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TE POKAPŪ TAUNAKITANGA

CHILDREN'S TEAMS
EVALUATION TECHNICAL
APPENDIX B

What we learnt from whānau

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TAMARIKI**
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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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CONTENTS

CONTENTS	3
EXECUTIVE SUMMARY	4
INTRODUCTION	6
SATISFACTION	7
Critical success factor 1: Whānau-centred	9
Critical success factor 2: Action-focused	12
OUTCOMES ASSOCIATED WITH CHILDREN’S TEAMS	14
Short- to medium-term outcomes	14
Longer-term outcomes – improved whānau wellbeing	16
SUGGESTED IMPROVEMENTS	18
Increased awareness	18
Transitioning from Children’s Teams	19
CONCLUSION	21
RECOMMENDATIONS	22
APPENDIX 1 - METHODOLOGY	23
APPENDIX 2 – TRANSFORMATIVE OUTCOMES	27

EXECUTIVE SUMMARY

This technical appendix outlines the findings of an evaluation into whānau experiences with Children's Teams in Canterbury, Horowhenua/Ōtaki and Rotorua. Fieldwork was carried out in April 2018. In total, 13 people participated in a series of semi-structured interviews. These participants represented 12 whānau.

This evaluation was undertaken to complement prior work that gathered the perspectives of Children's Teams stakeholders in the same physical locations. Findings described in this appendix will be integrated with insight from stakeholders, along with other information, to produce a final evaluation report.

Context

Participants' experiences with Children's Teams need to be appreciated within an historical context of their repeated unsuccessful attempts, over prolonged periods of time, to access support. As such, prior to Children's Teams involvement, all whānau reported a heightened sense of isolation and marginalisation, and a fear of state reprisal, resulting in reticence to seek assistance.

Satisfaction

This evaluation explored participants' experiences with Children's Teams. A high degree of satisfaction with Children's Teams, and Lead Professionals in particular, was reported. Satisfaction was attributed to a combination of a whānau-centred service delivery model, and the fact that Lead Professionals had knowledge of diverse supports and were able to efficiently action support and interventions within a short period of time. Importantly, both dimensions were contrasted against participants' experiences with supports they had attempted to engage prior to involvement with Children's Teams.

Short- to medium-term outcomes

The majority of participants described experiencing transformative outcomes through their involvement with the Lead Professional. Short- to medium-term outcomes were reported to have arisen from focusing on the tamaiti while simultaneously supporting whānau.

Child-centred short- to medium-term outcomes

Lead Professionals were able to directly support tamariki by accessing supports, such as counselling, mental health services and behavioural therapy. Within approximately three months of involvement with the Lead Professional, participants noted a considerable reduction in truanting behaviour and full engagement within the school setting (no longer being stood down). Further, a considerable reduction in violent outbursts, assaults, self-injurious behaviour and bullying victimisation and perpetration was reported once appropriate supports were accessed. Decreased behavioural or conduct problems appear to have provided a foundation for learning achievement. Notably, this occurred through tailored learning programmes and placement of tamariki in learning environments deemed more appropriate for their needs.

Family-centred short- to medium-term outcomes

All participating families described struggling financially. This meant guardians felt compromised in their ability to provide for the whānau's basic needs and was often reflected in substandard living conditions, a lack of funds to provide sufficient food and access to primary medical care and prescription costs.

Wider family-centred supports, accessed via Lead Professionals, included budgeting, housing, mental health services for the wider whānau and linking whānau to primary health care (including dental). Outcomes emerging from these supports included improved financial management, enhanced living conditions, an end to abusive whānau relationships, regular primary medical care health assessments and improved mental health.

Longer-term outcomes

Longer-term outcomes arose when presenting issues moved from crisis to a more manageable level, resulting in an improved sense of whānau wellbeing. This was denoted by reduced whānau stress, whānau empowerment, extended social networks and the development of a whānau vision.

Suggested improvements

While the majority of participants' experiences were highly positive, some challenges were identified. These included an opportunity for increased awareness about Children's Teams, fears associated with exiting Children's Teams support, and ensuring referrals to Children's Teams occur seamlessly and within a timely manner.

Recommendations

The following recommendations are based on participants' experiences with Children's Teams and their suggestions to mitigate the various identified challenges.

It is recommended that:

1. Children's Teams continue to provide holistic tamaiti and whānau-centric support.
2. Community awareness is raised about the Children's Team's role, purpose, eligibility criteria and access pathways.
3. Engaged whānau are clearly informed about the Children's Team's role, purpose, eligibility criteria and referral source.
4. The anticipated support duration and transition procedures are clearly outlined at the beginning of the engagement process and throughout the lifespan of the engagement.
5. Children's Teams develop and implement a follow-up protocol to engage with whānau over the 12-month period after whānau transition from the service.
6. The time taken to action a referral to Children's Teams is monitored, possible barriers to referrals identified, and mitigation strategies implemented.

INTRODUCTION

Children’s Teams are a community-based initiative, designed to support tamariki and whānau who do not cross the threshold to be involved in care and protection services, but still have complex needs. The teams were established in response to the White Paper for Vulnerable Children¹, which highlighted a need to improve the support provided to tamariki at risk of maltreatment. Children’s Teams were implemented through the subsequent Children’s Action Plan² and are currently operating in 10 sites across Aotearoa/New Zealand. As an existing early intervention orientated initiative, Children’s Teams have the potential to inform the Oranga Tamariki shift towards these services.

Throughout 2017 and 2018, Oranga Tamariki carried out an initial phase of evaluation work, which focused on key Children’s Teams stakeholders in three locations, the Canterbury, Horowhenua/Ōtaki and Rotorua Children’s Teams sites³. The aim of this evaluation was to qualitatively examine how Children’s Teams were functioning and identify strengths, challenges and possible mitigation strategies.

