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TE POKAPŪ TAUNAKITANGA

EVALUATION OF THE FAMILY START PROGRAMME

**Report on the findings of the process
evaluation**

April 2020



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

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EXECUTIVE SUMMARY

This report provides findings and recommendations from a process evaluation of the Family Start programme ('the programme'), a voluntary intensive home-visiting programme that supports whānau/families facing health and social challenges to realise better outcomes for their children.

Evaluation purpose and focus

The purpose of the process evaluation is to consider the effectiveness of the programme's design and implementation, including how Family Start providers can optimise positive impacts for children and their whānau. The evaluation included:

- exploration of how well the Family Start programme is delivering its service for children and their whānau;
- documenting self-reported outcomes and impacts whānau experienced as a result of their engagement with the Family Start programme; and
- assessing how the Family Start programme can be optimised to ensure positive outcomes for children and their whānau.

Evaluation approach

The evaluation was implemented through a Bridging Cultural Perspectives approach¹ which is comprised of two models: He Awa Whiria and Negotiated Spaces. Data was collected and analysed under three distinct knowledge streams: Māori, Pasifika and Pākehā. Each stream was led by a kaitiaki, a senior evaluator who had overall responsibility and accountability for their knowledge stream. Data was analysed and written up initially under each separate stream. The evaluators under the three knowledge streams then worked together to synthesise findings under the evaluation questions. Where findings converged, these are reported at the synthesised level. Where there were specific findings for a knowledge stream, these are described separately.

Evaluation methods

The evaluation drew strongly on qualitative data. An important data collection method was five provider-level case studies (three kaupapa Māori providers, one Pasifika provider and one Pākehā provider) which included in-depth interviews with Family Start managers, workers, referrers and whānau/families that were clients of Family Start. Other data collection methods included interviews with Oranga Tamariki officials and other key stakeholders, and an electronic diary activity during which Family Start workers recorded their experiences and perceptions in their role working with whānau. This was supported by a review of key documents provided by Oranga Tamariki and analysis of administrative data related to Family Start service provision.

The collected data was analysed thematically and was assessed against key evaluation criteria and performance standards to determine the evaluation findings.

¹ Superu (2018). Bridging Cultural Perspectives. Available at: <https://thehub.sia.govt.nz/resources/bridging-cultural-perspectives/>

Key findings

Client whānau describe Family Start as a valuable service that has improved their lives

Client whānau who participated in the evaluation were unanimous in their view that engagement with Family Start had positively impacted on themselves and their tamariki.

Nearly all whānau/families interviewed reported an increase in their confidence and ability to provide warm, safe and loving care for their tamariki. Through the provision of parenting education and support, whānau had reduced their anxiety related to parenting, had learned core parenting skills and were provided with emotional support and reassurance.

Whānau described changes that they had made as a result of their engagement with Family Start. These included changes to the way they discipline their children, greater interaction and play with their children, improving their nutrition and physical activity, and enrolling them in early childhood education. They had observed changes in their children's, and their own, wellbeing.

Whānau drew a strong connection between these positive outcomes and their engagement with Family Start, with many stating that change would not have occurred without support from the programme.

Family Start workers are engaging with whānau in a strengths-based, culturally safe way

Whānau that participated in the evaluation valued the supportive, strengths-based way in which Family Start workers engaged with them. The development of goals is whānau-led through a process of whakawhitiwhiti kōrero, talanoa or respectful discussion. All whānau said their goals reflected their priorities, needs and aspirations – with support, guidance and validation provided by workers where needed.

Whānau stated that their workers identified and built on pre-existing areas of strength and gently provided advice and suggestions for change. Workers were non-judgemental and never told whānau that their current practice was 'wrong', instead offering alternative options that parents could choose from.

Māori providers took a kaupapa-based approach to working with whānau, taking time to undertake whakawhanaungatanga and build trust. Kaimahi used a whole-of-whānau approach, where supporting parents and caregivers with their needs was also prioritised alongside the needs of tamariki and mokopuna.

The Family Start model is mostly effective, especially for Pākehā providers and families

The Family Start programme model is based on the parameters described in the programme manual.² Providers are expected to maintain fidelity to the core principles of the programme (e.g., strict adherence to referral criteria, timeframes for initial contact, and always sighting the Family Start child). The model is effective in that it allows providers to tailor service delivery to meet the needs of the whānau/family, for example by focusing the content of a home visit on issues that the parent is particularly concerned about.

