



EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

ORANGA TAMARIKI EARLY INTERVENTION

A synthesis of recent research and
evaluations

SEPTEMBER 2020

EVIDENCE CENTRE

TE POKAPŪ TAUNAKITANGA

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The Oranga Tamariki Evidence Team 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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EXECUTIVE SUMMARY

The purpose of this synthesis

Oranga Tamariki is developing a new operating model, which includes new functions over the long-held functions of care and protection, and youth justice. The new functions include transition support out of care, intensive home intervention for families/whānau, and a new early intervention service. Alongside the new operating model, Oranga Tamariki has several contracts with Non-Government Organisations (NGOs) who provide a range of services in the early intervention space, spanning prevention to targeted support. These contracts are funded with an annual \$177 million budget and have a legacy going back through a number of government agencies.

The top five contracted programmes by budget (in the 2019/20 financial year) are:

- Family Start, \$50.7 million p.a., with an additional 7.5% increase for 2020/21
- Services in Schools (Social Workers in Schools, etc), \$28.3 million p.a.
- Medium/high intensity wraparound family support services, \$25.7 million p.a.
- Children's Health Camps, \$15.2 million p.a.
- Low to medium intensity family support services, \$8.5 million p.a.

Between 2017 and 2019, the Oranga Tamariki Evidence Centre conducted two evaluations (Family Start and the Children's Teams implementation in Rotorua, Horowhenua/Ōtaki and Canterbury), and two research projects (Social Workers in Schools and Strengthening Families). The Children's Team is an internal stand-alone operation or programme that is not contracted to an NGO. Strengthening Families has a small budget of \$3.5 million p.a. but has a significant role in early intervention. The Family Start evaluation is ongoing with a second phase currently underway.

These research and evaluation projects resulted in ten publications in late 2019 and early 2020. It was noticed that there were some common themes and messages that emerged out of the reports, which could inform the Oranga Tamariki Early Intervention new operating model, even when each project had quite different study designs and research questions. As a result, this synthesis was commissioned.

Background

Over more than 20 years, early intervention has at different times been located within, and across, a number of policy frameworks. Initially, Strengthening Families, Family Start and Social Workers in Schools (SWiS) were all part of a national interagency Strengthening Families Umbrella Strategy, led by the Director-Generals of the Department of Social Welfare and the Ministry of Health, and the Secretary of the Department of Education.

The Children's Teams were created based on the publication of the 'White Paper on Vulnerable Children' (Children's Action Plan Directorate, 2015-a) in 2012; the Children's Action Plan was launched in October 2012. The Children's Teams were established under the Children's Act 2014 (previously the Vulnerable Children Act), with the aim to introduce a new collaborative way of working with children and their families/whānau. Prior to the

establishment of Oranga Tamariki, Children's Teams were the responsibility of the interagency Children's Action Plan Directorate.

Methodology

The synthesis and thematic analysis were conducted at two levels:

1. **Level One reports:** Eight of the ten published reports on the four programmes were more deeply thematically analysed for similarities, differences, themes, and gaps. Two literature reviews were excluded.
2. **Level Two reports:** These reports were reviewed for background information and to provide additional contextual information. They included Ministry of Social Development research and evaluation reports (previous to Oranga Tamariki), Whānau Ora publications, and two draft Oranga Tamariki Evidence Centre reports on early intervention.

In terms of analysing the texts, a pragmatic approach was taken to recognise the value of both qualitative and quantitative data, methods, and designs. The analysis used a social work child and family/whānau well-being lens and ecological systems thinking (Bronfenbrenner, 1979).

Findings

The findings are structured around the following five elements of early intervention programmes: (1) their purpose; (2) designs; (3) infrastructures; (4) method of delivery; and (5) the outcomes. From the analysis, the following five key themes emerged:

Programmes have their own approaches but similar purposes

There are many early interventions operating and provided by or through Oranga Tamariki, and the Ministries of Social Development, Health, Education and Justice, and New Zealand Police, Te Puni Kōkiri, and others. However, the four programmes in this analysis typically have quite similar purposes with all four targeting 'vulnerable children', are broadly located on the same part of the service delivery spectrum, and to varying degrees focus on:

- providing support to those who are disadvantaged because of either their background or current circumstances
- reducing the likelihood of harm, and/or
- improving wellbeing.

While the reports analysed are based on studies conducted at different times, across different locations, and with children at different ages, the material across the reports suggest that programmes are largely targeting and serving similar families/whānau. And in particular, those families/whānau are a subset of those willing to accept prescriptive national programme parameters. However, while all four have a strong bi-agency or interagency focus and individual strengths aside, to a large extent these programmes are nationally and locally siloed – ie they are stand-alone programmes with relatively little national or local integrated strategy or coordination.

There are commonalities in programme design across the interventions

While each have their own distinct elements, there are more design similarities than differences across programmes. All four are voluntary programmes based around a specific professional role that is almost always undertaken by an NGO employee: ie Strengthening Families Coordinator, Family Start Whānau Worker, SWiS workers, or Children's Team Lead Professional. Whether on a bi-agency or interagency basis, these workers engage with a largely similar range of government and NGO professionals. Using national referral criteria along with certain prescribed requirements and processes, the programmes are relationship and strengths-based and used with Māori and non-Māori children and families/whānau alike.

With the exception of Children's Teams, the other three programmes have the following in common:

- they originated as local developments
- they are available in most or all of the country
- they have broadly similar manuals, service specifications, contracts and reporting requirements, and
- they are managed by Partnering for Outcomes nationally and regionally.

In terms of positive individual outcomes, it is not clear if this is because of either high programme fidelity or high programme flexibility. There were some marked variations in how Strengthening Families was delivered across areas, and how SWiS was delivered between English-medium schools and kura representing highly flexible programmes. In terms of whether programme designs were appropriate for Māori, the Family Start process evaluation recommended that kaupapa Māori (and Pasifika) providers be supported in better aligning the Family Start model to a kaupapa Māori orientation, ie changing assessments, timeframes, tools and materials. Similar views were expressed by SWiS providers in kura. However, beyond kaupapa Māori providers a wide range of views were identified on whether these programmes were culturally appropriate and sufficiently inclusive of, or adaptable for, Māori. Programmes also frequently and variously use terms such as 'child-centred', 'family/whānau-led' or 'strengths-based', but the meanings of these and associated terms and how they relate to each other is often not clear.

These programmes would benefit from having a supporting, common infrastructure

All four programmes operate their own programme infrastructure. Local governance arrangements, where required, are generally not strong. With some exceptions, there is a lack of clarity 'on the ground' of the role and function of the Strengthening Families local management groups, and their meetings are generally not frequent – some Local Management Groups have even been disbanded. Similarly, Children's Team stakeholders reported that in reality teams are not 'locally-led and nationally-supported' as purported, and that there is limited community buy-in.

There are also ongoing issues with the three bespoke programme 'information management systems' in use. While they are viewed positively by some, most interviewees reported that they were difficult to use, inaccurate, and provided little benefit. The SWiS programme does not have an information management system, although they do use the Strengths and Difficulties Questionnaire and the SDQ Score platform. But there are also mixed views on the appropriateness of this instrument and the te reo Māori version has not been received well in particular by social workers in kura.

Current worker and network professional development arrangements are insufficient and all too often of mixed quality, patchy, or non-existent.

There are some common challenges, both old and new, in delivering these programmes

Current salary levels are impacting on both worker recruitment and retention. While the studies didn't collect data on actual salary levels, low pay was a theme across Strengthening Families, Family Start, and SWiS. An increasing complexity in the needs and situations of families/whānau, across all four programmes, was also reported, and attributed to a tightening of 'entry thresholds' across government agencies, as well as pressures from wider adverse societal changes. Also, some families/whānau need more than what these early intervention programmes were designed to provide. Related to that issue, there is a need for more time for workers to build trust with families/whānau.

Interruptions and/or delays in service delivery also add pressure. Across Strengthening Families, Family Start, and SWiS, interruptions are not common but they do happen. However, the three Children's Teams experienced significantly long key process timelines, with families/whānau routinely having to wait for months before meeting a Lead Professional. One team appeared to have closed a large number of cases prematurely because of a lack of resources to meet service demand.

Families/Whānau highly value these programmes, and experience good outcomes

From the interviews, the Family Start, SWiS, and Children's Teams, and in particular the individual worker involved, were highly valued by most families/whānau. The reports include numerous accounts from families/whānau on how workers engaged with them and effected positive change. In the Children's Teams' evaluation, in particular, the majority of families/whānau described 'transformational' short to medium term outcomes. While families/whānau were not interviewed in the Strengthening Families research, written feedback from those with planned programme completions was also very positive. Programmes were also valued by other professionals. However, none of these reports examined longer-term outcomes.

Conclusion and Implications

Oranga Tamariki inherits a legacy of over 20 years' experience in, and learning from, designing, testing, delivering and refining early intervention programmes, that participating families/whānau and professionals/workers value.

The following characteristics of the social workers and professionals of Family Start, SWiS, Strengthening Families, and Children's Teams appear to be critically important determinants of their programme's effectiveness:

- knowledge
- skills
- experience
- values
- professional connections, and
- their own organisation's culture and management.

While there are some distinct differences between these programmes, there are important similarities and themes in relation to their purpose, design, infrastructure, delivery and outcomes.

As a result, a number of possible implications are identified, including the following four:

1. The development and delivery of effective early intervention provision is deceptively complex. Designing and working with NGOs to effectively implement and manage the delivery of stand-alone early intervention programmes is challenging. Co-designing the development of early intervention systems that are effective, meet local needs and preferences, and align to other Oranga Tamariki provision, is equally complex.
2. Effective early intervention does not take place in a vacuum and local access to other services, whether they be universal, targeted universal, preventative or intensive support, is also critically important.
3. Effective early intervention is premised on government working collaboratively with others, whether that be iwi, Māori organisations, NGOs, and/or communities (and other government agencies). The current NGO contracting model has disadvantages as well as advantages. Not only is there success, experience and commitment to build on here, there also needs to be care that new future provision is not siloed from current services. Future development needs to take close account of Whānau Ora and existing and other child and family/whānau early intervention and related initiatives from other government agencies.
4. While there is scope for these programmes to be better aligned, there is, to varying degrees, evidence that all four of these programmes are effective. In particular, they are valued by many families/whānau, and the professionals who work with them.

TABLE OF CONTENTS

| | |
|--|----|
| EXECUTIVE SUMMARY..... | 3 |
| The purpose of this synthesis | 3 |
| Background | 3 |
| Methodology..... | 4 |
| Findings..... | 4 |
| Conclusion and Implications | 7 |
| TABLE OF CONTENTS..... | 8 |
| List of tables | 9 |
| List of figures..... | 9 |
| INTRODUCTION | 10 |
| BACKGROUND | 13 |
| METHODOLOGY..... | 16 |
| Approach..... | 16 |
| Reports..... | 16 |
| Research limitations..... | 18 |
| FINDINGS..... | 19 |
| 1: These programmes have their own approaches but similar purposes | 19 |
| 2: There are commonalities in programme design across the interventions..... | 27 |
| 3: These programmes would benefit from a supporting, common infrastructure | 36 |
| 4: There are some common challenges in delivering these programmes..... | 42 |
| 5: Families/whānau highly value these programmes and experience good outcomes..... | 50 |
| POSSIBLE IMPLICATIONS | 53 |
| CONCLUSION | 55 |
| REFERENCES | 56 |
| APPENDIX A: THE FOUR PROGRAMMES | 62 |
| APPENDIX B: PRIOR TO ORANGA TAMARIKI..... | 65 |
| APPENDIX C: OTHER INTERAGENCY INITIATIVES | 66 |
| APPENDIX D: RECENT LEGISLATIVE CHANGES | 68 |
| APPENDIX E: CHILD WELLBEING ORIENTATIONS..... | 69 |

List of tables

| | |
|--|----|
| Table 1: Early Intervention Policy Frameworks in New Zealand | 13 |
| Table 2: Level 1 reports | 16 |
| Table 3: Level 2 reports | 17 |
| Table 4: Purpose-related programme similarities and differences | 19 |
| Table 5: Themes on the intended purpose of each of the programmes | 21 |
| Table 6: Design-related programme similarities and differences | 27 |
| Table 7: Design-related programme themes | 31 |
| Table 8: Infrastructure-related programme similarities and differences | 36 |
| Table 9: Infrastructure-related programme themes | 38 |
| Table 10: Delivery-related programme similarities and differences | 42 |
| Table 11: Delivery-related programme themes | 44 |
| Table 12: Outcomes-related programme similarities and differences | 50 |
| Table 13: Outcomes-related programme themes | 50 |
| Table 14: Overview of programmes | 62 |
| Table 15: Differences between child protection and family service systems | 69 |
| Table 16: Three orientations on the role of the state vis-à-vis child maltreatment | 70 |

List of figures

| | |
|---|----|
| Figure 1: Characteristics of Early Intervention Definitions | 10 |
| Figure 2: The Hardiker Model | 22 |

INTRODUCTION

Over 2019 and early 2020, the Evidence Centre of Oranga Tamariki–Ministry for Children (Oranga Tamariki) published eight research and evaluation reports on four of the organisation’s largest ‘early intervention’ programmes (aka interventions). These Oranga Tamariki conducted or commissioned reports were on:

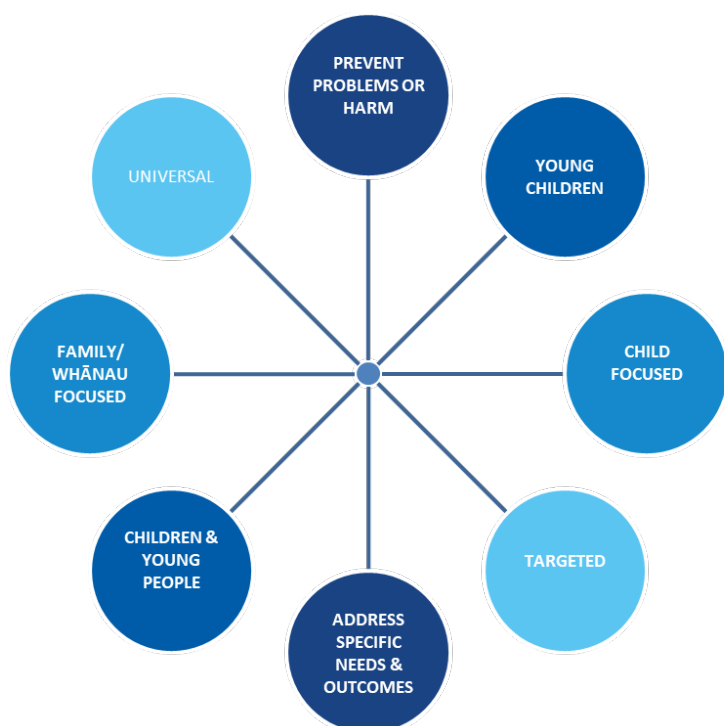
- Strengthening Families (1)
- Family Start (1)
- SWiS (3), and
- Children’s Teams (3).

