designed to provide support to whānau below the statutory threshold, comments from stakeholders suggest this intent has not been achieved. Stakeholders commented that whānau have increasingly high needs, which may have met historic statutory thresholds. As a result, Children's Teams have been positioned in the community as 'CYF light'.

This issue is reinforced by referral patterns to Children's Teams. Stakeholders commented that a majority of referrals are made by Oranga Tamariki social workers. This pattern may enhance a perception that Children's Teams are closely associated with a statutory response, and further challenge efforts to provide early intervention support.

These findings are supported by monitoring data. For example, data from ViKI shows that 55% of referrals are made by Oranga Tamariki. Further, 15% of tamariki referred to the teams were subsequently escalated to a statutory care and protection response, suggesting their level of need may have exceeded Children's Teams' capacity to provide support.

Ripple Collective also made similar observations in their 2016 evaluation. For example, they highlight a perception that the statutory threshold had changed, as whānau who previously would have been referred to CYF were now in Children's Teams. Consequently, the teams were dealing with complex whānau who require "statutory intervention to provide sufficient protection for their children" (Ripple Collective, 2016: 30).

Some whānau may feel compelled to engage in Children's Teams, or not understand how they differ from a statutory response

While Children's Teams are intended as a voluntary intervention, stakeholders noted instances of whānau feeling compelled to participate. This issue was associated with whānau choosing between engagement with Children's Teams or referral to a statutory response. While Ripple Collective (2016) highlighted examples of whānau being referred prior to consenting, explicit pressure to engage with Children's Teams was not identified in past evaluations.

Stakeholders also noted that since the integration of Children's Teams within Oranga Tamariki, some whānau struggle to differentiate between the two. This is a new development, and stakeholders' perceptions of this issue were mixed. Some saw confusion as a barrier to engagement, while others noted this issue is not widespread. Of a total 13, only three whānau members who participated in the qualitative interviews knew Children's Teams were part of Oranga Tamariki, suggesting the extent of this problem may be limited.

Enabling functions should support, rather than challenge, work with whānau

The Children's Teams referral process can be challenging and may deter community-based organisations from making referrals

Stakeholders described the referral process for Children's Teams as overly-complex and cumbersome, noting that it could be improved. This complexity was further associated with a lack of community-based referrals, as some organisations may struggle to engage with a process that is not straightforward or user-friendly.

Monitoring data from ViKI shows that 41% of referrals came from community organisations and other government departments. This group is comprised of 195 discrete organisations that made referrals to the three evaluation sites[8]. It is not possible to directly compare this number to the total pool of organisations able to refer to Children's Teams.

Feedback from whānau also highlights a need to refine the referral process. Four whānau involved in the evaluation stated they did not know how they were referred to the teams, suggesting consultation throughout the process can be limited. Poor engagement in the referral process was further associated with whānau apprehension, limited understanding of the Children's Teams' purpose, and challenges transitioning from the teams.

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[8] This figure is likely to be an over-count, as some organisations are double-counted due to spelling errors and name variations.

The Children's Teams' assessment process – completing a Tuituia – could be simplified

Opportunities to simplify the Children's Teams assessment process, and improve associated training for Lead Professionals, were identified. Stakeholders described the Tuituia tool as unfamiliar, overly complicated and time-consuming, and questioned the quality of the assessments developed. Ripple Collective (2016) and Kahanui (2015) have similar findings, noting Lead Professionals find the tool difficult to complete, and that it is used inconsistently.

It is not possible to present an accurate measure of how long it takes to complete a Tuituia assessment using monitoring data. Although the assessment is intended to inform the tamaiti plan, in practice, the two are endorsed by the Panel on the same day. As an indicative measure, on average, it takes 175 days to endorse a plan following allocation of a Lead Professional. An initial Tuituia assessment should be completed at some time throughout that period[9].

The ViKI information management system can detract from work with whānau

Stakeholders commented that ViKI often created administrative challenges within their work, and supported its redesign or simplification, along with improved training. ViKI was described as often unreliable, and not consistently user-friendly. Further, stakeholders noted that data entry issues undermined its reporting and monitoring application. A range of data entry errors were identified while producing the data presented in this report, which is drawn from ViKI.