To ensure a holistic appreciation of how the teams are operating, Oranga Tamariki commissioned Kaitiaki Research and Evaluation to gather the perspectives of whānau who have been supported by the same Children’s Teams. The findings identified through engaging with whānau will be integrated with insight from stakeholders, along with other information, to produce a final evaluation report.

The evaluation fieldwork was carried out in April 2018. In total, 13 people participated in a series of qualitative semi-structured interviews. These participants represented 12 whānau (see Appendix 1 for a detailed evaluation methodology including relevant limitations).

It should be noted that the majority of participants viewed Lead Professionals and Children’s Teams synonymously. As such, although this evaluation sought to gather people’s experiences with Children’s Teams, the findings are more accurately viewed as their experiences with one or more Lead Professionals who work under a Children’s Team model.

This report details the outcome of that evaluation.

¹ For more information, see <https://www.orangatamariki.govt.nz/working-with-children/childrens-teams/>.

² For more information, see <http://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/policy-development/white-paper-vulnerable-children/white-paper-for-vulnerable-children-childrens-action-plan-summaries.pdf>.

³ The document, *Children’s Teams evaluation technical appendix A: What we learnt from stakeholders*, was produced by the Oranga Tamariki Evidence Centre and was in draft form when this appendix was written.

SATISFACTION

Eleven of the twelve whānau had unsuccessfully attempted to access support for a number of years prior to engaging with Children's Teams. Each whānau had previously approached a minimum of five government or non-government agencies for assistance. These included the then Child, Youth and Family (CYF), Work and Income, NZ Police, community-based counselling organisations, food banks, community-based medical providers, hospitals, schools and church organisations. As an outcome, all whānau reported a heightened sense of isolation and marginalisation, and a fear of state reprisal, resulting in a reticence to seek assistance.

Accessing support had been a significant hurdle. In part, access-related difficulties were traced to low levels of service-related knowledge; whānau not knowing which individual and family-centred support organisations existed. On occasions when an organisation was identified, the majority of whānau reported failing to satisfy eligibility criteria, such as the required age range for the service.

Whānau who managed to access support generally reported high levels of dissatisfaction. Government agencies, such as Work and Income and the then CYF, were described as punitive and whānau carried a concern that disclosing their need could result in tamariki being removed from their care. Similarly, non-government organisations were treated with suspicion because of past threats that the presenting issue could be reported to a government body.

I'm quite intimidated by them [the then Child, Youth and Family] and the status that they hold.

The social worker in schools said I had to change the way I parent or that CYFs [sic] would be the next step.

In addition, participants commonly reported feeling judged by government agencies and non-government agencies. Past whānau history and associations were believed to result in a poor assessment of the various presenting issues. On other occasions, participants reported feeling their concerns were minimised and/or invalidated and attributed to poor parenting. Such reactions contributed to a cycle of service-related disempowerment.

Before [Lead Professional], whenever I tried to get help I felt that I had to breakdown before I was taken seriously. I had to push a little bit.

I have worked with a lot of agencies and they don't listen to what you are saying. I took so long to get [my son's] diagnosis and they put it down to the trouble between me and his dad.

It kept coming back to his age and him being a boy, "That's what boys do". I felt so defeated.

In addition, government agencies and non-government organisations reportedly failed to refer whānau to appropriate supports or carry out promised visits to participants' homes. As a result, participants reported high levels of frustration from constantly following-up with the organisation for the promised support. In this sense, whānau described feeling like a "number in a great big machine". The requirement to follow-up was generally met with whānau choosing to surrender and delay seeking support until the presenting issues escalated to a point of crisis.

CYF put a plan together but never came around and checked we were all right. Never came to the home. We were always on pins and needles with fear the children would be taken away.

Before I wouldn't know what to do. I had rung WINZ and they say, "No, no, no." I hate going to Work and Income and begging and walking away with nothing.

A lot of agencies don't follow through. [Non-government organisation] put in all these strategies but they never followed up. [Their] advice was a rewards chart. A rewards chart for a kid that is bashing me up twice a day!

Participants unanimously reported the help they had accessed failed to view the whānau holistically. Respondents reported that organisational responses to discrete issues, such as a sole focus on tamaiti behavioural issues, failed to appreciate the impact on the wider whānau system. Rather, the whānau system, and not just the tamaiti, needed supportive intervention.

There was no one that could help me in an overall way and help me with my overall needs.

In contrast, the majority of participants stated they had an excellent experience with Children's Teams. Participants rated their involvement with Children's Teams on a 10-point scale, where 1 represented 'extremely dissatisfied' and 10 represented 'extremely satisfied'. The majority (n=12) of participants rated their satisfaction with Children's Teams between 8 and 10, with a median rating of 9.

[Lead Professional] has given me the strength to deal with my grandson's behaviour.

Reasons underlying the high ratings were explored and have been grouped thematically below as *whānau-centred* and *action-focused*. These factors can be regarded as critical success factors; essential to the way in which whānau are engaged, the type of relationship between whānau and Lead Professionals, and the role of the Lead Professional in efficiently actioning support and interventions within a short period of time.

Critical success factor 1: Whānau-centred

A high degree of satisfaction with Children's Teams was commonly associated with a service delivery model that focused on the whānau, rather than the individual tamaiti.

With the Children's Team they look at the bigger picture and not just what is presented. They don't focus on the negative as much as the other agencies do. They don't say, "It's my parenting". [Lead Professional] has never done that to me. She listens to what I say. It's more holistic. They don't focus on the one issue. It's the broader issues.