Oranga Tamariki has an annual budget of \$177 million p.a. for various contracted services that are provided by NGO and iwi services providers, much of which goes to prevention, early intervention, and targeted support programmes. The top five contracted programmes by budget (in the 2019/20 financial year) are:

- Family Start, \$50.7 million p.a., with an additional 7.5% increase for 2020/21
- Services in Schools (Social Workers in Schools, etc), \$28.3 million p.a.
- Medium/high intensity wraparound family support services, \$25.7 million p.a.
- Children’s Health Camps, \$15.2 million p.a.
- Low to medium intensity family support services, \$8.5 million p.a.

Internationally, there are a wide range of early intervention definitions. However, as shown in Figure 1, most of these definitions can be located along each of the four colour-coded axes below.

Figure 1: Characteristics of Early Intervention Definitions



The following is a useful broadly inclusive definition of early intervention from the UK's Early Intervention Foundation (n.d.), which reasonably well represents the current Oranga Tamariki operating model with NGO partners:

...identifying and providing effective early support to children and young people who are at risk of poor outcomes. Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life. Early intervention can take different forms, from home visiting programmes to support vulnerable parents, to school-based programmes to improve children's social and emotional skills, to mentoring schemes for young people who are vulnerable to involvement in crime (para.1).

As well as making it clear that early intervention can take different forms and occur at any age in a child's life, this definition emphasises that early intervention works to both prevent problems and/or address them when they occur.

Across these four major programmes it was found anecdotally that there were some common themes that came out of each study, even when the study designs and research questions were quite different.

As such, there was an opportunity to re-examine the existing individual studies and build upon the findings from each to see what else might be learned and communicated to help inform work on:

- the new Oranga Tamariki operating model and ongoing discussions with iwi, Māori organisations, NGOs and communities on the development of sustainable local approaches to early intervention
- analysis of service gaps and the design of future prevention and early intervention provision
- improving child wellbeing, through the 'Oranga Tamariki Action Plan' and the Department of the Prime Minister and Cabinet-led 'Child and Youth Wellbeing Strategy', and
- other related Oranga Tamariki Policy, Partnering for Outcomes and Evidence Centre priorities.

This report therefore seeks to draw out similarities, differences, themes and potential gaps from across the research and evaluation studies on these four early intervention initiatives. This is supplemented by some more limited coverage of older studies undertaken or commissioned by the Ministry of Social Development (MSD) and predecessor government organisations, along with reference to related studies on other government programmes e.g. Whānau Ora.

In terms of the structure of the report, following brief discussions on background and methodology, most of the report is devoted to discussing the research findings across the following five programme domains:

- Purposes
- Designs
- Infrastructures
- Delivery, and
- Outcomes.

There are also five appendices with additional material on the following:

- the four programmes
- early intervention provision prior to Oranga Tamariki
- other interagency child and family/whānau initiatives
- Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017, and
- orientations on the role of the state vis-à-vis child wellbeing.

This analysis was primarily undertaken by Iain Matheson of Matheson Associates Limited, over the period January to June 2020. Dr Matheson was also the main author of the included research study on Strengthening Families. While this report has been written with Oranga Tamariki Policy, Partnering for Outcomes and Evidence Centre audiences in mind, account has also been taken of the information needs of organisations and professionals up and down the country working in, with, or across, any or all of these four programmes.

Please note that as the 'Oranga Tamariki Evidence Centre' is the author or co-author of all of the reports that are the primary focus, for ease of reading, in-text citations are only included for these reports where quotations have been included or for clarity. Similarly, Level 2 in-text citations have generally not been included in the report's tables.

BACKGROUND

Over more than 20 years, early intervention has at different times been located within, and across, the following policy frameworks. In reverse chronological order these are identified in the following table.

Table 1: Early Intervention Policy Frameworks in New Zealand

| Year | Report title |
|------|--|
| 2019 | Child and Youth Wellbeing Strategy (Department of the Prime Minister and Cabinet, 2019) |
| 2018 | Children's Amendment Act 2018 (Strategy for improving children's wellbeing and Oranga Tamariki Action Plan) |
| 2018 | Establishment of Oranga Tamariki and new operating model (Oranga Tamariki, n.d.-a) |
| 2017 | Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017 |
| 2015 | Final Report of the Expert Panel on the Modernising of Child, Youth and Family 2015 |
| 2014 | The Children's Act 2014 (including Children's Teams and statutory obligations in relation to Children's Action Plan) |
| 2012 | White paper on Vulnerable Children 2012 (including Children's Action Plan) (MSD, 2012-a; 2012-b) |
| 2010 | Whānau Ora 2010 (capability building 2010-14 and commissioning from 2015) |
| 1998 | Strengthening Families Umbrella Strategy 1998. |

Strengthening Families, Family Start, and SWiS were initially all part of the national interagency Strengthening Families Umbrella Strategy (1998). The establishment of the Strengthening Families programme in 1997 was strongly led by the Directors-General of the Department of Social Welfare and the Ministry of Health, as well as the Secretary of the then Department of Education. The intent was that Strengthening Families, and the associated protocols that were put in place, would enable government agencies (including territorial local authorities) to work more 'efficiently and effectively' with the country's most 'at-risk children'. Initially NGO involvement was limited, and presumably this was also the case with Māori (and Pasifika) social services.

Strengthening Families was quickly rolled-out, initially without funding for salaried coordinators, and by November 1999 there were 70 Local Management Groups in place across the country. The programme was pioneering in that it sought to better harness and build upon family/whānau strengths. However, it can arguably also be seen, within the context of the Children, Young Persons and Their Families Act 1989 and its implementation, as in part

harking back to the unsuccessful 1986 Children and Young Persons Bill. This Bill had proposed introducing mandatory reporting of child abuse and further strengthening multiagency working (Ernst, 1999), ie before Puao-Te-Ata-Tu (Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1986).

Initially Strengthening Families and the local coordination of services, “was part of an umbrella Strengthening Families strategy, which also encompassed Family Start [in 1998], and subsequently led to the development of High and Complex Needs (HCN), and Social Workers in Schools (SWiS) programmes [in 1999]” (MSD, 2005, section 3.2). However, the origins of Family Start and SWiS go back further than this, with Family Start being based on the late Professor Ferguson’s Early Start programme in Christchurch, and SWiS being based on work undertaken on the North Shore by Raj Prasad and Michael Belgrave. Over those first few years, government ministries and departments reported annually on cross-sectoral outcome measures, although no reference was found to the Strengthening Families Umbrella Strategy beyond 2001.

Children’s Teams had a different pathway, as it came from the publication of the White Paper on Vulnerable Children in 2012 (Children’s Action Plan Directorate, 2015-a). As part of the resulting Children’s Action Plan, launched in October 2012, Children’s Teams were established under the Children’s Act 2014 (previously the Vulnerable Children Act). The Children’s Action Plan and Children’s Teams introduced a new collaborative way of working with the goal of better identifying, protecting, and supporting vulnerable children and their families/whānau. The Children’s Action Plan mapped out how government agencies were to work together in order to improve results for vulnerable children and their families/whānau. As well as the establishment of Children’s Teams, the Children’s Action Plan included safety checking of people who work with children, and a programme to build children’s workforce capability.

Under the Act, the five Chief Executives of the Ministries of Social Development, Health, Education, Justice, and the Police were required to work together to prepare and report progress on a Vulnerable Children’s Plan. To support this, they established a stand-alone Children’s Action Plan Directorate, which was absorbed into Oranga Tamariki in 2017. Oranga Tamariki (n.d.-b) has since announced that it will be “gradually shifting the Children’s Teams to new, community-based approaches as these are developed” (para. 4).

All social programmes, including those aimed at early intervention with children and families/whānau, are conceived, designed, and developed to address a particular policy problem, at a particular point in time and in a particular way. Social programmes are shaped by the political, social, and economic issues of the day, and may have varying degrees of ongoing political, professional, and public support. The organisational context for a programme may also change, as it has with all four of these. The absorption of the interagency Children’s Action Plan Directorate and Children’s Teams into Oranga Tamariki was clearly a significant change.

Similarly, since being established, Strengthening Families, Family Start, and SWiS have at different times been the responsibility of various different government entities. All government organisations have their own roles and functions, priorities and ways of doing things. Even where there is all-round ongoing support for a programme, the budgetary context is also important and what was a priority for one government in launching a new initiative may not be as important for the next in terms of funding its ongoing development and expansion. For instance, Family Start and SWiS both took 15 years to achieve national coverage. Prior to the decision to develop an alternative to the Children’s Team model, full national coverage was some years away.

While adapting to changing policy frameworks is also a challenge for Oranga Tamariki, in relation to the social work and other services that they deliver directly and indeed any public service, there are perhaps some different complexities around management of change especially where nationally developed stand-alone programmes have been contracted out, along with their manuals, associated infrastructure, service specifications, and monitoring arrangements. While programmes try and remain relevant, over time there may also be a divergence in relation to programme values and principles.

METHODOLOGY

Approach

The synthesis and thematic analysis were undertaken at two levels, depending on the report being analysed. The eight published Oranga Tamariki Evidence Centre studies (Level 1 reports) were thematically analysed for similarities, differences, themes and gaps. MSD programme research and evaluation reports and others (Level 2 reports, including two draft Evidence Centre evidence reviews and some Whānau Ora material), were then reviewed for background and other relevant information. Some further Level 2 evaluation and research reports were identified and incorporated over the course of the analysis, along with some additional contextual information.

A pragmatic mixed methods approach was taken that recognises the value of both qualitative and quantitative data, methods, and designs. As well as thematic analysis, document analysis was also used. However, beyond presenting some numerical information from individual reports, no further statistical analysis has been undertaken. This research uses a social work child and family/whānau wellbeing lens and, in common with many early intervention programmes in both New Zealand and overseas, is also informed by ecological systems thinking (Bronfenbrenner, 1979).

Reports

Six of the eight Level 1 reports are qualitative and two are mixed methods; while none are quantitative several Level 2 reports are, including three quasi-experimental studies. As such, detailed perspectives from workers, managers and other stakeholders, and to a lesser extent families/whānau, feature prominently. Reports are listed in Tables 1 and 2 as follows:

Table 2: Level 1 reports

| Programme | Report title |
|-------------------------------|--|
| Strengthening Families | – Strengthening Families: Research on how the programme operates (Oranga Tamariki Evidence Centre, 2020-d). |
| Family Start | – Evaluation of the Family Start programme: report on the findings of the process evaluation (Oranga Tamariki Evidence Centre & Allen + Clarke, 2020). |
| SWiS | – <i>Social Workers in Schools: A synthesis of recent research into SWiS in kura kaupapa Māori, kura-a-iwi and English medium schools</i> (Oranga Tamariki Evidence Centre, 2020). – <i>Social Workers in Schools: Report to Oranga Tamariki</i> (Education Review Office, 2019). – <i>Social Workers in Schools: Tamariki and whānau experiences of the SWiS programme in kura kaupapa Māori and kura ā-iwi</i> (Te Wāhanga, New Zealand Council for Education Research, 2020). |
| Children's Teams | – <i>Children's Teams evaluation: Final report</i> (Oranga Tamariki Evidence Centre, 2019-a). – <i>Children's Teams evaluation technical appendix A: What we learnt from key stakeholders</i> (Oranga Tamariki Evidence Centre, 2019-b). – <i>Children's Teams evaluation technical appendix B: What we learnt from whānau</i> (Oranga Tamariki Evidence Centre, 2019-c). |

Table 3: Level 2 reports

| Data source | Description |
|--------------------------------|--|
| Strengthening Families | <ul style="list-style-type: none"> – <i>Strengthening Families research report - Literature review of international context and overseas programmes</i> (Oranga Tamariki Evidence Centre, 2020-c). |
| Family Start | <ul style="list-style-type: none"> – <i>Impact of the Family Start home visiting programme on outcomes for mothers and children: A quasi-experimental study</i> (Vaithianathan, Wilson, Maloney, & Baird, 2016). – <i>Improving alignment of Family Start and Well Child Tamariki Ora services: Final report to the Ministry of Health</i> (Davies & Roberts, 2013). |
| SWiS | <ul style="list-style-type: none"> – <i>SWiS literature scan: Examples of key strengths and challenges in the delivery of school-based social work support</i> (Oranga Tamariki Evidence Centre, 2020-b). – <i>The impact of Social Workers in Schools: A preliminary investigation using linked administrative data – working paper</i> (Jiang, Maloney, Staneva, Wilson, & Vaithianathan, 2017). – <i>Social Workers in Schools: Expansion evaluation</i> (Belgrave et al. 2002). – <i>Evaluation of the Social Workers in Schools pilot programme final report</i> (Ministry of Social Policy, 2000). |
| Children's Teams | <ul style="list-style-type: none"> – <i>Assessment of the establishment and early implementation of the Children's Action Plan in Hamilton</i> (Ripple Collective, 2016). – <i>Assessment of the design and implementation of the Children's Teams to January 2014</i> (Social Policy Evaluation and Research Unit, 2014). |
| Other relevant material | <ul style="list-style-type: none"> – <i>Draft evidence review: Early intervention frameworks – 6 May 2019</i> [Unpublished] (Oranga Tamariki Evidence Centre, 2019-d). – <i>Draft evidence review: Risk and protective factors – April 2019</i> [Unpublished] (Oranga Tamariki Evidence Centre, 2019-e). – <i>Draft evidence review: Intensive intervention – 16 July 2018</i> [Unpublished] (Oranga Tamariki Evidence Centre, 2018-b). – <i>Whānau Ora review/ Tipu matoro ki te ao - final report to the Minister for Whānau Ora</i> (Te Puni Kōkiri, 2018). – <i>Formative evaluation of the Whānau Ora commissioning agency model: An independent evaluation report</i> (Te Puni Kōkiri, 2016). |

Research limitations

1. The research and evaluation studies covered in this report have different purposes and address different questions. They use a range of methodologies and data collection and analysis methods, world views, and cultural perspectives. As with all studies, each has its own limitations and strengths. One particular limitation identified in some of the reports relates to the accuracy of included programme administrative data. Furthermore, some individual findings that this report relies upon may no longer be applicable.
2. The analysis is secondary research based on research and evaluation reports. No interviews have been carried out and the collection of additional programme data was out of scope. Therefore, any administrative data, policy changes, documentation and/or institutional knowledge that have not been included in the existing research and evaluation reports, or have since changed, will not be reflected here. There is one exception to this. In instances where there were important programme information gaps, some specific information has been obtained from publicly available programme manuals, service specifications, and related sources. However, these documents which collectively run to hundreds of pages, were not fully re-reviewed.
3. An Oranga Tamariki-commissioned Family Start impact evaluation currently underway, is not included as part of this report. As such, only one of the eight Level 1 reports is on Family Start (a process evaluation). Similarly, it should be recognised that all three Level 1 Children's Teams evaluation reports relate to only three of the country's ten Children's Teams, ie Rotorua, Horowhenua/Ōtaki and Canterbury. Some older research, evaluation, assessment, or review reports were not in the Oranga Tamariki library, on the MSD website, or otherwise publicly available (ie Cribb; 2009; Davidson, 2007; Fielding, 2011; Kahanui, 2015; KPMG, 2016).
4. This report also has its own limitations. In synthesising such a large volume of diverse material, judgements were continuously made on what material was most relevant, persuasive, and useful. It is also important to recognise that in removing some of the individual studies' findings from their immediate context, apparently important programme similarities, differences and themes may have been missed.