Challenges regarding ViKI have been outlined in other evaluations. While KMPG (2016) identified positive feedback regarding the tool, this was limited to those who spent significant time using it. Other evaluations have identified a need to improve the tool's functionality and usability (see Kahanui, 2015; Ripple Collective, 2016; KPMG, 2016). KPMG (2016) also note potential data quality issues and failure to implement ViKI reporting on Children's Teams' effectiveness.

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[9] Additional information regarding this measure, including relevant limitations, is outlined in Appendix One.

Collaborative approaches must be culturally responsive and support the wellbeing of tamariki Māori and their whānau

Professionals must have the cultural competency to effectively engage with whānau Māori

Key stakeholders commented that large numbers of whānau Māori engage with Children's Teams. Monitoring data from ViKI supports this statement, showing that 47% of tamariki referred to the teams are Māori. Given these demographics, stakeholders highlighted opportunities to strengthen the cultural competency of practitioners, for example, through improved training and access to cultural advisors.

Perceptions on Children's Teams' effectiveness supporting whānau Māori were mixed

Some stakeholders saw Children's Teams as a culturally responsive intervention, given its holistic, relationship-based and voluntary nature. In contrast, others highlighted a divide between this approach and a Te Ao Māori world-view, particularly regarding the concept of 'child-centred' support. Further, some stakeholders supported a 'by and for Māori' model, perceiving Whānau Ora as a more appropriate service for whānau Māori.

As a related issue, this evaluation and Ripple Collective (2016) have identified challenges engaging with local iwi. While not widespread, some stakeholders noted relationship challenges and limited iwi buy-in. These issues were associated with the Children's Teams' implementation process, particularly a perceived lack of consultation and genuine engagement. Ripple Collective (2016) also highlight ambivalence from Māori service providers regarding the model's potential.

The process of transitioning whānau from Children's Teams should balance meeting their needs and the risk of creating dependency

Some whānau may disengage from Children's Teams before a planned transition process occurs

Key stakeholders commented that in some instances, whānau may disengage from Children's Teams before a planned transition process occurs. A range of drivers for disengagement were identified, including whānau perceptions of the teams, relationship-based challenges, buy-in and willingness to change, and the complexity of issues faced by parents and others.

These comments are supported by ViKI monitoring data, which shows that just under half (46%) of tamariki transition from Children's Teams through a planned exit. Seventeen per cent of whānau left Children's Teams because of disengagement, while 15% were escalated to a statutory care and protection response. In a further 21% of cases, whānau left Children's Teams for other reasons (for example, moving out of the area).

Clarifying the expected duration of Children's Teams support could be beneficial

Comments from whānau and key stakeholders highlighted differing perceptions of the Children's Teams transition process. Some stakeholders preferred shorter engagement, noting that long-term engagement risks creating service dependency. These stakeholders saw Children's Teams' role as supporting whānau out of crisis, building their resilience, and then undertaking a transition process.

Comments from some whānau no longer engaged with Children's Teams support this perspective. For example, qualitative interviews reveal that some whānau had no concerns with the transition process, seeing it as a milestone and testament to the development of whānau strength and wellbeing.

In contrast, a group of stakeholders commented that transition process expectations were unrealistic, and reflected a short-term or transactional mind-set. These stakeholders argued that transition processes should be flexible rather than 'time-bound', and needed to account for the diverse needs and differing capacities of whānau.

These concerns are also highlighted in comments from whānau. While whānau usually adjusted quickly, those who had left the teams described initially experiencing a high level of anxiety. Further, whānau currently engaged in Children's Teams favoured on-going support and described being nervous about the future 'sign-off' process.

Information from monitoring data provides additional insight into this issue. Data shows that whānau with a planned exit engaged with Children's Teams for a year on average, exceeding the intended 10 month period. Further, only 35% of tamariki had a planned exit within a 10 month period. These findings suggest that in practice, teams usually provide long-term support to whānau.

Beyond duration, comments from whānau highlight a need for more information about the transition process, the development of a post-transition follow-up process, and communicating what on-going support is available from Children's Teams after transitioning.