Essential to a whānau-centred approach was the use of a strengths-based model. This was especially noted in terms of an absence of deficit approaches and no perceived negative judgments. The importance of a judgment free relationship can be understood in light of participants' past experiences of a variety of support services treating them as poor or underachieving parents.

[Lead Professional] made me feel real comfortable and at ease. She doesn't judge me in any way. She talks to me like a person and not an unfit parent. She is supportive of my decisions. It has been a real positive experience.

I really appreciate their [Lead Professional's] non-judgementalness. The old CYF ... my fear would be that they would take my children. They [Children's Teams] are not so ready to jump to conclusions.

For us, it was a big relief that we were taken seriously. They have a non-judgmental kind of approach. It's difficult when someone comes in and you feel judged. But [Lead Professional] made it fun. She got down to the kids' level and made it about them. The service is just incredible.

Non-judgemental engagement inspired trust and positioned whānau to actively participate in developing tamaiti and whānau wellbeing. The support offered by the Lead Professional encouraged whānau to engage openly, which proved essential to the transformative journeys outlined in the next section. Because a trusting relationship had been developed, Lead Professionals were positioned as critical friends who could provide feedback, both positive and negative.

When I tried to be slack she gave me positive influencers and motivated me more.

She was really positive and reminded me that I was doing a really good job. That was important when things were hard and I was being hard on myself.

Importantly, the development of open communication was contrasted against the lack of communication experienced with previous services, especially when there was a perceived risk that tamariki could be removed.

I appreciate that there is support and know that she is there if we need her and they won't take the children. If I have needs she'll respond and put things in place. She helps me come up with a plan of action. She works with us and not against us.

Another dimension of the whānau-centred approach was the role of the Lead Professional. Participants greatly appreciated having a single person to act as their primary liaison and support person. This can be understood given participants' previous experiences of being embarrassed, and often humiliated, when engaging with multiple services; having to disclose personal and often sensitive information to a large number of professionals. Understandably humiliation was amplified when participants perceived that they were being negatively judged.

[Lead Professional] knows me and my granddaughter. She knows our history. I don't have to continually relive our lives and tell stranger after stranger our business. She knows our circumstances. If another social worker came in they wouldn't understand our issues and they might judge us.

Empowerment was also identified as a key dimension of a whānau-centred approach. At times of crisis, and when whānau lacked internal resilience to develop strategies on their own, Lead Professionals commonly adopted a supportive but directive stance. Receiving direction deescalated the various situations and assisted whānau to maintain their integrity and mana.

[Lead Professional] can pull you up and show you where you are going wrong. Set you in right direction. Give guidance. She [Lead Professional] helped me to see reason with my own children. I've learnt to listen to them.

There were times when we didn't know where to go and the avenue to go down. I was barely functioning and [Lead Professional] just said, "Let me do this for you."

When whānau had moved from crisis, to what participants generally referred to as a 'manageable' level, Lead Professionals engaged in co-development strategies. These strategies generally focused on parenting, the use of behaviour modification techniques and ways to attain overall whānau wellbeing. Co-development was underpinned by Lead Professionals' providing motivation and guidance to the guardian and whānau unit.

I can talk to [Lead Professional] and come up with strategies and solutions. She has helped me come up with behavioural strategies and how I can lower my stress levels. I so appreciate that [Lead Professional] is supportive of my decisions.

Importantly, the co-development of various whānau strategies was contingent upon the development of a trusting relationship between the whānau and the Lead Professional. Participants stressed the high level of trust had developed because of a number of qualities the evaluators identified as common across Lead Professionals. In particular, participants stressed an appreciation for Lead Professionals':

- commitment
- proactively engaging with the whānau on a regular basis
- being readily available
- demonstrated reliability.⁴