² Oranga Tamariki (2019). *Family Start programme manual*. Available at: www.orangatamariki.govt.nz/assets/Uploads/Family-Start/190129-OT-Family-Start-Manual-PDF-Final.pdf

Delivery is supported by a suite of tools and resources, which were viewed as fit-for-purpose and useful by the Pākehā case study provider. Some of these resources were also viewed positively by the Māori case study providers, particularly the SKIP Whakatipu booklets.

Some aspects of the model do not align with Māori worldviews and practices

Kaupapa Māori Family Start providers stated that the time-bound nature of some activities does not fit with principles of whanaungatanga. For example, producing the expected output of a Strengths and Needs Assessment within six weeks does not allow adequate time to build relationships of trust. The programme model also focuses on Western concepts of a child's development as an individual, rather than his or her development in the holistic context of whānau, hapū and iwi.

Adapting programme concepts and resources to align with Māori worldviews and approaches is an additional burden for Māori providers. In order to meet the needs of client whānau, kaimahi undertake activities such as developing kaupapa-based and reo Māori resources to share with whānau, such as recordings of oriori (lullabies). They also noted that whānau Māori typically responded well to intensive engagement, particularly at the beginning of the trust building process, but were not funded to undertake these additional activities. The Pasifika case study provider highlighted similar challenges.

Family Start workers are feeling stretched by the challenge of working with whānau who need intensive support

Across all case study sites, Family Start workers and managers reported that they are working with more high needs whānau/families that need intensive support. These whānau lead complex lives and may be affected by issues such as family violence, alcohol and drug addictions and mental health issues.

Family Start workers reported that, over time, their role has moved beyond providing support for parenting. High needs whānau frequently need wrap-around support to address crises. As a result, workers spend time undertaking activities such as helping whānau to secure housing, prepare for Family Group Conferences or alleviating anxieties about the health and wellbeing of their tamariki.

Family Start workers described feeling stressed, exhausted and overwhelmed due to long work hours and the mental energy required to support whānau in crisis.

The national expansion of Family Start in 2017 has also meant that the programme is now reaching larger numbers of whānau in rural areas. Some Family Start workers said this has also contributed to increased workloads due to the travel time required to service rural areas.

There was a strong call from Family Start providers and workers for a change to the current funding model and caseload expectations to reflect the increased workload from working exclusively with high needs whānau/families.

Recommendations

The evaluation makes the following recommendations:

1. Adjust caseload expectations to reflect the increasing number of whānau/families with high needs.

2. Increase funding for Family Start worker salaries.
3. Enhance consistency and comprehensiveness of initial and ongoing training for Family Start workers.
4. Support kaupapa Māori and Pasifika providers to align the delivery of the programme to Māori and Pasifika worldviews.

1. THE EVALUATION

1.1. Context

The Family Start programme (the programme) is a voluntary intensive home-visiting programme developed by Oranga Tamariki. It supports whānau/families at risk of facing health and social challenges to realise better outcomes for their children. Children are enrolled in the programme before birth or in their first year.

Home visits are undertaken by a Family Start worker. Service delivery is guided by a programme manual developed by Oranga Tamariki.³ The manual specifies core service delivery components (the Parenting Resource, Strengths & Needs Assessments (SNA), Child Safety Tools (CST) and Child Family Plans (CFP)). The delivery of these core components follows a cyclic process with the Parenting Resource inherent throughout.

The programme works from a child-centred, strengths-based approach, to encourage whānau to explore options available for managing problems and difficulties encountered when raising young children. The programme is also designed to help parents enjoy raising their children in a way which promotes healthy outcomes. The programme facilitates outcomes by:

- encouraging whānau to build strong bonds between the parent and child;
- developing whānau safety awareness;
- teaching whānau about healthy lifestyle choices and child nutrition, health visits and immunisations; and
- developing parenting confidence.

Family Start workers respond to the unique needs of the families they are working with, and ultimately the way in which service delivery is undertaken depends on the needs of the whānau/family.