ROLES AND RESPONSIBILITIES

Having a key person lead a team working with whānau is important; these professionals must be competent and supported in their work

Children's Teams' reliance on the work of Lead Professionals may not be sustainable

Lead Professionals are the core mechanism for delivering direct support to whānau within Children's Teams. Comments from whānau suggest that having a single professional acting as their primarily liaison and support person is highly valued, particularly given their past experience of humiliation and frustration when attempting to access services.

However, key stakeholders commented that Children's Teams may be overly reliant on Lead Professionals, challenging the model's sustainability and effectiveness. Stakeholders stated that other professionals (for example, CAN members) can be unwilling to directly support or communicate with whānau, instead relying on Lead Professionals to complete this work. These comments are reflected in limited whānau feedback regarding the CAN, and their perception that Lead Professionals are synonymous with the approach.

The role of Lead Professionals, and the support they require, could be clarified

Opportunities to clarify the role of Lead Professionals, and strengthen the level and nature of support provided, were identified:

- Stakeholders had differing perceptions on the required experience of Lead Professionals. Some saw this role as best filled by qualified social workers, while others saw it better positioned as a 'navigator' or coordinator'. Establishing consistent expectations may be beneficial.

- A need to balance the risks and benefits of full-time engagement was identified. Benefits associated with full-time engagement include flexibility, more time with whānau, and enhanced confidence. Risks included Lead Professionals disconnecting from their home agency, and challenges broadly embedding the approach, as practitioners do not return to their home agencies to promote the model.

- The importance of adequate training and support is highlighted in this evaluation and others. Areas of focus include strengthening key competencies (for example, engagement, assessment and planning), providing clinical supervision, and ensuring sufficient and timely orientation processes.

Some common attributes of effective Lead Professionals were identified

Characteristics of effective Lead Professionals identified by whānau, stakeholders and Ripple Collective (2016) include:

- Motivation and commitment to the approach, and passion for working with tamariki and whānau.
- Capacity to be persistent, proactive and reliable, particularly when working to generate whānau buy-in.
- Adaptability and demonstrating a willingness to learn.
- Engagement skills, including empathy and communication.

Other professionals involved in Children's Teams sometimes experience a lack of role clarity, and can have inconsistent interpretations of what their job entails

Beyond Lead Professionals, comments from key stakeholders identify a perception that other practitioners involved in Children's Teams experience a lack of role clarity, and may have inconsistent interpretations of job expectations. Further, professionals can experience isolation from each other, and feel disconnected from the teams' overall vision. While nevertheless important, these issues are a relatively minor barrier to implementing the Children's Teams approach, and are not identified in other evaluation reports.

CONCLUSION

This evaluation highlights the value of providing holistic, relationship-based support to whānau just below the statutory care and protection threshold. Comments from whānau reflect the importance of this approach, noting its inherent value and capacity to facilitate access to required services. This finding suggests the support provided through Lead Professionals is an essential component of the Children's Teams model, which should be retained.

Beyond this front-line engagement, feedback from stakeholders highlights several barriers to successfully delivering the Children's Teams approach. Stakeholders identified implementation, process and community-level issues, which constitute structural barriers to the teams' successful operation, and challenge their ability to support tamariki and whānau. Many of these barriers are discussed in past evaluation reports and illustrated by monitoring data.

Overall, this feedback indicates that while the fundamental concept of the model is sound, there are opportunities to improve how Children's Teams operate. Feedback indicates transforming the model to acknowledge the range of structural barriers identified would be beneficial. As many of these challenges have been known for some time, the model is unlikely to be sustainable into the future if these issues are not addressed.

Given comprehensive conceptual support for the model, and feedback from whānau highlighting the benefits of the approach, this transformation work is likely to be worthwhile. Efforts to undertake this work can be usefully informed by the success principles identified through this evaluation. These principles can also contribute to the development of an Oranga Tamariki early intervention function.

All success principles identified have the potential to support this work; however, it is worth acknowledging their relative importance. In particular, this evaluation and others identify on-going challenges to the model's sustainability associated with the Children's Teams implementation process. This finding is a key lesson, which should be central to future early intervention service design.