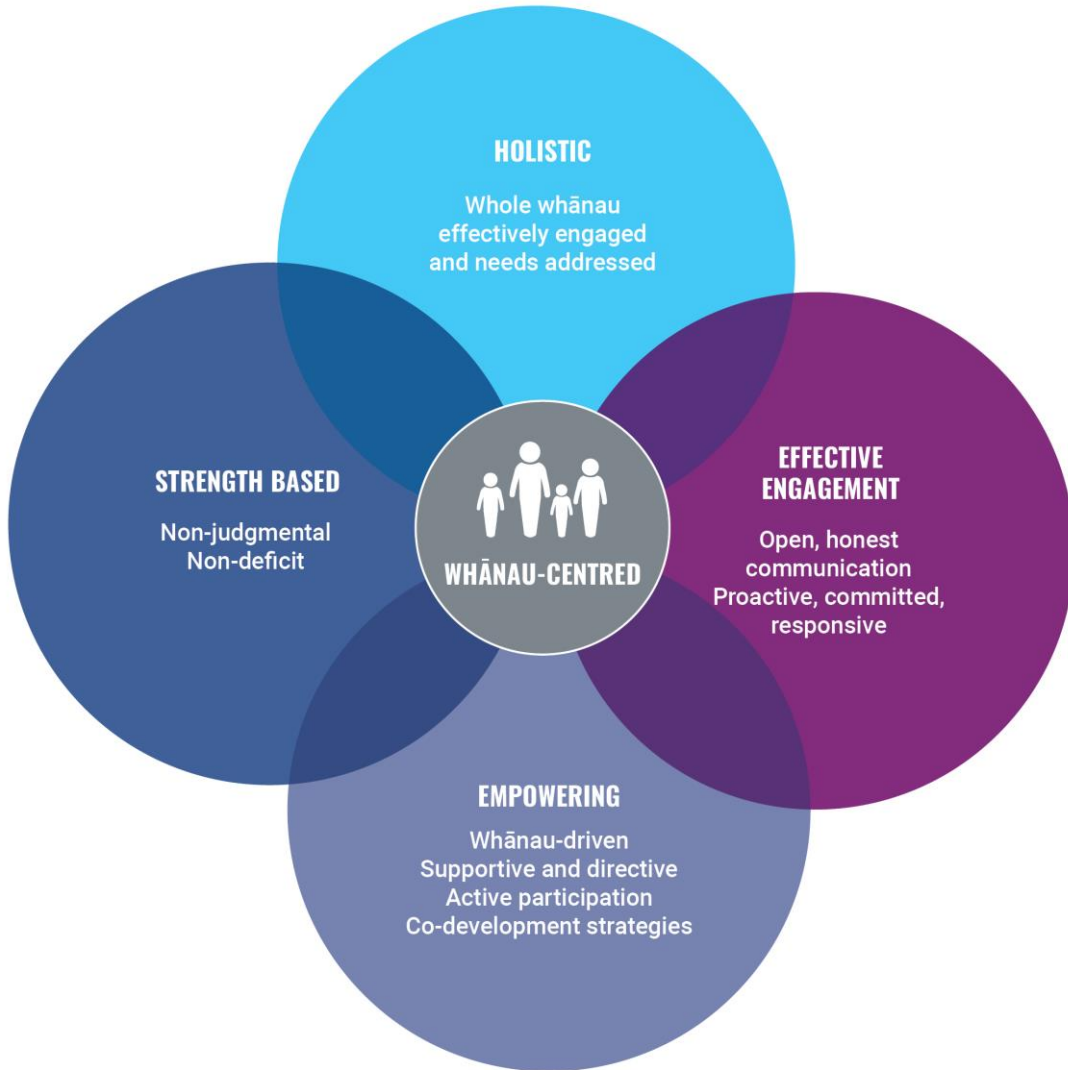
I appreciated the fact that she [Lead Professional] came to appointments with me. It is scary going to a [appointment] by yourself. I appreciated that she followed-up afterwards and made sure that we felt safe and secure, comfortable and settled.

It has been a real positive experience and [Lead Professional] do what they say you are going to do. There aren't threats of taking your kids.

⁴ Reliability was especially discussed in terms of Lead Professionals' adhering to their promises.

Figure 1 highlights the key elements of the whānau-centred approach perceived as central to Children’s Teams. These elements were identified as essential to effective whānau engagement and to the contribution of transformative outcomes.

Figure 1: Key elements of the whānau-centred approach reported to underlie the Children’s Team model



Critical success factor 2: Action-focused

Children’s Teams developed whānau-centred interventions and supports according to tamaiti and whānau need in general. While the Children’s Teams primary focus was on the tamaiti, their wellbeing was achieved by addressing the wider whānau needs. This commonly resulted in the provision of basic needs (food, bedding, clothing and ensuring housing was an adequate standard by accessing curtains and housing insulation)⁵, referring the whānau for medical and dental assessments, securing car seats for tamariki under seven, learning appropriate behaviour modification strategies, providing psychosocial support for tamariki and the wider whānau, ensuring the whānau had budgeting advice, respite care and assisting whānau to access various services.

In addition, for whānau who had taken over the care of tamariki, this often meant supporting them to navigate environments where they were challenged for supposedly interfering in the biological parents’ lives. This also meant supporting newly appointed guardians with intervention and support surrounding trauma (dealing with childhood victimisation) as well as psychotherapeutic support to equip the whānau to support tamariki.

Common across participants were descriptions of the Lead Professionals as efficient, action-focused and “*making things happen really quickly*”. Descriptions generally focused on the Lead Professionals’ efficiency connecting whānau to multiple services in a timely manner, generally within a matter of days, and removing barriers to whānau accessing services. The efficiency of Children’s Teams was especially appreciated given many participants’ past experiences of “*being fobbed off*” when attempting to access care, basic resources and/or interventions.

[Lead Professional] got things really moving. She wouldn’t take no for an answer from different organisations. Once she came on board we started to get answers.

She [Lead Professional] was really efficient getting my daughter into the agencies that she needed. I thought it was going to take months and months. But it happened within the week. And now she [daughter] is heading in the right direction. I really appreciate their [Lead Professional’s] efficiency and their concern for my daughter. We weren’t pushed to the side or swept under the rug.

Action-focused descriptions also centred on the Lead Professional quickly and efficiently finding alternatives when initial referrals did not meet tamaiti or whānau need. In this sense, multiple accounts were provided of the Lead Professionals monitoring the referral. At times, organisations were unable to work with a tamaiti/whānau because of strict eligibility criteria. At other times, tamariki and/or whānau felt uncomfortable with the service.

We tried different avenues like [organisation]. We have had one or two appointments there but they have said that they don’t do counselling either.

[The Lead Professional] said that it was trial and error. [The Lead Professional] was really bummed out that the DHB referral didn’t work out for counselling but she worked really hard and got us in somewhere else.

⁵ In some instances basic needs were met by the Lead Professionals bringing food, clothes, bedding and shoes directly to the whānau. The source of these resources is unknown.

Finally, action-based descriptions centred on the role of Lead Professionals as facilitators and mediators. In this regard, Lead Professionals were instrumental in liaising with schools to ensure teachers had an adequate understanding of tamaiti needs, and that appropriate strategies were in place to deal with behavioural and learning problems and issues arising from early childhood trauma.

There has been some mediation. [The Lead Professional] has been really good. It's been really good for the teachers to not just hear it from the family. [Lead Professional] met with the school and the school have stopped labelling him "That naughty kid". They [the school] understand what is going on now.

[The Lead Professional] eased conversations with school. It was really hard to explain and the schools needed to know.