FINDINGS

1: These programmes have their own approaches but similar purposes

Key points:

- Different approaches and forms of early intervention, but purposes largely similar
- Programmes currently targeting similar families/whānau
- Also targeting those families/whānau willing to accept prescriptive national parameters
- Individual strengths aside, programmes are nationally and locally siloed

Purpose-related programme similarities and difficulties, are identified below:

Table 4: Purpose-related programme similarities and differences

| | Strengthening Families | Family Start | SWiS | Children's Teams * |
|---------------------------------------|--|---|--|---|
| Programme aim(s) | Improve outcomes of children, young people and their families/whānau | Improve: children's outcomes; parenting; & family circumstances | Safe, healthy & socialised children fully engaged in school, & protect vulnerable children | Support vulnerable children who do not meet statutory intervention thresholds |
| Children & families/whānau | Vulnerable children & family/whānau as per the white paper | At-risk mothers & high-needs babies | [Vulnerable] children aged 5-13 in most (& some previous) decile 1, 2 and 3 schools/ kura | Currently children at risk of abuse or neglect (Oranga Tamariki, 2020-a) |
| Intervention descriptor | Family/whānau-led planning & coordination | Home-based parenting education & support | Social work with children, whānau, groups, or whole-of-school | Family/whānau-led planning & coordination |

*Note: Children's teams were in Rotorua, Canterbury and Horowhenua/Ōtaki.

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|--|--|---|--|--|
| Intervention type | Interagency collaboration | Direct service provision | Direct service provision | Interagency collaboration |
| Programme contact/intensity | Varies | Quite high – initially 1 hr. weekly | Varies | No data |
| Hardiker model (cited in Owens, 2010) (can vary by area) | Level 2/3 (children & families in need/severe difficulties) | Level 2/3/4 (children/families in need/severe issues/intensive long-term) | Level 2/3 (children & families in need/severe difficulties) | Level 3/4 (children & families with severe difficulties/intensive long-term) |
| Prevention level | Secondary (EI) &/or tertiary or primary | Secondary (EI) &/or tertiary | Secondary (EI) &/or tertiary or primary | Secondary (EI) &/or tertiary |
| Prevention (and strengths-building) approach | Targeted universal (universal, targeted &/or individual too) | Targeted & individual | Targeted universal (universal, targeted &/or individual too) | Individual |
| Primary context | Social work | Child development | Education | Varies |

Purpose-related programme themes, are identified below:

Table 5: Themes on the intended purpose of each of the programmes

| Themes on the intended purpose of the programmes: | S F | F S | S W I S | C T |
|---|--------|--------|------------------|--------|
| Stand-alone programmes with limited national or local integration | ● | ● | ● | ● |
| Nationally programme purposes remain largely as originally intended | ● | ● | ● | |
| While all are EI initiatives, each framed differently from each other and other Oranga Tamariki and other provision | ● | ● | ● | ● |
| Any location and age-limits aside, programmes largely targeting similar families/whānau | ● | ● | ● | ● |
| Programmes highly prescribed in how they engage with children and families/whānau | ● | ● | | ● |
| Significant variability in programmes' availability across the country | | | ● | ● |
| Some challenges on interface with statutory provision | ● | ● | ● | |
| Limited clarity on programmes' location on service delivery spectrum | ● | ● | ● | |
| Being 'child-centred', 'whānau-led' and culturally responsive framed differently | ● | ● | ● | ● |
| Limited linkages with related Oranga Tamariki and interagency programmes | ● | | ● | ● |

Note: In the columns, SF =Strengthening Families; FS =Family Start; SWIS =Social Workers in Schools; CT =Children's Teams.

Different forms of early intervention but largely similar purposes

These programmes are but four from a plethora of early intervention initiatives for children, young people and families/whānau. Various early intervention programmes are provided by, through or with: Oranga Tamariki; Ministries of Social Development, Health, Education and Justice; New Zealand Police; Te Puni Kōkiri; and others.

One critical distinction is the extent to which the purpose of programmes (and how they are designed and implemented) focuses on each of the following:

- providing support to those who are disadvantaged because of either their background or current circumstances
- reducing the likelihood of future child abuse or coming into care, or
- improving wellbeing.

This distinction is most apparent when comparing the children and families/whānau that are targeted by Strengthening Families and the Children's Teams, given that one of these two similar programmes is available in each and every area of the country. While Strengthening Families takes a broad approach and states that it is for 'vulnerable' children and families/whānau, the Oranga Tamariki webpage on Children's Teams states that the service is

(now) for one subset of ‘vulnerable children’ ie those where there are concerns that a child is “at risk of abuse or neglect” (Oranga Tamariki, n.d.–b, para 8).

Table 3 also provides some indication of similarities (and differences) across the four programmes as:

- social work (mainly) Hardiker model levels 1, 2, 3 and 4 (as cited in Oranga Tamariki Evidence Centre, 2019-d)
- health (mainly) primary, secondary, and tertiary prevention levels (Child Welfare Information Gateway, n.d.), and
- education (mainly) universal, targeted and individual prevention approaches (Victoria Department of Education and Training, n.d.) along with targeted universalism (National Collaborating Centre for the Determinants of Health, 2013; Whitehead & Dahlgren, 2006).

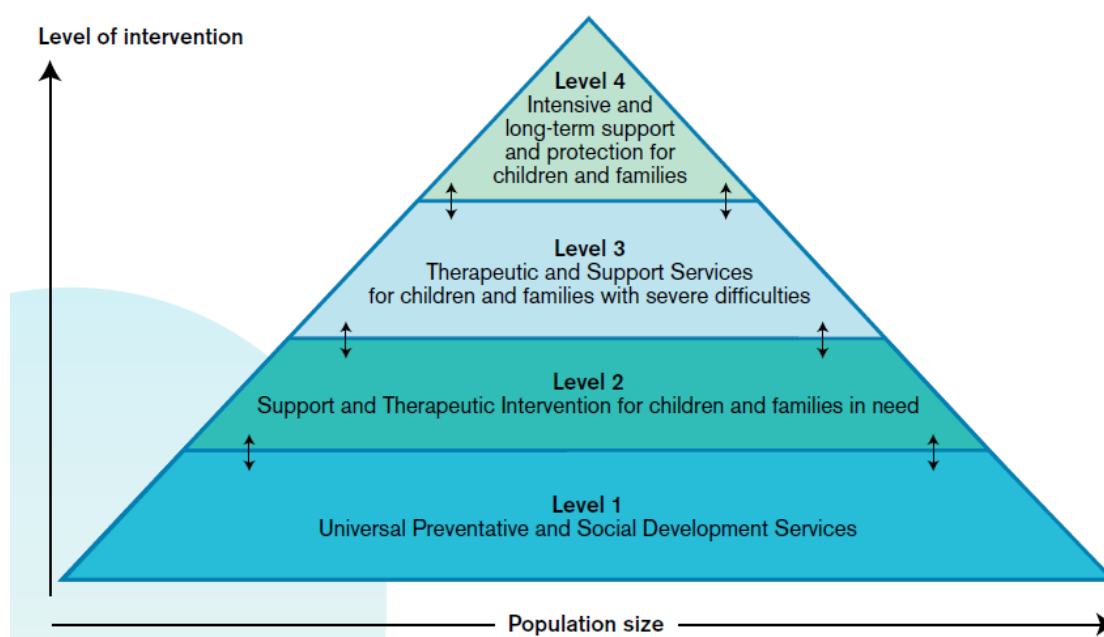
That these programmes have similar purposes is not of itself a problem. In those areas where two or three of these programmes are available, families/whānau and referring professionals may, depending on the age of the child, have choices and preferences in terms of a particular programme (and provider, way of working, programme intensity and length).

However, this situation can become an obstacle to effective local communication, coordination and collaboration and meeting local needs where:

- provision largely coalesces around one part of the service delivery spectrum where providers often compete for clients in order to meet their contracted volumes
- there is a lack of complementary universal, prevention and intensive intervention provision, and
- early intervention providers are not incentivised to take on more challenging cases.

The Hardiker model, widely used in the UK and the Republic of Ireland, is shown in Figure 1 (as cited in Owens, 2010). Pauline Hardiker and colleagues developed this model to help understand different levels of need within populations of children.

Figure 2: The Hardiker Model



The Strengthening Families and Children's Teams reports found that a key need was for more child and family/whānau support services, ie universal, preventative, early intervention, or intensive, rather than coordination of services. To some extent this was also reflected in the reports on Family Start and SWiS. One of the challenges for the Oranga Tamariki Action Plan will be to ensure the availability of an appropriate mix of services across localities, and at the various levels, as highlighted by Hardiker.

Programmes are currently targeting similar families/whānau

Be it at different times, across different locations, and with children of different ages, programmes largely target similar families/whānau. This has become more apparent over recent years with Family Start and SWiS moving to national coverage, and some Strengthening Families programmes being terminated to make way for Children's Teams.

Strengthening Families was first introduced in 1997 to help statutory social workers, health professionals and Ministry of Education and school staff to work with "New Zealand's most 'at risk' children" (Oranga Tamariki Evidence Centre, 2020-d, p. 16) on a more efficient and effective, interagency basis. While it has long been seen as an early intervention programme, that was not its original purpose. The programme has undergone a number of incremental developments since its inception, although the operational model remains essentially the same today as it was in 1999 when salaried coordinators were first introduced. However, the purpose and context of Strengthening Families has radically changed, and while some areas continue to work with 'at-risk' children, today Strengthening Families largely serves different children through mostly different professionals.

Family Start which was established the following year in 1998 is still mainly focused on the same 'at risk' mothers and high-needs babies as it was back then. What has changed is that there is now a stronger 'whānau' orientation, and the skill levels of the whānau workers is higher. The programme has also changed structurally over time, going from low structure in its early days to high structure when it took on many of the characteristics of a Manualised Evidence-supported Treatment or MEST (Barth & Lee, 2014). However, these days it is a moderate structure where there are mandatory core programme elements, with flexibility on how other aspects of the programme are applied. SWiS, notwithstanding the focus on professionalisation and the expansion to kura kaupapa Māori and kura ā-iwi, has generally remained largely the same. It is more difficult to make a judgement with Children's Teams, as these started to be implemented while their model was still under development.

All these programmes were largely predicated upon an assumption that 'effectiveness' meant that a child or family/whānau would require no other early or statutory intervention in the future, ie these programmes would 'fix' children and families/whānau. Over the years we have learnt the hard way that this is not the case, a fact which is now clearly evidenced in the new Section 7 (bab) of the Oranga Tamariki Act 1989 in relation to the Oranga Tamariki Action Plan. As well as ensuring a sufficient range of age and developmentally appropriate services that meet the needs of children and young people, there is a requirement to ensure that the necessary processes are in place to enable children and young people to move between such services.

Also 'targeting' those willing to accept prescriptive national programme parameters

National programmes with certain prescriptive components have some clear advantages over the development of more holistic child and family/whānau support services. However, they also have disadvantages and those disadvantages will be more marked in areas with few appropriate service provision choices.

For example, the national Strengthening Families referral criteria are very broad, as follows:

The Strengthening Families process is appropriate if:

a Strengthening Families approach will provide added value to family's desired outcomes, and is in the best interests of the child, young person or family/whānau.

the child, young person or family/whānau has multiple needs that would benefit from coordinated multi-agency support, but do not require a statutory response or intensive intervention.

more than one agency is required (or should be involved) with the child, or young person and their family/whānau (MSD, as cited in Oranga Tamariki Evidence Centre, 2020, p. 22).

However, notwithstanding this breadth, this voluntary programme is effectively limited to those family/whānau who are willing to have information about them and their needs shared with several government and/or community organisations. Families/whānau also need to be willing to attend the Strengthening Families meetings with representatives from a range of agencies, and to actively engage in the development or review of their plan with them. The programme does not operate flexibly, so it is generally not an option for families/whānau to work with only one or two professionals. Therefore, while the referral criteria may be broad, it also limits access, and by extension referrals (and potentially programme completions), to a particular subgroup who may be unrepresentative of those who might need and benefit from the service.

In contrast to Strengthening Families, Family Start's elevated risk-based referral criteria are very detailed. This programme is by definition limited to those at-risk mothers who are willing to have someone visit them in their home for potentially several years. This is also a relatively intensive programme with a requirement that visits initially take place weekly. There may or may not be alternative local support options available for at-risk mothers who are not prepared to welcome or at least accept these requirements.

It is also apparent that some families/whānau are referred (or refer themselves) to one of these early intervention programmes as a means of securing other (difficult to access) services. This was most apparent in the Strengthening Families report, given the broad referral criteria and service coordination focus. However, for individual cases, or in areas where many of the cases have more of a prevention than early intervention focus, interagency case conferencing may be an unnecessarily 'escalated' response and represent poor use of resources. Conversely in cases where intensive support rather than early intervention is needed, this particular form of interagency case conferencing may be insufficiently robust.

From the other research and evaluation reports it is clear that Children's Teams also have a central focus on identifying, accessing and coordinating needed services, as do, to a lesser, extent both Family Start and SWiS. With its Kaiārahi (Navigators), accessing services, whether that be social services, education and/or health services and programmes, and/or other resources, is also an important component of Whānau Ora, (Te Puni Kōkiri, 2020). However, Whānau Ora is more than an early intervention service and has also been commissioning provision in relation to family violence, suicide prevention, and addiction since 2017 (Te Puni Kōkiri, 2018).

One of the implications of the Strengthening Families' report relates to "updating, re-orientating, and overhauling Strengthening Families [to] integrate Strengthening Families

better operationally and strategically with prevention, early intervention, and intensive support initiatives [and Whānau Ora]" (Oranga Tamariki Evidence Centre, 2020, p. 5).

While the reports on Strengthening Families and the Children's Teams reflected that interagency service coordination was valuable, both highlighted that the availability of appropriate local services to actually coordinate was often limited. To a lesser extent, while noting that Family Start and SWiS are both service delivery programmes, a lack of other local appropriate services was apparent from these reports too.

This is not a new issue. Long before the Expert Panel on the Modernising of Child, Youth and Family (2015-a, 2015-b), the Brown (2000) review report *Care and Protection is about Adult Behaviour* made the following recommendations in relation to early intervention:

7.1 ...the setting up of a Child Welfare Commission, composed of community and Departmental members...

7.2 ...the setting up of Community Councils, attached to each CYF site...

7.4 ...consideration be given to the devolution to the community of non-statutory work (restorative work, formal and informal care work, Family Group Conference follow-up)...

8.2 That the Strengthening Families model be used more extensively in providing services for child and adolescent mental health.

8.5 That preventative and early intervention programmes be introduced (p. 109).

One of the actions from the Brown review and 'blueprint' that followed was the establishment of a major Local Services Mapping project that was to stocktake and plan local services with communities (Maharey, 2002-a, 2002-b). However, the project was terminated in the mid-2000s.