Designing and implementing these services is a core component of the new Oranga Tamariki operating model. Ensuring design work considers lessons from Children's Teams will support efforts to deliver effective early intervention services. This work is especially important given the Oranga Tamariki commitment to valuing the wellbeing of tamariki, and supporting them to thrive in loving whānau and communities.

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APPENDIX 1- MONITORING DATA

Background

This appendix summarises monitoring data from the three sites involved in the evaluation - Canterbury, Horowhenua/Ōtaki and Rotorua. The monitoring data is drawn from the Vulnerable Kids Information System (ViKI), and covers all referrals received by the three evaluation sites from their establishment to 31 December 2017. The Rotorua site was established in 2013, followed by Horowhenua/Ōtaki in 2014, and Canterbury in 2015.

This monitoring data is designed to complement other evaluation activities, by illustrating key information relating to:

- The number and nature of referrals received by the three sites
- The timeliness of completing key Children's Teams processes
- How tamariki and whānau transition from Children's Teams.

Methodology

The analysis presented in this appendix is from data recorded in ViKI - an information management system used by Children's Teams. ViKI records, stores and provides access to information and concerns about at-risk tamariki, including case management and monitoring information.

The data presented is current as at April 2018. For sites that use the Vulnerable Children's Hub[10], data relates to all referrals received from the Hub after the initial triage process. For non-Hub sites, data reflects all referrals received directly. This approach was considered the most appropriate way of ensuring comparable data across the three teams, despite the existence of two referral pathways.

Information was extracted from ViKI by an analyst familiar with the system. Prior to extracting the data, the evaluation team worked with the analyst to build their understanding of the ViKI system, discuss data needs, and identify relevant data fields. The analyst was then consulted throughout the analysis process to ensure accurate data interpretation and consistency with ViKI business rules. The evaluation team also consulted key stakeholders to aid the interpretation of final reporting.

Key definitions used within this analysis include:

A referral: Links to one individual tamaiti, but tamariki can have multiple referrals at different points in time. Referrals are received by Children's Teams sites directly or through the Hub.

Source of referral: Referrers have been categorised into three groups: Oranga Tamariki, NGO/community member/agency, and self-referral.

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[10] The Vulnerable Children's Hub is a contact point for frontline professionals and practitioners making referrals to the Children's Teams. The Hub undertakes an initial assessment of tamaiti and whānau need, and identifies the most appropriate pathway to address that need. Prior to 2017, the Hub was only available in the Hamilton, Canterbury and Counties Manukau Children's Teams sites. All Children's Teams sites began using the Hub throughout 2017 and 2018.

Ethnicity: The primary ethnicity of tamariki is categorised into Māori, NZ European, Pacific peoples and Other.

Care should be taken interpreting this analysis, as a range of data quality issues were identified. In particular, quality issues were identified relating to several timeliness measures. These issues are likely associated with operational practice on-the-ground and data entry errors. A data cleansing process was followed, and data with identified quality issues was either corrected or excluded from reporting. Additional details are included in the following sections.

The presence of data quality issues within ViKI has been known for some time. For example, a past evaluation of ViKI's implementation within the Hamilton Children's Teams site identified several relevant issues, including data entry errors and challenges associated with limited IT literacy (see KPMG, 2016).

It is also important to note that operational policy relevant to several measures of timeliness has changed over time. For example, policy has evolved from emphasising completion of tamaiti assessments and plans, to instead prioritising engagement with whānau. This shift in focus may influence the accuracy and relevance of relevant timeliness measures.

The analysis presented here is not directly comparable to other publically available information. This is because information in ViKI is retrospectively updated, so is subject to change over time. However, many of the measures presented are also used within regular Children's Teams operational reporting.

The final analysis and reporting presented here has been peer-reviewed by internal and external peer-reviewers.

Children's Teams evaluation: Final report

Referrals to Children's Teams

Over 2000 referrals have been received by the three teams up to the end of 2017

As shown in Table 1, from establishment, a total of 2171 referrals have been received by the three teams. These referrals relate to 2067 distinct tamariki.