OUTCOMES ASSOCIATED WITH CHILDREN'S TEAMS

The majority of participants described experiencing transformative outcomes through their involvement with Lead Professionals and Children's Teams in general.

Participants described substantial increases in whānau wellbeing, namely the degree of control and general happiness the whānau possessed, because of their involvement with Children's Teams. Increased levels of whānau control and confidence were attributed to a number of outcomes, each of which was directly linked to their involvement with Children's Teams.

Outcomes fell into two primary categories. First were discrete outcomes that were directly associated with the Lead Professionals' involvement in a particular issue and often related to a specific whānau member. These outcomes occurred in the short- to medium term. Second, participants identified Children's Teams involvement as resulting in a longer-term outcome of an improved sense of whānau wellbeing. This was linked to the amelioration of a host of contributing issues (see Appendix 2 for a diagram depicting key outcomes achieved through Children's Teams involvement).

Short- to medium-term outcomes

Contributing to the overall reduction in stress and whānau empowerment were a series of discrete short- to medium-term outcomes. Discrete outcomes fell into two thematic groupings – child-centred and family-centred outcomes.

Child-centred outcomes

A number of child-centred issues were identified as precursors to whānau involvement with Children's Teams. These included disengagement from formal education through truanting, repeatedly being stood down, problems with conduct and behavioural issues that placed the tamaiti and/or other tamariki at school at risk of harm, learning difficulties and reports of assaults. In each case, these issues had reduced following Children's Teams involvement to what participants generally referred to as a 'manageable' level, having moved from a state of continual 'crisis'.

Behavioural issues, learning disabilities and disengagement from educational settings were the most commonly cited challenges faced by whānau. These challenges were often co-occurring. With appropriate diagnosis, support services, and the Lead Professional's facilitation and mediation, strategies were developed to assist tamariki within the home and school settings. This often required the Lead Professional to meet with school representatives and the support service to provide an appropriate context to the various challenges and ensure a holistic and non-punitive response.

Within approximately three months of involvement with the Lead Professional, participants noted a considerable reduction in truanting behaviour and full engagement within the school setting (no longer being stood down).

[My son] doesn't take off out of class anymore.

He hasn't been stood-down at school. It's a big change, having no stand-downs and not running away.

Further, participants noted that accessing appropriate support greatly reduced a variety of behavioural issues. This was evidenced by a considerable reduction in violent outbursts, assaults, self-injurious behaviour, and being bullied as well as the bullying of others.

In the last two years I have seen [him] shift. When he first came into our care, he was grabbing girls in class and throwing them to the floor and strangling them. One month he was stood down three weeks in the row. He's a completely different kid now.

Now my son is on medication, I get regular feedback from school that he is doing really well. His grades have gone right up.

[My daughter's] attitude is slowly getting better. They [children] used to physically fight. [Son] used to attack the girls [sisters] real bad. That has slowed down. My daughter understands why she does the things she does. She was cutting herself once a week and now hasn't done it for six months. It [support accessed by Lead Professional] has stopped her from trying to hurt herself in worse ways.

Decreased behavioural or conduct problems appear to have provided a foundation for learning achievement. Notably, this occurred through tailored learning programmes (school, home and community-based), and placement of the tamaiti in learning environments deemed more appropriate for their needs.

His [son] dyslexia has improved. He has someone there [at school] one-on-one. He used to get frustrated and he would get disruptive. We don't have that problem anymore.

His grades were well below where they should have been. Now my son is on medication. I get regular feedback from school that he is doing really well. His grades have gone right up.

He's [son] excelling in math. At the start of last year he could only count up to 10. Now he is doing his times tables.

Family-centred outcomes

All participating whānau described having historically struggled financially. This meant that guardians felt compromised in their ability to provide for the whānau's basic needs and was generally reflected in substandard housing conditions, and a lack of funds to provide sufficient food, access care (such as counselling and primary medical care) and meet other essentials, such as prescription costs.

What was valued about the Children's Teams model was that tamaiti need was inextricably linked to the wider whānau system. In this sense, the Lead Professionals were able to directly support tamariki by accessing supports for them as well as the wider whānau. Wider family-centred supports included budgeting, housing, mental health services for the wider whānau and linking whānau to primary health care (including dental).

Outcomes emerging from these supports included improved financial management, enhanced living conditions, an end to abusive whānau relationships, regular primary medical care health assessments and improved mental health.

I did budgeting. It has been really good. We aren't spending so much rubbish.

[A service provider] were involved. They insulated our house for free and they put new curtains up and gave us new bedding.

We are just so much more relaxed. We were walking on eggshells. Once [Lead Professional] was able to get my ex-partner out of the house the abuse ended. Now we are happy. We can do what we want when we want and we are not controlled by him [abusive ex-partner]. We know the money in our account can be put towards our bills and what we want and not dictated by him. We have our control back.

We have regular health assessments now. Before I was kind of a different person. I was all over the place.

All the issues I was having with [my children] meant that I had terrible anxiety and depression. I'm on medication now and I don't have anxiety anymore. My nightmares have decreased. I feel as though I can function much better.

Longer-term outcomes – improved whānau wellbeing

Participants attributed acquiring a high level of whānau control and confidence to an overall outcome of improved whānau wellbeing. This was represented by reductions in whānau stress, whānau empowerment, extended social networks and being positioned to engage in whānau vision setting.

Reduction in whānau stress

As an outcome of the Lead Professionals' involvement, whānau reported having accessed appropriate supports and interventions. As previously discussed, the majority of whānau presenting challenges had been experienced over prolonged periods of time. Further, incremental increases in the severity of various issues escalated tensions within the whānau unit.