Today, it is clear from the reports that all four programmes provide local structures and opportunities for professionals to routinely work collaboratively for the benefit of children and families/whānau. As long as they, and their managers, see value in the processes and are willing to participate, programmes provide regular opportunities to collaborate under the auspices of a set of supportive widely shared principles, and can and do lead to a better understanding of other professionals, and strengthened professional relationships. Potentially, they also provide opportunities to identify and address gaps in services eg through Strengthening Families Local Management Groups, Children's Teams' governance groups, and the SWiS governance and cluster groups. However, the current availability of a suitable mix of early intervention and universal, targeted universal, prevention, and intensive support services to meet local needs, is far from what will likely be required to support the new Oranga Tamariki operating model.

Programmes are stand-alone

From across the Level 1 reports, it is clear that all four programmes, depending on programme focus, take either a strong bi-agency or interagency approach. All appear to work very collaboratively across their individual networks and demonstrate success in breaking down professional and organisational barriers for the benefit of their children and families/whānau.

However, across the reports, there is remarkably little mention of any of the other three programmes, with some exceptions. For example, the Family Start report lists Strengthening Families as a referral source (0.7% of all their referrals nationally), and Children's Teams are

also referred to in relation to 30 FTE whānau workers seconded from Family Start providers to Children's Teams. There is also a reference in the Strengthening Families report, although this was in relation to the introduction of the Children's Teams creating doubt about the continuation of Strengthening Families. Beyond such examples, no reference to collaborative working across any of these programmes was identified. This may of course simply reflect the fact that both interviewees and researchers were themselves focused on individual programmes. However, given that two or three of these programmes co-exist in most areas of the country, and the fact that many NGOs are contracted to provide more than one of these services, this is rather surprising. That said, while not addressed in any of the studies, it is possible that as part of a stronger and more integrated network of local services, Family Start and SWiS were in fact strengthened in those areas where Children's Teams operate.

This apparent disconnection is also reflected at national level with no interagency leadership arrangements in place (although Family Start does meet with the Ministry of Health quarterly, and there may be new arrangements in place in relation to the Oranga Tamariki Action Plan). While Strengthening Families, Family Start, and SWiS national advisors have been part of the same corporate team, since the early 2000s, these programmes have been managed as discrete initiatives with their own service specifications, staffing requirements, mandatory programme components, manuals, tools, resources, and information management systems, etc. Up until the time when nationally coordinated professional development ceased, this too was undertaken separately.

Locally, a siloed approach is also reflected, or reinforced, with an apparent lack of local collaborative mechanisms across these programmes. The Strengthening Families (Oranga Tamariki Evidence Centre, 2020-d) report highlights the need for better integration with other interagency programmes nationally and locally, as well as with Whānau Ora.

2: There are commonalities in programme design across the interventions

Key points

- More design similarities than differences across programmes
- Integration of programme fidelity, flexibility, and evidence
- Programmes less appropriate for Māori than Pākehā?
- On being child-centred, ethos and language

Design-related programme themes, are identified below:

Table 6: Design-related programme similarities and differences

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|---|--|---------------------------------|------------------------|---------------------------------|
| Logic model/Theory of change and conceptual understanding | Yes/No | Yes/Yes (Oranga Tamariki, 2019) | Process map | Yes/Yes |
| Budget | \$3.5m + \$543k for national operations (2019) | \$51m (2019) | \$21.4m (2018) | No data |
| Interagency funding contributions | Yes – \$543k above from 5 other agencies | No | No | No |
| MEST or Common Elements Approach ¹ | Neither | Neither | Neither | Neither |
| Programme delivery mechanism | NGO Coordinator service contracted | NGO service contracted | NGO service contracted | Government-led Children's Teams |
| Voluntary/Statutory | Voluntary | Voluntary | Voluntary | Voluntary |

¹ None of the programmes are either 'Manualised Evidence-supported Treatments' (Barth & Lee, 2014) or use a 'Common Elements Approach' (Chorpita, Becker, & Daleiden, 2007).

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|--|---|---------------------------------|---|---|
| Orientation | Strengths-based | Strengths-based | Strengths-based | Strengths-based |
| Primary worker (& whether professionally qualified) | Coordinator (range of qualifications – includes some Registered Social Workers) | Whānau Worker (data ambiguous). | Social Worker (most qualified – all to be registered by 2121) | Lead Professional (no data) |
| Other key local roles | LMG Chairs, lead agents, facilitators (not all area) and Coordinator managers. | Supervisors & managers | Supervisors & managers | Team managers (formerly regional directors), admin staff, service brokers & senior specialists. |
| Organisations | NGO Providers (2 Oranga Tamariki Coordinators) | NGO Providers | NGO Providers | NGO/Government agency contributors |
| Structures | SF meeting participants | | | Children's Action Networks, & Panels |
| Professional frameworks | 9 SF principles | FS competency framework | Competencies | Draft Children's Workforce Competencies (Children's Action Plan Directorate, 2016-b) |

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|-----------------------------------|--|--|--|--|
| National referral criteria | Yes, but very broad | Yes – must meet 1 of 7 List A criteria, with discretion if they meet 2 of 7 List B criteria. Referrals only from confirmation of pregnancy up to 1st yr. (or occasionally 2nd) | Yes, but very broad | None |
| Acceptance criteria | No. Accepted/on waiting list if criteria met, although some areas have additional criteria, explore alternative pathways, and/or assess capacity to engage | No. Accepted/on waiting list, if one of List A criterion is met. No information on acceptance or not of those only meeting List B criteria | No. Accepted/on waiting list if criteria met | Significant, but not serious, risk of abuse or neglect |
| Exclusion criteria | "does not require a statutory response or intervention" is a national referral criteria caveat – used by some but not all areas | Oranga Tamariki involvement not an exclusion criteria but a clear caveat | | Statutory intervention |

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|---------------------------------|--|--|--|--|
| Expected adherence | SF Reporter Initial SF meeting within 14 days | Referral criteria 1st contact >5 days Visiting schedule Assessment & Plan within 6 weeks Always seeing child FS-Net | Referral criteria, Assessment & plan SDQ ² | Referral criteria Oranga Tamariki Tuituia tool Various timeframe requirements |
| Current coverage | Most of NZ (32 Oranga Tamariki areas) | (Almost) all of NZ (all TLAs ³) | All of NZ (school clusters) | Some of NZ (10 DHBs) |
| Specified caseload (FTE) | N/A | 16 (& 1 supervisor for 7 workers) | Around 16 (active), & less than 20 | No data |
| National expansion | Took 1 year | Took 20 years | Took 14 years (decile 1-3 primary & intermediate schools) | Prior to transitioning decision, a team in all 20 DHBs, in whole or in part, by 2021 |
| Intervention length | No data | Up to when they attend school (if needed) | No data | Operational policy is 10 months |

² Strengths and Difficulties Questionnaire (SDQ) – international validated instrument available in both English and te reo Māori).

³ Not available in the Chatham Islands. Also, although in all TLAs, not necessarily available in more remote rural areas.

Design-related programme themes are identified below.

Table 7: Design-related programme themes

| Design themes: | S F | F S | S W I S | C T |
|--|--------|--------|------------------|--------|
| Stand-alone programmes with prescribed requirements | ● | ● | ● | ● |
| Relationship-based | ● | ● | ● | ● |
| Strengths-based | ● | ● | ● | ● |
| Child-centred, families/whānau-led and culturally responsive (as variously framed) | ● | ● | ● | ● |
| Strong bi-agency or interagency focus | ● | ● | ● | ● |
| Work with largely similar range of government and NGO professionals | ● | ● | ● | ● |
| Salaries and reported recruitment and retention issues | ● | ● | ● | |
| Insufficient training | ● | ● | ● | |
| The characteristics of individuals who deliver programmes, and how, has changed | ● | ● | | |
| National programme referral criteria very broad | ● | | ● | |
| Resistance from some agencies on collaborating | ● | | | ● |
| Reported increase in Oranga Tamariki thresholds have impacted programmes | ● | ● | ● | |
| Issues around geographically accessing some children and families/whānau | | ● | ● | |
| Some resistance and limited confidence in some model elements and use of compulsory tools | ● | ● | ● | |
| Coordination and brokering activities do not of themselves address gaps in local service provision | ● | | ● | ● |
| There are significant overlaps (and gaps) between these four early interventions and some others | ● | ● | ● | ● |

More design similarities than differences across programmes

As seen in Tables 5 and 6, there are a surprising number of similarities between these programmes. As well as largely targeting the same families/whānau as discussed earlier, they broadly share the following programme design and/or operational characteristics:

- Stand-alone programmes
- Each based around a specific professional role which is normally undertaken by an NGO employee
- National referral criteria

- Relationship-based
- Strengths-based
- Prescribed requirements and processes
- Child-centred, families/whānau-led and culturally responsive (as variously framed)
- A strong bi-agency or interagency focus
- Coverage over most or all of the country
- Delivered locally rather than regionally or nationally
- Work with largely similar range of government and NGO professionals, and
- Are used with Māori and non-Māori children and families/whānau alike.

With the exception of Children's Teams, the other three programmes:

- were developed as part of the same 'umbrella' national strategy
- remain locally-focused
- have central specific professional roles, which are dedicated roles and salaried, ie Strengthening Families Coordinators, Family Start Whānau Workers, and SWiS
- have similar practice principles
- have broadly similar manuals, service specifications, contracts and reporting requirements
- originated as local developments, and
- are managed by Partnering for Outcomes nationally and regionally.

However, there are some distinct differences across programmes: Strengthening Families uses interagency conferences; Family Start has its parenting resource and prescribed regular home visits; SWiS undertakes some group or whole-of-school work; and the Children's Teams have a distinctive referral management process. The programmes all also largely operate in different settings.

Integrating programme fidelity, flexibility, and evidence

Fidelity in this context refers to an assessment of the extent to which a programme matches the intentions of the developers such as, for example, referral criteria, number and frequency of sessions, session content, techniques used, method of supervision (adherence), and the delivery skill of practitioners (competence) (Mildon, Dickinson & Schlonsky, 2014; Schoenwald et al., 2011).

It is important to recognise that none of these four programmes are considered to be Manualised Evidence-supported Treatments (Barth & Lee, 2014, p.60) as are, for example, Triple P, Incredible Years, Multi Systemic Therapy (MST), or Treatment Foster Care Oregon (TFCO). As such, the Strengthening Families, Family Start, and SWiS programme manuals and service specifications all allow a varying degree of flexibility, in what is delivered and how. While Family Start and the Children's Team programmes appear to be more prescriptive than Strengthening Families or SWiS, some variation across Children's Teams is inferred in the Children's Teams evaluation report's section on *timelines of key processes* but not explicitly identified.

However, all four programmes have core components that providers (or lead professionals in the case of Children's Teams) are expected to deliver on, as this extract from the Family Start process evaluation shows:

The manual specifies core service delivery components (the Parenting Resource, Strengths & Needs Assessments (SNA), Child Safety Tools (CST) and Child Family Plans (CFP))...Providers are expected to maintain fidelity to the core principles of the programme (eg, strict adherence to referral criteria,

timeframes for initial contact, and always sighting the Family Start child)
(Oranga Tamariki Evidence Centre & Allen + Clarke, 2020, p. 8).

The Family Start process evaluation reported that the programme was delivered with fidelity to its intended design with providers and workers mostly saying that they followed the Family Start programme manual, and this was confirmed by regional Partnering for Outcomes advisers. Pfo advisers also reported that Family Start “providers **typically** [emphasis added] maintain... fidelity to the core principles of the programme” (Oranga Tamariki Evidence Centre & Allen + Clarke, 2020, p. 19).

On the other hand, the Strengthening Families research found that “there is considerable local variation in how Strengthening Families operates (Oranga Tamariki Evidence Centre, 2020, p. 39), and that different areas could work with families/whānau with quite different levels of need. While such variation did not necessarily equate to low fidelity as most of the Strengthening Families is guidance, there were certainly some instances where core Strengthening Families programme requirements were not adhered to, eg the existence of a Local Management Group or appropriate alternative forum.

In relation to the SWiS synthesis report, some differences were identified between approaches in mainstream English medium schools, and those in kura kaupapa Māori and kura-a-iwi: “...in kura, difficulties that tamariki experienced were seen as related to the wider context their whānau and community faced...[and with SWiS workers]... providing whānau with practical and emotional support at any time and for the long term” (Oranga Tamariki, 2020-a, p. 6). It appears that these differences could be accommodated in ways that were consistent with the programme’s fidelity.

Therefore, with the possible exception of Family Start, the overall extent of variation in how programmes are delivered by providers is unclear. What is also unclear is whether or not any such flexibility enhances the ‘wellbeing and best interests of the child or children (new Section 4A of the Oranga Tamariki Act, 1989 now in force) *and* the duties in relation to the Treaty of Waitangi and policies, practices and services (new Section 7AA of the Oranga Tamariki Act, 1989 now in force).

Despite the views of the Expert Panel on the Modernising of Child, Youth and Family and its very positive views on the use of Manualised Evidence-supported Treatment (MESTs) from overseas (2015-a, 2015-b), the concept of Evidence-based Practice (EBP) may be a more appropriate conceptual model for Strengthening Families, Family Start, and SWiS, and possibly Children’s Teams. Context is everything to EBP, which uses a wide range of evidence and gives equal weighting to practitioner expertise, client values, and expectations; ie “EBP is the union, or intersection of these three constructs (Shlonsky & Benbenishty, 2015, p. 4). The Family Start and SWiS studies indicate that some providers and their practitioners may already be using Evidence-based Practice. Another alternative to MESTs is evidence-based practice strategies aka ‘common elements’ (Chorpita, Becker, & Daleiden, 2007), ‘common factors’ (Duncan, Miller, Wampold, & Hubble, 2010), or ‘kernels’ (Embrey & Biglans, 2008). The adoption of individual evidence-based practices (for example activity selection, anger management or assertiveness training) may be particularly useful for interested practitioners without an appropriate professional qualification.

Are the programme designs less appropriate for Māori than Pākehā?

Strengthening Families, Family Start, SWiS, and Children’s Teams were all initiated, designed, and developed as mainstream programmes, ie not kaupapa Māori programmes. However, now that Family Start has national coverage and with the expansion of SWiS into kura, these

two programmes have a significant number of provider organisations who would consider themselves to be kaupapa Māori, and who may also be delivering Whānau Ora and other programmes with an explicit kaupapa Māori orientation. Across the four programmes as a whole, the majority of children and families/whānau are Māori, and a number of concerns were raised across the Level 1 reports about whether programmes, as designed, were sufficiently appropriate for Māori ie inclusive of, and adaptable for, Māori.

While the majority of interviewees believed that Strengthening Families was appropriate and effective with Māori, some felt that more work was needed in this area.

The Family Start process evaluation found that “some aspects of the model do not align with Māori world views and practices”⁴ (Oranga Tamariki Evidence Centre & Allen + Clarke, 2020, p.6) and went on to recommend that Oranga Tamariki “support kaupapa Māori and Pasifika providers to align the delivery of the programme to Māori and Pasifika world views” (p. 7). Particular issues were around meeting assessment and planning timeframes, changing the wording of prescribed tools to capture Māori concepts, and reportedly a lack of Māori-specific and te reo Māori programme materials (although the evaluation did note that te reo Māori and te ao Māori resources had been added to the Parenting Resource since the evaluation data collection period). This evaluation also judged that while the programme was effective, it was more effective for Pākehā than Māori.