Canterbury is the largest site with 1102 referrals, followed by Rotorua with 658, and 411 in Horowhenua/Ōtaki. Volumes of referrals have changed considerably over time. While Canterbury received 52% of referrals in 2016, this increased to 70% in 2017. This change was driven by large decreases at both Rotorua and Horowhenua/Ōtaki in 2017, and a small increase at Canterbury in the same year.

Fluctuations in referral numbers are observed across all Children's Teams sites over time, and there is no clear driver for these changes. Potential reasons could include: resource levels, particularly the number of Lead Professionals available to take referrals; personnel changes within the teams and referring organisations; community support for Children's Teams; and changes in the community-based services available.

Table 1: Number of referrals received by the three evaluation sites from establishment to 2017

Site	Year					
	2013	2014	2015	2016	2017	Total
Canterbury	0	0	17	506	579	1102
Horowhenua/Ōtaki	0	46	84	185	96	411
Rotorua	24	99	98	282	155	658
Total	24	145	199	973	830	2171

Most tamariki referred to the teams are subsequently accepted

Of the 2171 referrals received, 1787 (82%) were accepted by the local Children's Teams Panel. The remaining referrals (383) were not accepted[11].

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[11] One referral was also deferred as more information was needed.

Tamariki can be referred from different sources, and some are not accepted by Children's Teams because they don't meet the threshold for engagement

Referrals to Children's Teams are not accepted for two reasons: tamariki are considered either above or below the threshold for engagement.

Children's Teams Panels consider whether tamariki are at significant risk of harm when making referral decisions. For tamariki 'above the threshold', their risk of harm is considered serious. For tamariki 'below the threshold', their risk of harm is not considered significant.

Table 2 shows that of the 383 tamariki who were not accepted, 206 (54%) were considered below the threshold and 177 (46%) above the threshold. Referrals made by Oranga Tamariki had a slightly higher acceptance rate (84%) than community-based referrals (79%).

The majority of referrals from Oranga Tamariki not accepted were considered to be above the threshold for engagement. The opposite was the case for community-based referrals, where non-acceptance was more likely due to the referral being considered below the engagement threshold.

Table 2 shows that of the 2171 referrals received by the three teams, 1204 (55%) were made by Oranga Tamariki, and 886 (41%) by NGOs, government agencies or other community members. A small number of whānau self-referred to Children's Teams (81 or 4%).

Referrals from the NGO/community member/agency group came from 195 discrete organisations[12]. In Canterbury, 127 individual organisations made referrals, while in both Rotorua and Horowhenua/Ōtaki 35 organisations made referrals.

Table 2: Number of referrals by referral decision and source

Source of referral	Referral decision			
	Accepted	Not accepted: above threshold	Not accepted: below threshold	Total
NGO/community member/agency	703	71	111	885
Oranga Tamariki	1009	104	91	1204
Self-referral	75	2	4	81
Total	1787	177	206	2170[13]

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[12] The difference of 195 discrete organisation and total numbers of referrers from the three sites (197) is because some organisations have branches across different sites. This figure is also likely to be an over-count, as some organisations are double-counted due to spelling errors and name variations.

[13] This total excludes the referral with a 'more information needed' status.

Almost half of tamariki referred to the teams are Māori

As shown in Table 3, of the total 2171 referrals received by the three teams, 1023 (47%) are tamariki Māori[14]. Rotorua has the largest proportion of tamariki Māori referred (72%), compared to Horowhenua/Ōtaki (52%) and Canterbury (30%).

Table 3: Number of referrals by ethnicity and site

Site	Ethnicity group				
	Māori	NZ European	Other	Pacific peoples	Total
Canterbury	332	657	68	45	1102
Horowhenua/Ōtaki	214	128	13	56	411
Rotorua	477	138	31	12	658
Total	1023	923	112	113	2171

Most tamariki are aged under 10 when they are referred

Table 4 shows that of the 2171 referrals received, 1422 (65%) are for tamariki under 10 years old[15]. A small number of tamariki (25 or 1%) are referred to Children's Teams before they are born[16].