Lead Professionals' linking of whānau to appropriate services and interventions removed or mitigated the presenting issues that had led to the raft of negative outcomes. This resulted in considerable reductions in stress for the majority of the 12 participating whānau (n=11) and was evidenced by decreased anxiety, improved ability to sleep, reductions in whānau tensions and an overall sense of happiness within the whānau.

There has been a major transformation since [Lead Professional] has been involved in our lives. It made life a lot easier. [Lead Professional] has taken the stress off. The Children's Team has lifted the worry. They got help for the children and it has lifted the worry. We didn't know what agencies were out there.

It [the Children's Team] took the stress off me. [The Lead Professional's] involvement has also impacted on other family members. We are a much more happier family.

I am stronger. I'm not worn down by dealing with the children's issues and I am in a better place so that means we are in a better position as a family.

The children are starting to feel better. It's not just me who feels as though I'm getting help.

Whānau empowerment

The majority of participants described feeling empowered through the support of Lead Professionals. Participants related having learnt and adopted strategies to support tamariki and cope with often challenging behaviour. These included learning about, and implementing, behavioural modification strategies, effective parenting and communication skills. In addition, Lead Professionals assisted whānau to secure sufficient resources, such as food and adequate housing, to ensure their basic needs were addressed. In this sense, participants described shifting from a sense of helplessness to being better equipped to deal with a variety of challenges. Importantly, each success positively reinforced reductions in whānau stress. This was especially true when whānau were better positioned to address challenges as a whānau unit and not rely on a third party for support.

Since [Lead Professional] was introduced to the family I have become much stronger. Because of [Lead Professional] I have a support person I can talk to if anything goes wrong.

It has empowered us more as a family. For me and my partner, when taking [niece] on we didn't realise all of what it comes with it. We thought [niece] would just slot in. Lead Professional] empowered us to access all these avenues and support [niece] to be all that she can be.

Extended social networks

Prior to whānau involvement with Children's Teams, participants described a heightened sense of social isolation and a general erosion of confidence. Isolation had resulted from the effects of being judged as poor parents, a sense of helplessness arising from an inability to access support and a fear of losing their tamariki. Within this context, whānau were living in restricted social systems, commonly described as 'cocooned'.

In contrast, participants noted an increase in confidence once the challenges they faced became more manageable, and they had moved from crisis situations. As a direct result, participants described a growing interest in meeting new people and, as a consequence, their social networks began to extend. The extension of social networks was viewed as a medium-term outcome, proportionally related to reductions in whānau stress and coinciding with the Lead Professionals' support.

Developing whānau vision(s)

Prior to engagement with Children's Teams, participants described having been caught in a cycle of subsistence. Consequently, whānau were singularly focused on their immediate futures, which generally involved attempting to secure basic needs and coping with stressors associated with a variety of issues such as behavioural problems, family violence, truancy and insufficient resources, such as food and inadequate housing.

Through Children's Teams' involvement, participants were better positioned to think about their futures. Examples of future focused goals included home ownership, gaining requisite educational qualifications and having a family vacation.

SUGGESTED IMPROVEMENTS

While the majority of participants' experiences were highly positive, some challenges associated with Children's Teams were identified. These included an opportunity for increased awareness about Children's Teams, challenges associated with transitioning from Children's Teams' support, and ensuring referrals to Children's Teams occur seamlessly and in a timely manner.

Increased awareness

All participants stated that a lack of community awareness about Children's Teams was a significant challenge. A lack of awareness was cited as an issue for the wider community and whānau currently enrolled with the service.

Increased awareness about Children's Teams amongst the wider community

Participants asserted that there was little if any community awareness about Children's Team's role, purpose, eligibility criteria and access pathways.

The need for increased awareness was stressed, given the existence of whānau isolation and a lack of confidence whānau often experience accessing support. As a consequence, a lack of wider awareness was attributed to whānau failing to benefit from Children's Teams support and risked the continuation of cycles of violence and deprivation. This concern was reinforced in light of the number of years participants had struggled to find appropriate assistance.

There is a low awareness in the general public and most people don't know how to access it. It's frustrating because I know how good and utterly helpful the service is.

There are people who don't have the confidence to access and pursue access to services. If they are rejected by an organisation they give up. They don't know how to be assertive. They need to know what the Children's Team can do for them. Otherwise they get disempowered. They need someone with them to help with options.

Because participants had experienced positive outcomes through Children's Teams assistance they asserted increased awareness, and subsequent uptake, would have a positive impact and result in reductions in family violence and whānau stress.

The more people would have access to the service the more people will be better off. We would have much less family violence.

Finally, participants suggested that awareness of the service be improved so to remove apprehension for those contacted by Children's Teams.

People in the community don't really know about the Children's Team. I had quite a bit of apprehension when we were first referred because I didn't know what they were about.

Increased understanding about Children's Teams for referred families

All participants stated they were unclear about Children's Team's purpose and associated eligibility criteria, and only three of the 13 participants knew that Children's Teams are part of Oranga Tamariki.

I don't know who is eligible and I don't know why I was referred to be quite honest.

I have no idea about criteria for eligibility. Even my lawyer didn't know what the Children Team was.

Rather than a clear understanding of Children's Team's function, participants generally described the Teams as a service providing support, a listening ear and advocacy.

I would say they come in and listen to your concerns and work towards your best outcomes.

The Children's Team is there for support and help speed things up. And they can be a voice for the family.

Participants were also unclear why and how they were referred to the service. For instance, of the 12 participating whānau, four whānau did not know how they were referred. One was self-referred and the remaining participants assumed they had been referred by one or more of the following - a school nurse, medical provider, the court, counsellor, Oranga Tamariki or the Children's Team itself.