The SWiS programme is arguably much more flexible than Family Start in how it is delivered. However, there is a particular issue in relation to the mandatory use of the Strengths and Difficulties Questionnaire (SDQ), -a self-report inventory behavioural screening questionnaire developed in the UK (SDQ is discussed again in the section on infrastructure). It assesses child behaviour and ‘non-cognitive’ skills. While a translation of SDQ is available in te reo Māori, it is a literal translation and social workers in kura kaupapa Māori and kura ā-iwi have reported that it is of limited value.

The Children’s Teams’ evaluation found ‘mixed views’ on the appropriateness of the model for Māori while the Strengthening Families research found that while the model had the potential to work positively for Māori, with iwi social services involved in many networks and kaupapa Māori approaches sometimes accommodated, more needed to be done.

Although multiple kaupapa Māori organisations have been contracted to provide Family Start and SWiS services, along with the expansion of the latter into kura kaupapa Māori and kura ā-iwi, it is not clear from the Level 1 reports what discussions and negotiations have taken place on how kaupapa Māori organisations might best deliver these mainstream programmes. However, it was found that with sufficient resources and time, where Māori providers, communities, and kura were involved, these two programmes were better aligned to ao Māori, and deemed to be more effective for whānau and tamariki Māori.

On being child-centred, ethos and use of language

Children were interviewed as part of the SWiS research, and while not explicit, young mothers under the age of 18 may have been included in the Family Start process evaluation. However, despite Strengthening Families and Children’s Teams both being designed for children up to the age of 18 and their families/whānau, neither of these evaluations interviewed any children, so ‘the voice of the child’ is missing from these studies. A question also remains on the extent

⁴ Partnering for Outcomes advise additional te reo materials have been developed since the Family Start process evaluation was conducted

to which these two particular programmes, as locally practised, engage directly with children and young people.

Yet, the recent Level 1 research and evaluation reports on Family Start, SWiS and Children's Teams all, refer to these programmes as being 'child-centred'; this term is also now used in some of the current programme documentation, eg the current Family Start manual (Oranga Tamariki, 2019) and the SWiS service specifications (Oranga Tamariki, 2020-b). This suggests that these programmes are well-positioned to provide future Oranga Tamariki early interventions, and meet the new legislative requirements. However, are these programmes in fact child-centred, and if so, how is this being integrated across policy, contracting and practice with other requirements such as being 'whānau-led' and 'culturally responsive'? If these programmes are not sufficiently child-centred, how will providers, both mainstream and kaupapa Māori, be supported in meeting their new obligations?

Prior to 2015, with some exceptions (eg Brown, 2000), the term 'child-centred' was rarely used in New Zealand in relation to child welfare. However, the development of a 'child-centred' system was central to the Expert Panel on the Modernisation of CYF's (2015-a, 2015-b) proposed new operating model, and to some degree still underpins subsequent legislation (notwithstanding 7AA), and the development of numerous organisational and practice initiatives across Oranga Tamariki.

The Office of the Children's Commissioner (2015) defines being child-centred as; "elevating the status of children's interests, rights, and views in the work of your organisation" (p.1). Therefore, as well as children's interests and voices, being 'child-centred' also needs to be seen in the context of the 40+ economic, social, cultural, civil and political rights that New Zealand children under the age of 18 have (Matheson, 2016) under the United Nations Convention on the Rights of the Child (MSD, 2016), now reflected in Section 5 of the Oranga Tamariki Act 1989.

The terms 'child-centred', 'whānau-led', and 'culturally responsive' are used in all the reports. These terms need to be unpacked and understood more clearly in relation to early intervention programme context, purpose, design, infrastructure, delivery and outcomes, in order to retain their critical meaning, emphasis and importance. This is of course a challenge that goes beyond just these programmes.

There are also cultural complexities in relation to the term 'child development'. Similarly, as well as the use of some alternative terms such as 'whānau-centred', 'whānau-focused', or 'person-centred', care needs to be taken with other terms in the Level 1 reports and programme documentation, including, 'vulnerable', 'at-risk', 'at risk of abuse', 'at risk of harm', 'at risk of poor outcomes', and 'at risk of harm to wellbeing' etc. In some of the reports there is also ambiguity as to the extent to which being family/whānau-focused or led, routinely involves engagement with more than one parent.

3: These programmes would benefit from a supporting, common infrastructure

Key points

- Local governance arrangements are generally not strong
- Ongoing issues with programme information management systems
- Worker and network professional development is currently insufficient

Infrastructure-related programme similarities and differences identified below.

Table 8: Infrastructure-related programme similarities and differences

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|---|---|---|--|--------------------------------|
| Oranga Tamariki staff | 1 PfO national advisor, & regional advisers | 5 PfO national advisors / analysts, & regional advisers | 2 PfO national advisors, & regional advisers | 59 FTE ⁵ |
| National forum | No | FS [Provider] Collective / Executive | No | N/A |
| Local governance groups | Local Management Groups – most areas | No | Local governance & cluster meetings | Local governance groups |
| Local or regional peer networks | Some areas | Some areas | Some areas | No data |
| Web-based platform | SF Reporter | FS-Net | SDQ Score | ViKI |
| Programme on Oranga Tamariki website | No (own stand-alone website) | Yes | Yes | Yes (prominently – 5 webpages) |

⁵ Not included in the evaluation reports and indicative only. 59 FTE is the figure provided in an undated Cabinet paper ahead of the establishment of OT, excluding staff seconded from other agencies and any contractors. However, this would have included staff working on other aspects of the Vulnerable Children's Action Plan.

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|---|---|---|--|---|
| Programme contact details on or from Oranga Tamariki (or SF) website | Full details for every Coordinator & LMG chair, on SF website | Most details for each provider listed by area | Pre-selected link to Family Services Directory generates multiple agencies | CT call centre or email address for each CT |
| Mandatory assessment tools | None | Strengths & Needs Assessment (SNA) (within 6 weeks and 3 monthly) | Strengths & Needs Assessment (SNA) (within 10-20 days) SDQ pre & post) | Tuituia (OT social work operations assessment tool) |
| Materials | SF Manual | Family Start Manual Parenting Resource, Child Safety Tools (CST) and Child Family Plans (CFP | SWiS & SDQ Manuals SWiS competencies, Partnering Agreement, Induction toolkit, Brand guidelines | No info |
| National training | No longer available | No longer available | No longer available | No data |
| National conferences | 2003 (only one documented) | Last 2019 | Last 2019 | No data |
| National newsletter | No | No | Quarterly since Nov 2019 | No data |

Infrastructure-related programme themes identified below.

Table 9: Infrastructure-related programme themes

| Infrastructure themes: | S F | F S | S W I S | C T |
|--|--------|--------|------------------|--------|
| Primary infrastructure focus of Partnering for Outcomes' programmes is now contract management | ● | | ● | |
| Sector and families/whānau awareness of programme not sufficiently strong | ● | ● | | ● |
| Limited buy-in and support from government agencies and/or community organisations | ● | | ● | ● |
| Data collection tools an administrative burden for some | ● | | ● | |
| Provision of worker training is limited | ● | ● | ● | |
| Contracting is output rather than outcomes based | ● | ● | ● | |
| Sense of professional isolation reported amongst workers | ● | | ● | ● |
| Views on the benefits & usefulness of programme information management platforms were mixed | ● | ● | ● | ● |
| No data linking between being on programme(s) and substantiated abuse or coming into care | ● | ● | ● | ● |
| Mixed views on use of professional tools | | ● | ● | ● |
| Data collection tools reported as an administrative burden by some | ● | | ● | |
| National direction and support have changed | ● | ● | ● | ● |
| Absence of national interagency leadership and governance mechanisms | ● | ● | ● | ● |
| Local interagency governance needs to be strengthened | ● | | | ● |
| Identified benefits of more regional collaboration | ● | ● | ● | |
| No annual public reporting | ● | ● | ● | ● |

Local governance

Strengthening Families, SWiS and Children's Teams are all required to have local interagency governance arrangements in place. While not discussed in any of the Social Worker in Schools Level 1 reports, there were important findings on this in both the Strengthening Families and Children's Teams studies.

For Strengthening Families, it was found that while some 'Local Management Groups' were working well, many were struggling and some no longer even existed.

Some Local Management Groups appear to be meeting both national and local expectations and providing strong governance; they also present as collaborative, well-led and supported locally by both government and non-government agencies; some of these also had a strong strategic orientation. However, this is not the norm as most are struggling and at least seven areas no longer have a Local Management Group at all (Oranga Tamariki Evidence Centre, 2020, p. 4).

There was also uncertainty among some Strengthening Families chairs and coordinators about the purpose, role, and function of Local Management Groups and their associated accountabilities. While strongly supported by most NGOs, overall there was a lack of support and engagement from the 11 Strengthening Families government agency signatories (including funders). Whether cause or effect, most Local Management Groups fell short of their own and others' expectations, with few taking a strategic role. Importantly, while all Strengthening Families' areas must have interagency governance arrangements in place, this does not have to be a Strengthening Families-specific forum and can be incorporated into a 'broader interagency response', although none are reported to have done so.

The Children's Teams evaluation found that the development and implementation of that model was driven from National Office with insufficient local engagement. Key stakeholders reported that while Children's Teams were portrayed as "locally-led", this intent had not been fully achieved. Stakeholders commented that the Children's Teams' design and implementation process was determined nationally, 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.

While these points on Strengthening Families and Children's Teams are different (and there is no further information on the role and function of Children's Teams local governance groups in the Level 1 reports), both studies clearly point to the need to better support and strengthen local interagency planning, development, and governance.

Family Start providers are not obliged to establish local interagency governance forums. However, they are contractually required to "develop and maintain relationships and connections with relevant services... in their areas" (Oranga Tamariki Evidence Centre & Allen + Clarke, 2020, pp. 22-23). Most Family Start providers across the case studies had strong connections and working relationships with key partner organisations, with four of the five providers also attending various multi or interagency local forums with other health and social services providers.

Programme information management systems

Strengthening Families uses the 'SF Reporter' tool and has done so since 2014. Family Start uses the 'FS-Net' and the Children's Teams' uses the 'ViKI' system. All three of these are believed to be bespoke systems and, notwithstanding that ViKI appears to be much larger, they provide broadly similar functions.

By way of context, an earlier evaluation of the Oranga Tamariki Partners for Change Outcome Management System (PCOMS) behavioural health outcomes management system pilot (Oranga Tamariki Evidence Centre, 2019-f) suggests that many social workers do not see the value of information systems as an integral part of their practice. This impacts on their use of such systems and in turn the (accuracy and) usefulness of the data generated. As such, comments from early intervention workers and stakeholders may be more accurately seen as comparative to other systems, rather than in absolute terms.

While views of the SF Reporter tool amongst coordinators were both favourable and unfavourable (although Local Management Group chairs and their proxies were predominantly unfavourable), no positive comments from workers or their managers about information management systems were identified in any of the other Level 1 reports. Here is how ViKI is described in the Children's Team evaluation:

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 (p. 22).

Looking across all three of these programmes, one particular weakness identified in the Strengthening Families report is that the SF Reporter tool is better at collecting information on family/whānau characteristics at the beginning of the process than at the end, ie there is an inherent flawed assumption that all families/whānau will continue with the programme and exit in a planned way. For example, while the SF Reporter data on ethnicity is highly problematic generally anyway, there is no information on the ethnicity of those who continue with the programme beyond the initial Strengthening Families meeting. Similarly, much of the monitoring data for Children's Teams (evaluation reports) is focused on the characteristics of families/whānau at the point of referral rather than those families/whānau who undertake or complete the programme.

And similarly, for Family Start's FS-Net:

"The system was described as not user-friendly, resulting in errors in data entry so that some data was not being recorded... and... Oranga Tamariki staff said that... the system is 'clunky' which hinders data collection." (Oranga Tamariki Evidence Centre & Allen + Clarke, 2020, p. 49).

The SWiS programme doesn't have an information system, however, they do use the SDQ as an assessment and outcomes measurement instrument, along with the associated SDQ Score platform. Developed in the UK, the SDQ is widely used internationally as a validated brief behavioural screening questionnaire. It assesses child behaviour and 'non-cognitive' skills in the following five domains: emotional symptoms; conduct problems; hyperactivity/inattention; peer relationship problems; and prosocial behaviours. A suggested completion time is five to ten minutes (Child Outcomes Research Consortium, 2020). SWiS providers' use of SDQ is mandatory and needs to be administered with a teacher, a parent, or caregiver, and the child (if aged 11 or over).

The SDQ has long been used in New Zealand, including for the Incredible Years' service, Gateway Assessment, and B4 School Checks (Oranga Tamariki, 2019-b). A literal te reo translation of SDQ, undertaken with the Māori Language Commission, is now available. Also, Oranga Tamariki had the assessment instrument translated into Samoan.

Some social workers and managers were positive about the SDQ, and in particular how it could support a child's access to needed services (Education Review Office, 2019). However, many were not. In particular, the te reo version has not been received well by some social

workers in kura kaupapa Māori and kura-ā-iwi (Te Wāhanga, New Zealand Council for Educational Research, 2019).

While the translation was tested and has been approved by the SDQ license holder in the UK, the te reo version has not been (statistically) validated. The Level 1 synthesis report went on to recommend that “there should be a review of the te reo Māori version of SDQ” (Oranga Tamariki Evidence Centre, 2020-a, p. 7). Recent research has also more broadly called into question the usefulness of SDQ as a monitoring and outcomes tool in a New Zealand child welfare context (O’Neill, 2018). However, as the Education Review Office (2019) and, New Zealand Council for Educational Research, Te Wāhanga (2019) studies were both qualitative, no national SDQ data was referred to or included.

Professional development

All four of the programmes are predicated on the basis of a skilled workforce. However, a need for more or better professional development featured strongly across the Level 1 studies on Strengthening Families, Family Start, and Children’s Teams. One of the four Family Start process evaluation recommendations was to “enhance consistency and comprehensiveness of initial and ongoing training for Family Start workers” (Oranga Tamariki Evidence Centre & Allen + Clarke, 2020); there was mixed feedback on the quality of most locally-delivered training and Oranga Tamariki staff interviewed indicated that Family Start’s “initial and ongoing training and development is ‘patchy’ across the country” (p. 46). In the Strengthening Families study virtually every interviewed coordinator (and some other interviewees) raised the importance of improved training and development for them and their area colleagues. Similarly, the importance of adequate training and support is highlighted in the Children’s Team evaluation (as well as earlier Level 2 reports), with particular reference to cultural competency, Tuituia assessment and use of the ViKI information system. The Children’s Team evaluation report goes further and states that “cross-agency capability and capacity building is required within the children’s workforce” (Oranga Tamariki Evidence Centre, 2019-a, p. 20). While there was little discussion of training in any of the three Level 1 SWiS reports, the following quote suggests that there was at least some room for improvement:

*“SWiS workers valued their NGO providers and the support they offered. They provided advice from experts, capability, culture, and **some degree** of training [emphasis added], on top of regular supervision” (Oranga Tamariki Evidence Centre, 2020-a, p. 35).*

In the past, programme-specific professional development was led by MSD and predecessor organisations, with a range of professional development opportunities available locally, regionally, and nationally. However, since the establishment of Community Investment⁶, Strengthening Families, Family Start, and SWiS providers have been required to ensure that their workers receive adequate professional development, supervision, and support as part of their contractual obligations. In relation to Strengthening Families, this also appears to include the ‘coordination’ of training for Strengthening Families lead agents and facilitators. It needs to be recognised that for some programmes and in some areas, Oranga Tamariki facilitates some professional development activities. However, there are clear gaps as well as potential duplication of local efforts that could impact on programme quality and staff retention issues. A range of unmet professional development needs were identified across the reports.