Table 4: Number and percentage of tamariki referred by age group

Age group	Referrals	Percentage
15 and over	148	7%
10 to under 15	576	27%
5 to under 10	773	36%
Under 5	649	30%
Unborn	25	1%

Most tamariki referred are male

Of the total referrals received, 902 (42%) are female tamariki and 1262 (58%) are male[17].

A small number of tamariki have multiple engagements with Children's Teams

The total 2171 referrals received relate to 2067 distinct tamariki across the three sites. Ninety five tamariki were referred to Children's Teams at least twice, meaning they had multiple engagements. This number equates to 5% of the total tamariki referred.

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[14] Based on a measure of primary ethnicity. This proportion is lower than the proportion of Māori within the care and protection system (between 60-70% depending on the measure used). This may be associated with the demographics of Canterbury and the large number of referrals received at that site. Similarly, the demographics of evaluation sites may skew the proportion of other ethnic groups represented, for example, Pacific peoples.

[15] This reporting is based on the age of the tamaiti when the referral is received. The figure of 65% is calculated using the number of referrals (rather than summary percentage) and excludes unborn tamariki.

[16] This may be because of referrals associated with a sibling group, or concerns identified during pregnancy.

[17] Five tamariki did not have gender information.

Timeliness of key processes

The majority of referrals are considered by the Panel within two weeks

Table 5 shows that on average, after a referral was received by Children's Teams, 10 days passed before the Panel meeting date, and subsequent decision around future engagement.

Panels generally meet weekly or fortnightly. Most (88%) of the 2161[18] referrals considered had a Panel decision made within two weeks.

Half of the referrals had a Panel decision within one week, 75% had a decision within nine days, and 90% had a decision within 16 days.

Some instances of delays before the Panel meeting were identified. For example, the longest delay was 373 days and 1% of referrals took longer than 54 days to be considered at Panel.

Table 5: Time from referral date to Panel meeting date (days[19])

Site	Average	Maximum	Median	Upper quartile	90th percentile
Canterbury (n=1092)	11	153	8	11	20
Horowhenua/Ōtaki (n=411)	8	373	6	8	12
Rotorua (n=658)	8	370	5	7	12
Total (n=2161)	10	373	7	9	16

The upper quartile is the largest 25% of values. This means that 75% of values are below this number.
The 90th percentile is the largest 10% of values. This means that 90% of values are below this number.

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[18] Ten referrals are excluded from this analysis, as their Panel meeting date was recorded as earlier than their referral date.

[19] Days counted are calendar days if not specified.

About half of tamariki were assigned a Lead Professional within the expected time period

As shown in Table 6, on average, it took 29 days for a Lead Professional to be assigned following the Panel meeting[20]. Children's Teams operational policy is that this process takes 14 days (10 working days). Table 7 shows that across the three sites, 56% of tamariki were assigned a Lead Professional within this expected time period.

Half of the Lead Professionals were assigned within 12 days, 75% within 40 days, and 10% took longer than 76 days to be assigned.

On average, it takes longer to assign a Lead Professional in Canterbury (39 days), than in Rotorua (20 days) or Horowhenua/Ōtaki (18 days).

Table 6: Time from Panel meeting to Lead Professional assigned date (days)

Site	Average	Maximum	Median	Upper quartile	90th percentile
Canterbury (n=811)	39	294	18	61	101
Horowhenua/Ōtaki (n=356)	18	375	6	22	71
Rotorua (n=546)	20	197	8	27	49
Total (n=1713)	29	375	12	40	76

The upper quartile is the largest 25% of values. This means that 75% of values are below this number.
The 90th percentile is the largest 10% of values. This means that 90% of values are below this number.

Table 7: Percentage of referrals assigned a Lead Professional within 14 days of the Panel meeting

Site	Percentage
Canterbury	45
Horowhenua/Ōtaki	69
Rotorua	63
Total	56

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[20] In total, 1787 tamariki referrals were accepted by Children's Teams. Of those, 1713 had a Lead Professional assigned date after the Panel meeting date. This analysis excludes sixty six tamariki as they left Children's Teams before a Lead Professional was assigned. A further 8 tamariki were excluded as their Lead Professional assigned date was earlier than the Panel meeting date.