Transitioning from Children's Teams

Transitioning from Children's Teams was generally referred to as having been "signed off", a process whereby the whānau were no longer recipients of the Children's Team's services.

Six whānau participants had been transitioned from the Children's Team. Of these, half raised no concerns with the 'sign off' process, viewing transitioning as a milestone and a testament to the development of whānau strength and wellbeing. In two of those cases, the transition process was further ameliorated by the Lead Professional maintaining post-transition contact with the whānau (such as intermittent phone calls and/or visits). Of the remaining three transitioned participants, one participant stated that they had no knowledge of having been exited and two participants experienced a high degree of anxiety when first told they would be exited.

We got a phone call to say we had to have a sign-off meeting. It was about two weeks before. We had a meeting. It was very intense. We obviously satisfied them. We needed a warm up to it. We knew we were doing good but it came as a shock.

I was quite surprised. I got a phone call and a letter saying that we had been exited from their services. Now that we are exited I feel amazing because we got to where we need to go.

Of these later two participants, one adjusted quickly because of the continuation of support provided by the services Children's Teams had helped them access. The other participant had some concern about dealing with future crises as, even though they knew they could contact the Children's Team, they felt reticent to do so as they believed this would indicate that they had failed.

I'm not sure I would contact them if we needed. Don't want to look like I failed.

The sign off process elicited considerable anxiety from those currently engaged with Children's Teams⁶. This anxiety can be understood in light of the marginalisation whānau had experienced, the difficulties encountered accessing support prior to involvement with Children's Teams and the need for on-going support.

I'm not ready yet. I know it's up to me but I am fearful of the unknown. This [the Children's Team] is the back bone ... this is the constant ... Where would I be without them?

Of the six currently engaged whānau, one welcomed the sign off process and viewed it as an aspirational goal.

I believe we are coming up to being discharged from the service. I feel good about that but I know that if I have any problems I can be asked to be referred back.

The remaining five engaged whānau were anxious about transitioning from the Children's Teams. Participants suggested that concern associated with transitioning could be mitigated by:

- Providing verbal and written communication about the purpose of Children's Teams to whānau when they first engage with the service.
- Developing and implementing a post-transition follow-up process. Participants suggested some form of follow-up after the first month and every three months thereafter for the first 12 months.
- Reinforcing that whānau contacting Children's Teams for support and/or intervention should not be perceived as a sign of failure but rather an indication of strength.

Signing off feels so final. And even though you can go back you don't want to because you feel like you failed. Just a call? It's been six months since we signed you off, "How is it going?" They know the resources, we don't.

Time to action initial referral

Two whānau raised a concern about the amount of time it took for a referral to Children's Teams to be actioned. One whānau had waited six months and one 12-months to meet with a Children's Teams representative. Participants did not know where the source of the delay lay but raised the possible need to ensure that barriers to referrals being actioned are identified and appropriately monitored.

⁶ Note, participants were aware of the potential 'sign-off' process prior to the interview and the evaluation interview did not contribute to this anxiety.

CONCLUSION

Participants' experiences with Children's Teams need to be appreciated within the context of their repeated unsuccessful attempts, over prolonged periods of time, to access support. As such, prior to Children's Teams involvement, all whānau reported a heightened sense of isolation and marginalisation, and a fear of state reprisal, resulting in a reticence to seek assistance.

This evaluation explored participants' experiences with Children's Teams, outcomes emerging from whānau involvement, and challenges or areas of opportunity for Children's Teams to improve upon.

The majority of participants described a high degree of satisfaction with Children's Teams, and the Lead Professional in particular. Reasons underlying the high degree of satisfaction were the combination of a whānau-centred service delivery model and the fact Lead Professionals were able to efficiently action support and interventions within short periods of time. Importantly, both dimensions were contrasted against participants' experiences with supports they had attempted to engage prior to involvement with Children's Teams.

The majority of participants described experiencing transformative outcomes through their involvement with the Lead Professional and Children's Teams in general. Outcomes fell into two primary categories. Discrete outcomes were linked to the Lead Professionals' involvement and generally occurred within the short- to medium-term. These outcomes arose from a focus on a particular issue and a specific whānau member. Longer-term outcomes arose when presenting issues moved from crisis to a more manageable level, resulting in an improved sense of whānau wellbeing. This was denoted by reductions in whānau stress, whānau empowerment, extended social networks and the development of a whānau vision.

While the majority of participants' experiences were very positive, some suggested improvements were identified. These included an opportunity for increased awareness about Children's Teams, challenges associated with transitioning from Children's Teams support, and ensuring referrals to Children's Teams occur seamlessly and within a timely manner.

RECOMMENDATIONS

The following recommendations were developed as an outcome of participants' experiences with Children's Teams and their suggestions to mitigate the various identified challenges.

It is recommended that:

1. Children's Teams continue to provide holistic child and whānau-centric support.
2. Community awareness is raised about the Children's Team's role, purpose, eligibility criteria and access pathways.
3. Engaged whānau are clearly informed about the Children's Team's role, purpose, eligibility criteria and referral source.
4. The anticipated support duration and transition procedures are clearly outlined at the beginning of the engagement process and throughout the lifespan of the engagement.
5. Children's Teams develop and implement a follow-up protocol to engage with whānau over the 12-month period after whānau transition from the service.
6. The time taken to action a referral to Children's Teams is monitored, possible barriers to referrals identified, and mitigation strategies implemented.

APPENDIX 1 - METHODOLOGY

This evaluation was exploratory in nature and relied on a qualitative methodology to explore key evaluation questions. A qualitative approach was considered most appropriate given the vulnerabilities experienced by many of the families/whānau engaged with Children's Teams.