⁶ Prior to that Family and Community Services (FACS), which was in place from the early 2000s.

4: There are some common challenges in delivering these programmes

Key points

- Salary levels impacting on recruitment and retention
- Reported increased case complexity
- More time needed to build trust
- Poor Children's Team performance on key process timelines
- Significant service interruptions are not common, but do happen

Delivery-related programme similarities and differences are identified below.

Table 10: Delivery-related programme similarities and differences

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|--|--|--|---------|-------------------------------|
| No. of referrals | 1,732 (2018/19) | 12,834 (2 years from June 2017 – May 2019) | No info | 830 (2017 – no national data) |
| Largest source of referrals | NGOs | Govt. agencies (excluding CYFS & health), then self/whanau referrals | Schools | Oranga Tamariki (54%) |
| Largest single source of accepted referrals | NGOs | Self/whanau, then NGOs (ie 'other non govt. agencies') | Schools | Oranga Tamariki |
| % referrals meeting criteria / thresholds / accepted / progressed | 87% met threshold, but only 63% went on to an initial SF meeting (2018/19) | 45% accepted (2019) – a decrease from 64% (2017) | No data | 82% accepted (2017) |

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|--|---|--|---|--|
| Worker ratios | No Coordinator ratios (roles and tasks highly variable) | 1:16 whānau | 1:16 children & 1:400-700 students – no reference to group and whole-of-school work | N/A |
| Actual case volumes and or capacity | 1,098 initial SF meetings (2018/19) | No L1 report data but capacity for 7,100 (MoH, 2018). | 6,000 cases a year (tbc) | No data |
| Achieving required case volumes | No data | Nationally not meeting monthly 95% enrolment targets (79%) | No data | Unclear although 2017 referrals down 15% on 2016 |
| More than one engagement? | Varies between areas from rare to common | | | 5% of children referred had 2+ engagements |
| Usual programme length | Wide range from 2 months in some areas to 12 months in others | Approximately 2 years but can be up to 6 years | No data | 1 year for planned exits |
| Unplanned programme exits | 52% (2018/19) incl. where agreed at a review meeting | 38% (June 2017 – May 2019) | No data | 54% |
| Unplanned programme exits due to escalation to CYF/Oranga Tamariki | No data | Data not reported but under 7% (on FS-Net incl. as 'Other' exit) | No data | 16% of total cases |
| Largest ethnicity served | Pākehā (on basis of avail. initial meetings data only) | Māori | Māori | Māori |

Delivery-related programme themes are identified below.

Table 11: Delivery-related programme themes

| Delivery themes: | S F | F S | S W I S S | C T |
|--|--------|--------|-----------------------|--------|
| Increased case intensity reported | ● | ● | ● | |
| Salaries are reportedly low with associated worker recruitment and retention issues | ● | ● | ● | |
| Tension between local needs-informed holistic and flexible delivery that reflects an organisation's ethos, and addresses the purpose for which a programme was designed, commissioned & contracted | ● | ● | ● | |
| Kaupapa Māori approaches available in some areas | ● | ● | ● | |
| Tension between delivering against programme requirements and kaupapa Māori approaches | | ● | ● | |
| Strong delivery linkages across programmes | | | | ● |
| Lack of commitment to roll-out nationally has compromised programmes | | ● | ● | ● |
| Reported that cases require more intensive support than funded for | | ● | | |
| Reported concerns about whether programme model appropriate for Māori | ● | ● | ● | ● |
| Longer worker hours | | ● | ● | |
| Challenges in meeting expected volumes | ● | ● | | ● |
| Establishment of the Children's Teams has impacted negatively on service delivery | ● | ● | | |
| Experience in some areas of significant service interruptions including contract terminations | ● | ● | | ● |
| Need for more workers fluent in te reo and proficient in kaupapa Māori approaches | | | ● | |
| (Enough) te reo resources reported as not being available | | ● | ● | |
| Challenges around being funded by Oranga Tamariki and whānau confidence | | ● | ● | |

Salaries⁷, qualifications and ensuring provision of skilled workers

The issue of worker salaries emerged across the Level 1 studies on Strengthening Families, Family Start, and SWiS, with one of the four Family Start recommendations being to “increase funding for Family Start salaries” (Oranga Tamariki Evidence Centre & Allen + Clarke, 2020).

This is in part an equity issue and there have long been salary gaps between government agencies and NGOs. As a result of the 2018 pay equity settlement for Oranga Tamariki social workers, they received an average lift in their salaries of 30.6% over a two-year period (Martin, 2018). In their report *‘The social system: The funding gap and how to bridge it’* on government-contracted NGO services, MartinJenkins (2019) found that:

There is a growing wage differential between the provider and government sector, particularly between community and government social workers. The disparity between wages [across the whole sector] is estimated to be 32%, leading to an underfunding of wages by about \$300 million annually (p.11).

Beyond equity, the Level 1 studies also suggest that there may be a recruitment and retention issue, with current salary levels simply being too low to attract and retain sufficiently skilled workers capable of achieving expected programme outcomes – a point raised by many interviewees across these three programmes. While the Family Start process evaluation found no actual increase in staff turnover in the 12 months following the pay equity settlement for Oranga Tamariki social workers, at 24% a year staff turnover was already higher than the national average (voluntary and involuntary combined) of 11.3% for 2017 and 20.5% for 2018 (Lawson Williams, n.d.). Such a high level of staff turnover is particularly concerning for a programme providing long-term relationship-based support.

While some interviewees refer to figures in the Strengthening Families report, none of the studies explicitly ask providers or workers what salary levels actually are. This information is not required for contract reporting purposes either and so is only known by individual NGOs.

The salary issue is further complicated by whether staff have ‘appropriate’ professional qualifications (as well as their level of experience). Of the four programmes, only SWiS requires a specific qualification and the provider must employ social workers who hold (or in exceptional cases are working towards) a social work qualification recognised by the New Zealand Social Work Registration Board (SWRB) by February 2021. All social workers, including those who remain unqualified, will also need to gain registration with the SWRB. In contrast there is no requirement for Strengthening Families coordinators to have a professional qualification, although some do including some who are qualified and registered social workers. The Family Start programme broadly promotes, but does not require any specific, qualifications with “a general expectation that Family Start workers and supervisors have a qualification and experience relevant to working with children and their families/whānau in for example social work, education or health”. While the Family Start process evaluation states that “the level of qualifications held by workers is falling, with fewer workers being degree qualified” (p. 45), there may be some conflation of terms such as ‘professionally qualified’ (recognised by the SWRB or other relevant bodies), ‘degree qualified’ (having a degree) and ‘tertiary qualified’ (having successfully completed any post-secondary

⁷ Partnering for Outcomes advise that since the time of the Family Start process evaluation, in recognition of the increased costs of delivering home visiting services like Family Start and particularly with the challenges in recruiting and retaining skilled staff, a 7.5% funding increase was implemented from 1 July 2019. A further 7.5% funding increase will be received by each Family Start provider from 1 July 2020 for the same purpose.

education or training) and what would be deemed to be 'social work', 'education', or 'health' qualifications.

No information has been identified on the qualifications of Children's Teams lead professionals.

Reported increased case complexity⁸

Increased case complexity was reported by workers and others across the Strengthening Families, Family Start, and SWiS reports. Family Start whānau workers mainly attributed this to 2012 changes to the referral criteria (Family Start Directorate, 2012). However, beyond that there was also a view that both societal needs and their cases had generally become more complex and this was echoed by many Strengthening Families and SWiS interviewees as well.

Across the three programmes, some were of the view that Oranga Tamariki and other statutory agencies were tightening their own referral criteria with the result that more complex cases were coming to them. In view of this (and reported hours worked and worker stress), one of the four Family Start recommendations is that Oranga Tamariki should "adjust caseload expectations to reflect the increasing number of whānau/families with high needs" (Oranga Tamariki Evidence Centre & Allen + Clarke, 2020, p. 6). In the SWiS English-medium schools study, workers also expressed concern about the complexity of cases being referred to them, while the accompanying study in kura kaupapa Māori, and kura-a-iwi found that "SWiS worker caseloads are too high" (Te Wāhanga, New Zealand Council for Educational Research, 2019, p. 34), although this does not appear to have not been triangulated with other data sources.

The Children's Teams evaluation similarly found that, families/whānau referred to Children's Teams are increasingly high-needs clients, which undermines efforts to provide an early intervention response.

Most stakeholders reflected on the increasing complexity of their clients' needs. Stakeholders described whānau with chronic and severe vulnerability, intergenerational issues, and challenges relating to housing, mental health, employment, finances, and domestic violence. Stakeholders noted that many of these whānau fall 'just below or at' the statutory threshold, and that this complexity undermines their capacity to provide an early intervention response, intended to prevent the escalation of need (Oranga Tamariki, 2019-b, p. 21).

Case complexity will also depend on the area's needs, availability of other programmes and services, and the effectiveness of any local arrangements to ensure that children and families/whānau get the service that is most appropriate to their needs (and confidence in the provider).

The Strengthening Families report found that the programme may be working with families/whānau with quite different levels of need and complexity in different areas, with one Local Management Group considering themselves to be largely providing intensive interventions rather than early intervention. One of the issues with Strengthening Families is that the referral criteria are exceptionally broad. As such, where NGOs are struggling to manage their contracted volumes, case complexity may become lower, while still meeting the national referral criteria. To a lesser extent this could also apply to Family Start and SWiS.

⁸ Partnering for Outcomes advise that since the time of the Family Start process evaluation, consultation with the Family Start Executive and Collective has been undertaken to develop a 'workable model' for whānau worker variable caseloads

For Family Start in particular, the evaluation found that “whānau lead complex lives and may be affected by issues such as family violence, alcohol and drug addictions and mental health issues” (Oranga Tamariki Evidence Centre & Allen + Clarke, 2019, p. 6). However, with self/whānau referrals now at a higher rate than those from GPs, hospital maternity services, lead maternity carers and Well Child providers combined, and providers reaching 79 percent of their monthly enrolment targets against a target of 95 percent, some further exploration may be warranted.

Building trust takes time

In April 2017, responsibility for Strengthening Families, Family Start, and SWiS moved from MSD’s Community Investment group to Oranga Tamariki, and the Children’s Action Plan Directorate and Children’s Teams were also absorbed into the new ministry. Child, Youth and Family’s (CYF) focus had, since the early 2000s (when it had been responsible for Strengthening Families, Family Start, and SWiS since 1999), been almost exclusively on statutory social work, whether that be child protection investigations, partnered response referrals, family/whānau agreements, Family Group Conferences, children in residential and foster care, or adoptions.

Mistrust of Oranga Tamariki by some families/whānau was raised in the Children’s Team stakeholders’ report. Since the structural move to integrate Children’s Teams within Oranga Tamariki, some whānau increasingly struggle to differentiate between the two. As a result, stakeholders highlighted instances of whānau refusing to engage with Children’s Teams due to a perception they would “uplift their children”. Some stakeholders noted that this hesitancy may also relate to whānau having had negative experiences with CYF or Oranga Tamariki in the past (p. 22).

A related point was made in the Children’s Team families/whānau report, where “prior to Children’s Teams involvement, *all* [emphasis added] whānau reported a heightened sense of isolation and marginalisation, and a fear of state reprisal, resulting in reticence to seek assistance” (p. 4).

While not apparently raised directly by whānau/families, some general concerns that Oranga Tamariki was now responsible for managing and monitoring these programmes and issues of fear and mistrust were reported by numerous Family Start and SWiS workers and their managers. Some interviewees linked mistrust to infants, and particularly Māori infants, being taken into care (Office of the Children’s Commissioner, 2020) – the Royal Commission of Inquiry into Abuse in Care had also recently been established the year before.

Building ‘trust’ was discussed in the context of kaupapa Māori approaches, and overcoming negative perceptions was a constant challenge that needed to be addressed with individuals and the community, and workers and organisations needed to be sufficiently resourced to enable this to happen. For families/whānau, the concept of ‘trust’ likely has broader historical implications for Māori than NZ Europeans.

The above relates to comments from those interviewed as part of the Level 1 research and evaluation reports. We don’t know how many families/whānau either declined to participate in one of these early intervention programmes because of a sense of mistrust in Oranga Tamariki, or simply never agreed to a referral being put forward on their behalf in the first place.

Whether in a negative or positive (as many also were) context, it is noticeable that the word ‘trust’ repeatedly appears in the Family Start process evaluation, the SWiS English-medium

report and the SWiS report on kura (ie 61, 8 and 28 times respectively). Trust, in all its facets (reliability, truth, or ability of someone or something) is at the heart of any and every early intervention strategy and programme. A high level of trust is necessary for agencies to refer and partner, families/whānau to engage, workers to stay in their posts, and Oranga Tamariki to fund. In this context, a precondition of meaningful trust is also about an informed understanding of the child protection obligations from all of those involved. As the Children's Teams reports in particular highlight, 15% of all accepted referrals across Rotorua, Horowhenua/Ōtaki & Canterbury resulted in 'uplift' or escalation to Oranga Tamariki (or Child, Youth and Family), with the Canterbury rate at 22% (10% 'uplifted' and 12% escalated). While such actions are undertaken in the best interests of the child, from the perspective of a family/whānau self-referring or allowing a referral to go forward is not without risk.

Variable performance on key process timeliness

Across Strengthening Families, Family Start, or SWiS, providers appear to meet or almost meet their key process timelines. Strengthening Families initial meetings between families/whānau and agencies are expected to take place within 15 days but only 37% do; some delays were seen as inevitable. In the Family Start evaluation almost all (90%) of the Child and Family Plans met the requirement to be reviewed every three months. In one of the SWiS reports there is reference to "*some variation* [emphasis added] in the way providers work and some were more structured especially around 'turn-around' times between referral, assessment, and engagement" (Oranga Tamariki Evidence Centre, 2020-a, p. 35). However, this is not explored further, and no numerical data on key process timelines is included.