It takes an average of 175 days to first endorse a plan following allocation of a Lead Professional

Of the 1721 tamariki accepted by Children's Teams who had a Lead Professional assigned, 737 (43%) had a plan endorsed date. This low number may be associated with data entry errors and a number of tamariki transitioning from the teams prior to a plan endorsement (for example, through disengagement).

Plan endorsement indicates a Lead Professional has completed an initial assessment, and developed a coordinated plan to address identified needs or areas for change. This plan is then endorsed by a Children's Teams Panel, who provide clinical oversight and advice.

As shown in Table 8, half of plans were endorsed within 149 days, 75% took longer than 238 days, and 10% took longer than 339 days to be endorsed.

On average, it takes longer to endorse a plan in Canterbury (214 days), than in Rotorua (144 days) or Horowhenua/Ōtaki (139 days).

Reporting originally sought to present a separate measure of the time between a Lead Professional being assigned and a Tuituia assessment first being completed. However, this was not possible, as in practice, the Tuituia and tamaiti plan are endorsed by the Panel on the same date. This means that an initial Tuituia assessment should be completed at some time throughout the period outlined in Table 8.

It is also important to note that practice on-the-ground may limit the relevance of this timeliness measure. Panels may not have sufficient time or the required number of members present to endorse plans, and plans may not be submitted by Lead Professionals in a timely manner. Given these constraints, Children's Teams operational reporting has moved away from emphasising this measure.

Table 8: Time from Lead Professional assigned date to a plan first being endorsed (days)

Site	Average	Maximum	Median	Upper quartile	90th percentile
Canterbury (n=323)	214	602	210	301	416
Horowhenua/Ōtaki (n=39)	139	414	134	159	247
Rotorua (n=375)	144	482	126	197	274
Total (n=737)	175	602	149	238	339

The upper quartile is the largest 25% of values. This means that 75% of values are below this number.
The 90th percentile is the largest 10% of values. This means that 90% of values are below this number.

On average, tamariki transition from Children's Teams through a planned exit 243 days after their plan is endorsed

Of the 612 tamariki who transitioned from Children's Teams though a planned exit, 267 (44%) had a plan endorsed and subsequent exit date[21].

Tamariki without a plan endorsed date still have a valid planned exit, as there can be several reasons why a date is not entered. For example, data entry may not be completed due to competing demands for professionals' time, or a perception it is a low-priority administrative task.

As shown in Table 9, half of the 267 tamariki transitioned from the teams within 194 days, 75% transitioned within 322 days, and 10% transitioned after 518 days.

On average, the duration between plan endorsed and planned exit is longer in Rotorua (312 days or 45 weeks), than in Horowhenua/Ōtaki (290 days or 41 weeks) or Canterbury (162 days or 23 weeks).

The trend for Canterbury to be the least timely completing key processes is reversed here. This is related to the Canterbury site recently undertaking a process to close active referrals that should be transitioned to a planned exit. The need to undertake this process was associated with the volume of referrals received by Canterbury, and need to allocate resource to other tamariki.

Table 9: Time from plan endorsed to transition, for tamariki with a planned exit from Children's Teams (days)

Site	Average	Maximum	Median	Upper quartile	90th percentile
Canterbury (n=120)	162	427	168	236	284
Horowhenua/Ōtaki (n=13)	290	973	196	322	602
Rotorua (n=134)	312	1136	269	462	595
Total (n=267)	243	1136	194	322	518

The upper quartile is the largest 25% of values. This means that 75% of values are below this number.
The 90th percentile is the largest 10% of values. This means that 90% of values are below this number.

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[21] Three hundred and twenty two referrals are excluded from this analysis as they have no plan endorsed date. A further 23 referrals are excluded as the plan endorsed date is after the planned exit date.

Transition from Children's Teams

There have been a total of 1327 transitions from the three teams since their establishment

Table 10 shows that of the 1787 referrals accepted, 460 tamariki are still active, while 1327 have transitioned from Children's Teams[22].