Interviews

This evaluation was designed to gather whānau perspectives about their experiences with Children's Teams. Participants were invited to include parents/guardians, tamaiti, rangatahi and wider whānau members such as grandparents, uncles and aunts.

Twelve semi-structured face-to-face interviews whānau interviews were carried out. Eleven of these interviews were conducted with one whānau member and one interview was conducted with two whānau members.

The semi-structured interviews sought to understand:

- whānau experiences of the Children's Teams approach
- what is working well and identify possible challenges
- what can be done to improve the way Children's Teams are implemented to better serve tamariki and whānau.

The interviews were complemented with two rating scales. In the first instance, participants were asked to rate their involvement with Children's Teams on a 10-point scale, where 1 represented '*extremely dissatisfied*' and 10 represented '*extremely satisfied*'. Similarly, participants were asked to rate whānau wellbeing, where 1 represented '*a lack of control and a lack of confidence to deal with issues as they arise*' and 10 represented '*a strong sense of control and the confidence to deal with issues as they arise*'. Participants were asked to provide whānau wellbeing ratings before and after their involvement with Children's Teams. Participant ratings provided a basis for the exploration of why particular ratings were offered.

Interviews took approximately 60 minutes and were audio recorded and transcribed with participants' consent.

The interviews were carried out by two interviewers and were carried out in Horowhenua/Ōtaki, Canterbury and Rotorua during the month of April 2018.

Recruitment

Purposive sampling was used to identify and recruit participants. Local Children’s Team representatives were provided with eligibility and exclusion criteria to assist with the recruitment process.⁷ In two sites, Children Teams representatives liaised directly with participants and organised the location and time of the interview. The lead evaluator made contact with participants to provide any additional information that was required. In the remaining site, a Children’s Teams representative initially liaised with participants. Names and contact details of interested parties were provided to the evaluation team who then organised the interviews.

Participants

All participants identified as female. Ages ranged between 25 and 65, with a median age of 40. More than two-thirds of participants (n=9) identified as NZ European, three identified as Māori and one person identified as Pasifika.

All participants identified as beneficiaries. This included Superannuation, Sickness, Invalids, Domestic Purposes and Supported Living Payment. Two participants were also engaged in casual or part-time employment.

The majority of participants identified as single (n=10), having either divorced or separated from their partner in the last two years.

The majority of participants were mothers of the tamariki in their care (n=10), two were grandparents and one was another family member.

An approximately even number of people were interviewed that were either currently enrolled with the Children’s Team (n=7) or had exited the programme over the preceding 12 months (n=6).

Table 1: Demographic characteristics (n=13)

Characteristics	n
<i>Gender</i>	
Male	0
Female	13
<i>Age</i>	
20-29	1
20-39	4
40-49	5
50-59	2
60 or over	1

⁷ Eligibility criteria included a) whānau who have been supported by the Children’s Team over the preceding 12-months or whānau who have exited the service in the preceding 12-months, and whānau currently residing in the area and logistically able to participate in an interview. Exclusion criteria included a) if Children’s Team representatives believed that participation in the evaluation might cause duress, b) whānau have not been involved with the Children’s Team for 12-months or more, and c) whānau have moved away from the area.

<i>Relationship status</i>	
Married/de facto/partnered	3
Single (divorced/separated)	10
<i>Employment status</i>	
Beneficiary	11
Beneficiary/part time employment	2
<i>Ethnicity</i>	
NZ European	9
Māori	3
Pasifika	1
<i>Relationship to the tamaiti</i>	
Mother	10
Grandparent	2
Other whānau member	1
<i>Current relationship to Children's Teams</i>	
Enrolled	7
Exited	6

Analysis and reporting

A grounded theory approach to data collection, coding and analysis was employed. As such, a process of constant comparative analysis was used throughout the lifespan of this evaluation. This resulted in a comparison of different perspectives.

Through this process emerging findings were consistently tested to determine the extent to which they were common across participants. In practice this meant that codes were created within an analysis framework. Throughout the fieldwork, information was defined and categorised through a continual review of fieldwork notes. As a result, emerging patterns were continually tested through the interview as well as the exploration of new questions that arose in the preceding interviews. This process of constant comparative analysis provided an opportunity to explore, at greater depth, reasons underlying emerging patterns. Quotes are used to illustrate the various codes/themes that emerged.

Ethical considerations

An application for ethical approval was submitted to Oranga Tamariki detailing procedures for fully informing those being asked to take part in the evaluation, obtaining informed consent, providing feedback at the conclusion of the evaluation and procedures for storing and maintaining the confidentiality of information. Ethics approval was granted in April 2018.

The provisions of the Privacy Act 1993 with respect to confidentiality and methods of obtaining, storing and destroying information were adhered to in this evaluation.

Limitations

Evaluation findings are based on the perspectives and experiences of 13 participants only and are not intended to be representative of how all whānau experience Children's Teams. While best efforts were made to interview a diverse range of participants, this evaluation is limited to the experiences of the individuals who took part in this evaluation. Of note, a strong commonality of responses was shared amongst participants.

It should be noted that the majority of participants viewed Lead Professionals and Children's Teams synonymously. As such, although this evaluation sought to gather people's experiences with Children's Teams the findings are more accurately viewed as their experiences with one or more Lead Professionals who work under a Children's Team model.

It should be noted that Māori are under-represented in the evaluation, which may have influenced the perspectives gathered.

Finally, there is some risk of selection bias, given the purposeful sampling approach used. The use of this sampling approach was nevertheless appropriate, given the vulnerability of whānau and need to minimise any risk of re-traumatising participants.

APPENDIX 2 – TRANSFORMATIVE OUTCOMES

Figure A1: Transformative outcomes arising from whānau involvement with Children’s Teams