In contrast, performance on key process timeliness was a major theme in the Children's Teams evaluation in Rotorua, Horowhenua/Ōtaki and Canterbury. Following a referral being received by Children's Teams, it took 10 days on average for it to be accepted (1% of referrals took longer than 54 days). Referrals need to be accepted at a meeting of the designated local Children's Team panel. It is not clear from the report whether this includes the time taken by the national Children's Teams call centre (The Children's Hub) in Hamilton to process, and if necessary, triage the initial referral. If a referral was accepted, it then took 29 days on average to assign the case to a lead professional. The report does not include information on how long it took for the lead professional to see a family/whānau. However, the evaluation report does state that it took on average 175 days to complete an assessment, develop a family/whānau plan, and have the plan endorsed by their Children's Team panel – who also provide clinical oversight and advice. While 175 days was the average, 25% took longer than 238 days, 10% took longer than 339 days, and one took 602 days.

Timeframes for Canterbury (which is the newest of these three Children's Teams) were generally much poorer than those for either Rotorua or Horowhenua/Ōtaki. The issue with timeframes also emerged from the interviews with whānau. For instance, two whānau raised a concern about the length 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 (Oranga Tamariki Evidence Centre, 2019-c, p. 20).

By comparison Strengthening Families, which likely works with similar families/whānau, and with a similar group of professionals as those in a Children's Team Child Action Network, had an agreed whānau-led plan in place within 15 days for 37% of cases, ie over the year 2018/19, nationally 408 of 1,112 initial Strengthening Families meetings were held within 15 days.

Some interrupted service provision occurs

Strengthening Families, Family Start and SWiS providers, are all expected to provide continuity of service when there are vacancies or when staff are away from work due to annual leave or illness. In the Strengthening Families study, an instance was cited where no Strengthening Families coordinator in place for six to eight months had resulted in families/whānau missing out on receiving a service. However, this did not emerge as an issue in either the Family Start or SWiS Level 1 reports.

However, given the contracting-out model, which has its own inherent strengths and weaknesses, terminating contracts can be more of a challenge in relation to service continuity when there is a time-lag before a new provider has services fully in place. This situation emerged from the analysis as an issue in only one Strengthening Families area. However, Family Start experienced some service interruptions in Porirua, Waitakere, Ōpōtiki, and Papakura back in 2012, due to termination of four provider contracts (with another 11 put on one-year contracts as performance requirements were not met) (Vaithianathan, Wilson, Maloney, & Baird, 2012).

In relation to the Children's Team evaluation, beyond the issues of performance against key timeline processes referred to above, another issue that would have led to some children and families/whānau receiving a reduced, or possibly no, service, arose in Canterbury. On average, tamariki transitioned from the three Children's Teams through a planned exit 243 days after their plan was endorsed. However, while the average for Horowhenua/Ōtaki and Rotorua was 312 and 290 days respectively, in Canterbury it was much lower at 162 days. The explanation appears to be that some of the 112 cases that they had exited were closed prematurely because of an inability to meet service demand with the resources that were available at the time.

The Canterbury site recently...[undertook]...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 the need to allocate resource to other tamariki (Oranga Tamariki Evidence Centre, 2019-a, p. 36).

Furthermore, given the challenges that other Children's Teams appeared to experience in getting 'up to speed' (Ripple Collective, 2016; Superu, 2014), and the counterfactual of Strengthening Families continuing to be in place in those areas, it would seem reasonable to suggest that in the early days at least, some families/whānau would have lost out on receiving a service.

Another form of service interruption found in Children's Teams, and to a lesser extent with some Strengthening Families, Family Start, and SWiS providers, is the use of waiting lists. In the case of these Children's Teams, this appeared to be more about ensuring a sufficient pool of trained (and voluntary) lead professionals, than unexpectedly high levels of demand for services. While framed here as a delivery issue, Children's Team stakeholders instead saw it as an unsustainable design issue.

5: Families/whānau highly value these programmes and experience good outcomes

Key points

- Programmes highly valued by families/whānau
- Improved intermediate and longer-term outcomes?

Outcomes-related similarities and differences are identified below.

Table 12: Outcomes-related programme similarities and differences

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|---|------------------------|------------------|------------------|------------------|
| Research & evaluation studies over life of programmes | Low volume | High volume | High volume | Moderate volume |
| Attain immediate outcomes | Some evidence | Good evidence | Good evidence | Good evidence |
| Attain intermediate outcomes | Weak/no evidence | Some evidence | Weak/no evidence | Weak/no evidence |
| Attain long-term outcomes | Weak/no evidence | Weak/no evidence | Weak/no evidence | Weak/no evidence |

Outcomes-related programme themes are identified below.

Table 13: Outcomes-related programme themes

| Outcome themes: | S F | F S | S W I S | C T |
|--|--------|--------|------------------|--------|
| Pilots not evaluated prior to initial programme expansion | ● | ● | ● | ● |
| Historically research & evaluation not strategically aligned with organisational decision-making | ● | ● | ● | ● |
| Wide range of research & evaluation designs | | ● | ● | |
| Research and evaluation findings not acted upon | ● | | ● | ● |
| Some reviews more impactful than studies | | ● | | |

| Outcome themes: | S F | F S | S W I S | C T |
|---|--------|--------|------------------|--------|
| Scope to improve quality and use of monitoring data | ● | ● | ● | ● |
| Available SDQ pre-post administrative data not included in any SWiS studies | | | ● | |
| No routine formal follow-up on children and families/whānau | ● | ● | ● | ● |
| High demand for additional programme provision | | | ● | |
| Immediate outcomes explored/found | | | | |
| Participating families/whānau value the programme | | ● | ● | ● |
| Increased access to health, education and (other) social services | ● | ● | | ● |
| Documented evidence of improvements at point of planned programme exit | ● | | | |
| Programmes may service Māori less well than Pākehā | ● | ● | ● | ● |
| Intermediate outcomes explored/found | | | | |
| Increased family/whānau engagement with some social and health services | ● | ● | | ● |
| Increased child protection notifications to Oranga Tamariki | | ● | | |
| Longer-term outcomes, including some statistically significant ones, reported | | ● | ● | |

Programmes highly valued by families/whānau

Across the Family Start, SWiS and Children's Teams Level 1 reports, the programmes emerged as highly valued by interviewed families/whānau, who demonstrated clear positive impacts. More specifically, families/whānau valued their worker and their approach. Families/whānau were not interviewed in the Strengthening Families study, however, the satisfaction survey results from those families/whānau who remained engaged with the Strengthening Families were very positive.

In the Children's Teams' evaluation, the majority of participants described experiencing transformative (short to medium term) outcomes. Satisfaction was attributed to a combination of a whānau-centred service delivery model, and the fact that lead professionals knew about diverse supports and could action support and interventions efficiently and quickly. Importantly, both dimensions were contrasted against participants' experiences with supports they had attempted to engage prior to involvement with Children's Teams (Oranga Tamariki Evidence Centre, 2019-a, p. 4).

Families/whānau who were interviewed in the Family Start and SWiS studies overall were also exceptionally positive. While the Children's Teams report also includes the caveat that "participants' experiences with Children's Teams need to be appreciated within a historical context of their repeated unsuccessful attempts, over prolonged periods of time, to access support" (p. 4), these are nonetheless important findings.

Improved intermediate and longer-term outcomes?

Despite the numbers of research and evaluation studies on these programmes over the last twenty years, we still have very limited information on their intermediate and longer-term outcomes, whether they are working as intended, and if so for whom and in what circumstances. The 2020 Family Start impact evaluation may help in relation to this programme. However, beyond new measures of child wellbeing, we do not even know whether children are or are not less likely to go on to be abused or come into care as a result of them and their families/whānau being part of these programmes.

Three Level 2 Integrated Data Infrastructure-based (IDI) studies commissioned by MSD (Jiang, Maloney, Staneva, Wilson, & Vaithianathan, 2017; Wilson, Hyslop, Belgrave, Vette, & McMillen, 2018; Vaithianathan, Wilson, Maloney, & Baird, 2016) found evidence of some improved intermediate and longer-term outcomes (as well as some contra-indicators), including that Family Start may reduce sudden unexpected death in infancy (SUDI), injury deaths and other forms of post-neonatal infant mortality; a finding, reported as being statistically significant. However, it should be noted that these studies were somewhat exploratory and not particularly conclusive.

POSSIBLE IMPLICATIONS

1. With the possible exception of some areas where Children's Teams that have not been evaluated currently operate, the current mix and levels of early intervention provision available in any one geographical area, led by a variety of government agencies, is largely uncoordinated and highly fragmented. At the national level there is also little or no information on the mix of services available (or needed and wanted) in individual areas. Early intervention is one part of the services delivery spectrum or framework. To be effective, early intervention initiatives need to be both supported by and support, a range of other services for children and families/whānau ie universal, targeted universal, prevention and intensive support.
2. Effective early intervention is premised on government working collaboratively with others, whether that be iwi, Māori organisations, NGOs, and/or communities (and other government agencies). The current NGO contracting model has disadvantages as well as advantages. Not only is there success, experience and commitment to build on here, there also needs to be care that new future provision is not siloed from existing early intervention provision.
3. National roll-outs need to be more efficient and effective and make full use of prototypes and testing, with piloting focused on the most promising designs. These should not take up to 15 years, and so need to be funded accordingly. Effective programmes and provision should be supported, and ineffective ones should not. More use could be made of 'fast fail' approaches and engagement with communities around experimentation. Getting early intervention policy and practice 'right' is a major challenge – the 25 years of work undertaken to date, with mixed success and some hard lessons learned, is a testament to that.
4. These programmes are working for many children and family/whānau and valued by professionals. However, what do children and families/whānau want from them and how might take-up and programme completions/planned exits be increased? Does the profile of providers need to be raised amongst children, families/whānau and professionals alike, and if so how?
5. Some children and families/whānau appeared to do well on these programmes because of high programme fidelity and others because of high programme flexibility. How does this play out in practice?
6. In order to better help children, families/whānau and professionals is there value in better integrating the programmes and if so, how might that be done? For example, terms,

concepts, principles, referral criteria and tools that are used across different programmes, could be either better aligned or more clearly differentiated from each other. And how can providers be supported to collaborate more in order to ensure that children and families/whānau are offered the 'right' service(s) at the right time in a way that works for them?

7. How can evidence-based practices be incorporated into these programmes so as to strengthen the theoretical underpinnings and evidence base? A more developed articulation of sought programme outcomes would better support the design of both monitoring and evaluation initiatives, and the identification of appropriate quantitative variables. Would it be useful to conceptually differentiate between programme components that are compulsory because they are deemed to be effective, and those that are compulsory for reporting purposes? While the design and use of information systems is a perennial challenge in child welfare, the quality and utilisation of monitoring data seems to be an important issue.
8. How might the organisation best respond to the issues of worker salaries, caseloads and the challenges around professional development?
9. While specific methodological designs often emerge through dialogue, Oranga Tamariki could usefully clarify its own baseline understanding of terms such as "process evaluation", "formative evaluation", "quasi-experimental design" and "case study". The organisation could also take a position on the contested issue of whether programme effectiveness in child welfare can only be determined using experimental and quasi-experimental designs (Davidson, 2005). As a small country with a strong culture of social sector evaluation research, a range of methodologies are in place that in many instances will provide stronger, earlier, and more compelling evidence of effectiveness (or not). While the use of experimental and quasi-experimental design is nonetheless to be encouraged, the use of randomisation or control groups would perhaps be better used proactively from when a new programme or service is launched. Whatever quantitative methodologies are used, more use of 'effect size' with less reliance solely on 'statistical significance' would be useful. As international evidence suggests, even effective individual early intervention initiatives often show small to moderate effects; some benchmarking with other similar international jurisdictions on early intervention more broadly, may be a useful methodological addition.
10. These studies, and the absence of the 'voice of children' in some, highlights the need to, depending on the research and evaluation questions, ensure that this aspect is given sufficient consideration in future research and evaluation scoping and commissioning. Similarly, it would be useful to better understand why children and families/whānau choose not to access, or remain on, a particular programme.

CONCLUSION

There is evidence of effectiveness for all four programmes and they are undoubtedly valued by many families/whānau, and the professionals who work with them. The most important determinants of programme effectiveness are the knowledge, skills, experience, values, and professional relationships of the social workers and professionals. Their own organisation's culture and management also contributes to the programme effectiveness. However, effective early intervention does not take place in a vacuum and local access to other services, whether they be universal, targeted universal, preventative or intensive support, is also critically important.

Designing and working with NGOs to effectively implement and manage the delivery of stand-alone early intervention programmes is challenging. Co-designing the development of early intervention systems that are effective, meet local needs and preferences, and align to other Oranga Tamariki provision, will be equally complex. Account also needs to be taken of Whānau Ora and existing and future child and family/whānau early intervention and related initiatives from other government agencies.

As concepts, 'early intervention' and 'social investment' more broadly, have the ideological advantage that they can be framed in two different yet overlapping ways. On the one hand they emphasise the need for a range of evidence-informed child and family/whānau programmes and services that will improve wellbeing, and on that basis improve outcomes. On the other hand, as highlighted in the independent report to the UK Government *Early intervention: Smart investment, massive savings* (Allen, 2011), there can be a focus on those poor outcomes where in the long-term interventions are more likely to save money. As such, the terms have a certain strategic flexibility. Reflected in the idioms 'a stitch in time saves nine' or 'the fence at the top of the cliff rather than the ambulance at the bottom' they are also concepts that families/whānau, organisations and the general public more widely, can readily understand. However, the concepts have their limitations and there are circumstances where framing a programme or service as 'child and family/whānau support' that in part encompasses, but is not limited to early intervention, may be more useful. Furthermore, the concepts can also be applied at different parts of the service delivery spectrum.

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APPENDIX A: THE FOUR PROGRAMMES

Prior to the establishment of the Ministry in 2017, the Strengthening Families, Family Start, and SWiS programmes were the responsibility of MSD (under the Community Investment group) and predecessor organisations, while Children's Teams were the responsibility of the Children's Action Plan Directorate.

With joint responsibility for achieving results for vulnerable children and working together to deliver the initiatives outlined in the Children's Action Plan including Children's Teams, the Directorate was an interagency collaboration involving the following Ministries and agencies: MSD; Health; Education; Justice; Business, Innovation, and Employment (Housing); New Zealand Police; and Te Puni Kōkiri.

All four programmes now operate under the auspices of Oranga Tamariki. Table 13 provides a broad overview of the four programmes.