Table 10: Number of tamariki who have transitioned from Children's Teams (by end of April 2018)

Site	Exit year						
	2013	2014	2015	2016	2017	2018	Total
Canterbury	0	0	0	69	368	127	564
Horowhenua/Ōtaki	0	1	27	121	153	16	318
Rotorua	4	34	69	120	166	52	445
Total	4	35	96	310	687	195	1327

The upper quartile is the largest 25% of values. This means that 75% of values are below this number.
The 90th percentile is the largest 10% of values. This means that 90% of values are below this number.

[22] As of April 2018.

About half of transitions from Children's Team involve a planned exit

As shown in Table 12, across the three teams, 46% of transitions from Children's Teams involved a planned exit. A further 15%[23] of tamariki referrals resulted in uplift or escalation to CYF or Oranga Tamariki, while 39% involved some other exit status.

Differences in the proportion of exit statuses across different sites were identified, which may be caused by variations in operational practice, understanding of the ViKI system, and the complexity of tamariki referred to specific teams.

For example, no tamariki were transferred out to another site in Canterbury, while 4% of tamariki in Rotorua had this exit status. Further, 57 tamariki (10%) in Canterbury were uplifted by care and protection, while numbers in Horowhenua/Ōtaki and Rotorua were very low. The proportion of transitions associated with whānau moving or no longer requiring intervention was also higher in Rotorua than other sites.

Table 11: Number of transitions from Children's Teams by exit status

Site	Planned exit	Uplifted by C/P[24]	Escalated to C/P	Whānau disengaged	Whānau moved	No longer requires intervention	Transferred out	Total
Canterbury	279	57	68	99	44	17	0	564
Horowhenua/ Ōtaki	166	1	34	55	36	21	5	318
Rotorua	167	2	40	77	78	65	16	445
Total	612	60	142	231	158	103	21	1327

Table 12: Percentage of transitions from Children's Teams by exit status

Site	Planned exit	Uplifted by C/P	Escalated to C/P	Whānau disengaged	Whānau moved	No longer requires intervention	Transferred out	Total
Canterbury	49%	10%	12%	18%	8%	3%	0%	564
Horowhenua/ Ōtaki	52%	<1%	11%	17%	11%	7%	2%	318
Rotorua	38%	<1%	9%	17%	18%	15%	4%	445
Total	46%	5%	11%	17%	12%	8%	2%	1327

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[23] The figure of 15% is calculated using the number of tamariki uplifted or escalated to Care and Protection, rather than the summary percentage.

[24] Care and protection (CYF or Oranga Tamariki).

Of those with a planned exit, on average, tamariki engaged with the teams for just over a year

Across the three sites, there were 612 tamariki transitions from Children's Teams involving a planned exit. As shown in Table 13, on average, these tamariki engaged with Children's Teams for just over a year (378 days)[25]. Children's Teams operational policy is that tamariki engage with Children's Teams for 10 months. Across the three sites, 35% of tamariki had a planned exit from the teams within this expected time period[26].

Half of tamariki engaged with the teams for longer than 363 days, 25% engaged for longer than 470 days, and 10% engaged for longer than 616 days. Some instances of tamariki engaging with the teams for even longer periods were identified. For example, the longest duration was over three years.

While discrepancies in how long tamariki engage across the three sites were identified, these are less severe than discrepancies highlighted in other measures (for example, duration from Lead Professional assigned to the plan endorsement date).

Table 13: Duration of engagement for tamariki with a planned exit (days)

Site	Average	Maximum	Median	Upper quartile	90th percentile
Canterbury (n=279)	368	741	363	469	561
Horowhenua/Ōtaki (n=166)	371	1225	356	448	609
Rotorua (n=167)	401	1178	413	535	695
Total (n=612)	378	1225	363	470	616

The upper quartile is the largest 25% of values. This means that 75% of values are below this number.
The 90th percentile is the largest 10% of values. This means that 90% of values are below this number.

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[25] This duration is calculated using the panel meeting date (when tamariki were accepted to the teams) and the planned exit date.

[26] This percentage was calculated using a measure of how many tamariki had a planned exit within 311 days of being accepted to the teams.