Table 14: Overview of programmes

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|---------------------------------------|--|--|--|---|
| Oranga Tamariki Responsibility | Deputy CEO (PfO) | Deputy CEO (PfO) | Deputy CEO (PfO) | Deputy CEO Services for Children & Family South |
| Predecessor government agency | MSD Community Investment/Family and Community Services | MSD Community Investment/Family and Community Services | MSD Community Investment/Family and Community Services | Stand-alone Children's Services Plan Directorate within MSD |
| Original government agencies | Ministry of Social Welfare, Ministry of Health and Department of Education | Ministry of Social Welfare, Ministry of Health and Department of Education | Ministry of Social Welfare, Ministry of Health and Department of Education (tbc) | As above |
| Programme origins | Children and Young Persons Service (Waitakere) | Early Start (Christchurch) | Prasad & Belgrave (North Shore) | White paper for vulnerable children |

| | Strengthening Families | Family Start | SWiS | Children's Teams |
|--|--|--|---|--|
| Established | 1997 | 1998 | 1999 | 2012 |
| Impetus and initial mechanism | Umbrella SF interagency initiative | Umbrella SF interagency initiative | Umbrella SF interagency initiative | White paper for vulnerable children and Children's Action Plan |
| Legislation | Oranga Tamariki Act 1989 – general | Oranga Tamariki Act 1989 – general | Oranga Tamariki Act 1989 – general | Children's Act 2014 – specific |
| Recent interagency planning & leadership | None | None – quarterly meeting with Ministry of Health | None – provider meetings only | Children's Services Plan Directorate |
| Current interagency planning & leadership | Oranga Tamariki Action Plan (tbc) | Oranga Tamariki Action Plan (tbc) | Oranga Tamariki Action Plan (tbc) | Oranga Tamariki Action Plan (tbc) |
| Most recent strategic focus | Contraction to make way for Children's Teams | Expansion nation-wide | Expansion to all decile 1-3 primary & intermediate schools & kura | Was expansion, now transition to alternative model |

Strengthening Families research study

Strengthening Families was first established in 1997. It is a structured interagency case conferencing system that helps families/whānau access coordinated early prevention and integrated services and support. It is a free and voluntary service. Strengthening Families aims to prevent adverse outcomes before they happen for tamariki and their families/whānau by providing support from budget advisors, truancy officers, social workers, medical specialists, counsellors, teachers, and a range of other support workers. The underlying theory is that Strengthening Families shifts the focus for whānau and their tamariki from dealing with the consequences of difficulties to preventing those difficulties from arising in the first instance.

The research (Oranga Tamariki Evidence Centre, 2020-d) was designed to achieve two objectives:

- 1) identify the model in terms of what practice works well, what doesn't work well, and why this is (according to the literature and documentation); and
- 2) understand current programme practice amongst co-ordinators, Local Management Group chairpersons, and Oranga Tamariki experts, and compare this to the original model.

Family Start process evaluation

Family Start is an intensive home visiting programme for pregnant mothers and families and whānau with young children. Established in 1998, the programme supports families/whānau who are struggling with challenges or problems that put health, education and social outcomes for their children at risk. Participation of families/whānau is voluntary.

Family Start was evaluated to understand how well the programme is delivering its service to contribute to the expected outcomes for vulnerable children and their whānau. The process evaluation (Oranga Tamariki Evidence Centre & Allen + Clarke, 2020) includes qualitative interviews, Māori-centred case studies, and e-diaries. The approach contains a Pākehā perspective stream, a kaupapa Māori stream, and a Pasifika stream of research, which are combined using *He Awa Whiria and Bridging Cultural Perspectives* (Social Policy Evaluation and Research Unit, 2018). A Family Start impact evaluation is underway.

Social Workers in Schools (SWiS) research and synthesis

Established in 1998, SWiS is an Oranga Tamariki-funded programme where social workers are employed by government-contracted NGO providers to work in (largely) decile 1-3 primary schools, intermediate schools, language immersion schools, kura kaupapa Māori, and kura-a-iwi. These schools tend to have a high proportion of Māori and Pasifika children. The function of the social workers is to help tamariki be fully engaged in school by ensuring that they are safe, healthy, and well socialised, and that they have a strong sense of identity.

The research is a *He Awa Whiria* (Braided Rivers) (Superu, 2018) design of case studies in kura kaupapa Māori and kura-a-iwi using a kaupapa Māori research method, combined with case studies in English-medium schools with a mainstream lens. The research and four reports (Education Review Office, 2019; New Zealand Council for Education Research Te Wāhanga, 2020; Oranga Tamariki Evidence Centre, 2020-a, 2020-b) completed in 2019, were designed to understand the qualitative impacts/benefits of SWiS on individual tamariki and their whānau from their own voices (perspectives) and the type of practices that SWiS workers apply.

Children's Teams implementation evaluation

Children's Teams were intended to engage a cross-agency response at the local level to support children and families/whānau that fall below the threshold for statutory intervention, but which are still at significant risk of harm. The primary recommendation of the Children's Action Plan, established in 2012 as a cross-agency initiative to support vulnerable children and their families/whānau, was the establishment of Children's Teams.

The process evaluation (Oranga Tamariki Evidence Centre, 2019-a, 2019-b, 2019-c) completed in 2018, focused on how Children's Teams are operating in Rotorua, Horowhenua/Ōtaki, and Canterbury, and how the interagency approach is working within the local context. The process evaluation is mostly qualitative with some quantitative information on the flows of children and family/whānau through the initiative and any other key process indicators that are identified.

APPENDIX B: PRIOR TO ORANGA TAMARIKI

Early intervention provision prior to Oranga Tamariki

The Expert Panel on the Modernising of Child, Youth and Family (2015-a, 2015-b) presented a vision of a child-centred operating model that would transform children's outcomes. A strengthened focus on early intervention, along with overlapping areas such as prevention and intensive support, was to be key to the new operating model.

Under section 7(b) of the Oranga Tamariki Act 1989, the predecessor organisations of Oranga Tamariki already had duties in relation to prevention and early intervention services that dated to when the original Children, Young Persons and Their Families Act was first enacted in 1989. Indeed, the Expert Panel (2015b) reported that as well as the \$5 million spent on prevention, out of the \$529 million that Child, Youth and Family spent on direct service provision for approximately 20,000 'vulnerable children' each year, a further \$254 million was spent on other service areas from within MSD. To varying degrees, this sum would have supported Child, Youth and Family, including Community Investment and Children's Teams. Some of this additional expenditure would have had a prevention and early intervention focus, including of course Strengthening Families, Family Start, SWiS, and Children's Teams.

Furthermore, while these four programmes are all major Oranga Tamariki early intervention services, they are not the only ones. According to a recent Oranga Tamariki (n.d.) stocktake, other Oranga Tamariki-funded early intervention services and programmes (using MSD Community Investment categorisation of intervention levels), as well as some others deemed to have a prevention or universal focus, included:

- Low to Medium intensity support for vulnerable families (assumed to include Early Start in Christchurch);
- Youth Workers in Secondary Schools (YWiSS);
- Multiagency Support Services in Secondary Schools (MASSiSS);
- Toolbox Parenting Programme;
- SKIP Strategies with Kids;
- Support for Food in Schools Programme;
- Children witnessing or experiencing Family Violence;
- Harmful Sexual Behaviour (various);
- Residential Respite Holiday Programmes;
- Residential Building Resiliency Camps;
- Specialist Youth Services Corps (SYSCO) programme;
- Therapeutic Supported Housing – Teen Parents; and
- Youth One Stop Shop Social Support Services.

APPENDIX C: OTHER INTERAGENCY INITIATIVES

Other interagency child and family/whānau initiatives

While local and national interagency collaboration is critically important for effective child and family/whānau service provision, over the last 20 years there has been a proliferation of interagency initiatives with the following being identified from the Level 1 reports:

- Children’s Teams local governance groups (Oranga Tamariki);
- High and Complex Needs Interagency Management Groups (Oranga Tamariki);
- Fetal Alcohol Spectrum Disorder pilot sites (Ministry of Health/Te Pou o te Whakaaro Nui);
- Hui-a-Whānau (Oranga Tamariki);
- Integrated Safety Response pilot sites (New Zealand Police);
- Intensive support workers (Kāinga Ora Homes and Communities);
- Intensive wraparound (Ministry of Education);
- Right Services Right Time (Social Service Providers Aotearoa (SSPA) Canterbury);
- Social Sector Trials (MSD);
- SWiS local governance and cluster groups (Oranga Tamariki);
- Strengthening Families Local Management Groups (Oranga Tamariki);
- Youth Offending Teams (Ministry of Justice);
- Whānau Ora (Te Puni Kōkiri); and
- Whangaia Ngā Pā Harakeke (New Zealand Police).

Many of these have their own local interagency management or practice forums. There is likely one or more of the following initiatives in every area, and in some instances there will be many. Several Strengthening Families and Children’s Teams stakeholders raised this as a problem and commented particularly on the potential benefits of streamlining local governance arrangements:

Early Start [Christchurch] is an intensive [research-based] home visiting service for families/whānau with new-born babies where difficult situations have the potential to negatively impact on the life chances of children [up to the age of five] in their care. We encourage and support families/whānau to provide each of their children with a positive and enjoyable childhood experience. Early Start uses a planned, focused and systematic approach to intervention and intends to enable enrolled families/whānau to:

- learn and apply nurturing parenting practices
- discover personal strengths and abilities
- develop new skills and practices
- support healthy lifestyle changes (Early Start, 2019).

Some stakeholders reflected on the presence of multiple community-based initiatives, including Children’s Teams, contracted to provide whānau with similar forms of support. Stakeholders noted that this duplication created tension and confusion within the community, along with further competition for contracts, referrals and resources (Oranga Tamariki Evidence Centre, 2019, p. 18).

| | |
|---|---|
| <p>As identified in the Strengthening Families report, there had always been an expectation that service developments would be driven at the local governance level. Well-supported integrated local governance forums could also have an important role to play in more broadly assessing, planning and commissioning services for their area.</p> | <p>Whānau Ora is a holistic approach that goes beyond a crisis response and traditional social and health services. It places whānau at the centre of decision-making and supports them to lift their wellbeing. Whānau Ora, and the work of the three Commissioning Agencies (Te Pou Matakana, Te Pūtahitanga o Te Waipounamu and Pasifika Futures), is about increasing the wellbeing of individuals in the context of their whānau. It differs from traditional social and health approaches that focus solely on the needs of individuals. Whānau Ora recognises the strengths and abilities that exist within whānau and aims to support and develop opportunities that fulfil potential. Whānau Ora Kaiārahi (navigators) directly engage with whānau in their homes, and communities, listening to their needs to improve outcomes in areas such as housing, employment, health and education (Te Puni Kōkiri, 2019, p. 29).</p> |
|---|---|

APPENDIX D: RECENT LEGISLATIVE CHANGES

Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017

As well as the new operating model and the establishment of Oranga Tamariki itself, there are also new legal duties that impact on current and future early intervention provision. In this context, as well as a broadening of responsibilities to encompass children not in care or at-risk of going into care, four particularly important amendments to the Oranga Tamariki Act 1989 have been brought in under the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017, as follows:

- Section 4A on wellbeing and best interests of the child and young person, extends the ‘paramountcy principle’, while the use here of the term ‘wellbeing’ and elsewhere in the Act, can be seen as a conceptual reframing, as well as a coherent connection to ‘Wellbeing Budgets’ and the ‘Child and Youth Wellbeing Strategy’.
- Section 5 on the principles to be applied in relation to the Act, now requires any person (or Court) exercising power under the Act, to support a child or young person to express a view on proceedings, processes or decisions affecting them, and for their views to be taken into account. There is also a duty to consider the child or young person’s rights, including those set out in the United Nations Convention on the Rights of the Child (UNCROC) and the United Nations Convention on the Rights of Persons with Disabilities, along with a duty to recognise the child or young person’s place within their family, whānau, hapū, iwi, family group, and community.
- Section 7(bab) places a new duty on the Oranga Tamariki Chief Executive to coordinate with other agencies on any services funded by Oranga Tamariki “to reduce the impact of early risk factors for future involvement in the care, protection, or youth justice systems”.
- Section 7AA addresses the duties of the Chief Executive in relation to the Treaty of Waitangi, and sets out additional responsibilities including improving outcomes for Māori children and young people and their whānau, reducing disparities, the development of strategic partnerships with iwi and Māori organisations, and annual reporting on measures taken.

APPENDIX E: CHILD WELLBEING ORIENTATIONS

Comparative orientations on the role of the state vis-à-vis child wellbeing

As the two definitions in the introduction demonstrate, early intervention is a broad concept that can span child development, disability, social disadvantage, or child protection. It is recognised that of these four programmes Children's Teams have a more explicit child protection focus. However, much of our theoretical understanding of early intervention as a concept comes from overseas jurisdictions with their own particular service continuums (Oranga Tamariki Evidence Centre, 2018-a). As such, it may be useful to locate the Aotearoa New Zealand system internationally.

Parton (2017), building upon earlier work in this area, offers the following summary:

Table 15: Differences between child protection and family service systems

| Broad type of system | Child Protection Anglo-American | Family Services Northern European |
|---|--|---|
| Countries | Australia, Canada, England, USA | Belgium, Sweden, Germany, Finland, Norway, Denmark, Netherlands |
| Type of welfare state | Tendency towards residual and selective provision | Tendency towards comprehensive and universal provision |
| Place of child protection services | Separated from family support services | Embedded within and normalised by broad child welfare or public health services |
| Type of child protection system | Legal, bureaucratic, investigative, adversarial | Voluntary, solution focused, collaborative |
| Orientation to children and families | Emphasis on individual children's rights. Professionals' primary responsibility for child welfare. | Emphasis on family unit. Professionals usually work with the family as a whole. |
| Basis of the service | Investigating risk in order to formulate child safety plan | Supportive or therapeutic responses to meeting needs or resolving problems |
| Coverage | Resources are concentrated on families where risks of (re)abuse are immediate and high | Resources are more available to more families at an earlier state |

Aotearoa New Zealand is a bi-cultural country and there are now other typologies beyond those from high-income western countries (Parton, 2017) which may also be useful. However for this context, while some have suggested that our Family Group Conferencing renders our system as being more reflective of a (Northern European) Family Services System (eg

Waldegrave, 2006), on the basis of this framework, there is some consensus within Aotearoa New Zealand that we have the characteristics of an Anglo-American Child Protection system (Expert Panel on the Modernising of Child, Youth and Family, 2015-a).

Table 2 from Gilbert, Parton and Skivenes (2011) provides a similar framework but along with child protection and family services orientations adds, a third – child focus.

Table 16: Three orientations on the role of the state vis-à-vis child maltreatment

| | Child Protection | Family Service | Child Focus |
|----------------------------------|---|--|---|
| Driver for intervention | Parents being neglectful towards children (maltreatment) | The family unit needs assistance | The individual child's needs in a present and future perspective/societies need healthy and contributing citizens |
| Role of the state | Sanctioning – state functions as 'nightwatchman' to ensure child's safety | Parental support –state seeks to strengthen family relations | Paternalistic / defamiliarisation, state assumes parent role; but seeks to refamiliarise child by foster home / kinship/ adoption |
| Problem frame | Individual/moralistic | Social/psychological (family systems, poverty, inequality) | Child's development and unequal outcomes for children |
| Mode of intervention | Legalistic/investigative | Therapeutic/needs assessment | Early intervention and regulatory/need assessment |
| Aim of intervention | Protection/harm reduction | Prevention/social bonding | Promote wellbeing via social investment and/or equal opportunity |
| State-parent relationship | Adversarial | Partnership | Substitutive/Partnership |
| Balance of rights | Children's/parents' rights enforced with legal means | Parents' rights to family life mediated by professional social workers | Children's rights/parental responsibility |

While different systems include all three orientations to varying degrees, despite 'early intervention' being identified here as part of a Child Focus orientation, the report of the Expert Panel on the Modernising of Child, Youth and Family (2015-a, 2015-b) clearly reflects this third orientation.