Ultimately, the programme aims to improve child health and wellbeing outcomes across Aotearoa; build healthy and resilient whānau; reduce child maltreatment; and decrease child injuries and deaths.

The 2017 Budget invested \$28 million over four years to expand Family Start, with a total of \$47 million per annum spent on the programme. With increased investment, Oranga Tamariki now wishes to build on previous evaluation studies to examine the impact of the programme for specific groups of children in order to ensure that the investment remains sound. This includes a process evaluation and an impact evaluation using a quasi-experimental approach.

This report presents the findings of the process evaluation. The impact evaluation findings will be reported to Oranga Tamariki in early 2020, and an overall synthesis report will be provided in mid-2020.

³ Oranga Tamariki (2019). *Family Start programme manual*. Available at: www.orangatamariki.govt.nz/assets/Uploads/Family-Start/190129-OT-Family-Start-Manual-PDF-Final.pdf

1.2. Evaluation purpose and areas of focus

The purpose of the full Family Start programme evaluation (i.e. the process and impact evaluations) is to assess the programme's effectiveness and the impact of its national expansion.

The process evaluation specifically considered the effectiveness of the programme's design and implementation, including how Family Start providers can optimise positive impacts for children and their whānau, and how providers can be further supported in this service delivery aim.

The evaluation is also intended to provide accountability for current investment, inform future investment in the programme, and support continuous improvement and learning.

The scope of the evaluation covered the design, delivery and outcomes of the programme since the service expansion in July 2017. It focused on the Family Start programme only and does not include the Early Start programme.

The evaluation considered:

- whether the programme is designed in a way to best achieve its purpose;
- whether the programme is reaching the intended target groups;
- the processes associated with the delivery of the programme; and
- programme outcomes.

The evaluation also sought to:

- explore client whānau/family experiences of, and perspectives on, the Family Start programme;
- identify how providers can be supported to maximise the effectiveness of their role in the programme;
- gain a more in-depth understanding of how the programme works holistically for whānau Māori and Pasifika aiga/fāmilī; and
- identify lessons to enhance the programme in future.

1.3. Evaluation approach

The evaluation was implemented through the Bridging Cultural Perspectives approach⁴ which is comprised of two models: He Awa Whiria (the Braided Rivers) and Negotiated Spaces. A summary of the approach is provided here, with further details in Appendix B.

He Awa Whiria provides the framework for knowledge creation. It provides two separate streams of knowledge – Māori and Pākehā – each stream of equal strength, with information about what is valued, and to what degree. For the Family Start evaluation, a Pasifika knowledge stream⁵ was

⁴ Superu (2018). Bridging Cultural Perspectives. Available at: <https://thehub.sia.govt.nz/resources/bridging-cultural-perspectives/>

⁵ The Pasifika knowledge stream comprises the cultural beliefs and world views of at least seven ethnic groups. These worldviews and beliefs can be considered together through the concept of Fofola e fala kae talanoa e kāinga, a metaphor of which one underlying meaning is an invitation to family members to come together and talanoa – to talk (Ministry of Social Development, 2012. *Nga vaka o kāiga tapu. A Pacific Conceptual Framework to address family violence in New Zealand*. Wellington, New Zealand: Ministry of

also woven into the evaluation process to produce findings based in each of the three knowledge streams: Māori, Pasifika and Pākehā.

Negotiated Spaces provides the dialogue tool for exchanging knowledge across the streams. Implicit to the Negotiated Space is balancing the desire to uphold distinctive cultural knowledge spaces with an openness to innovation and change.

In implementing the evaluation, each knowledge stream had a kaitiaki (caretaker) who had overall responsibility and accountability for data collection and analysis under each knowledge stream.

While the process evaluation was guided by a shared evaluation framework (see Appendix C), the evaluation team under each stream conducted the data collection in a way that suited different groups of evaluation participants. Data collected under each stream (particularly the case studies; see Appendix A) were analysed and written up separately, led by the team members from each stream.

This report has been written collaboratively, with each of the three kaitiaki taking responsibility for ensuring the integrity of their knowledge stream is retained. Where findings converged, these are reported at the synthesised level. Specific findings that are relevant to one of the knowledge streams are described separately.

The language used to describe evaluation participants has been tailored to each He Awa Whiria stream, to reflect the terms used by the participants themselves:

- Family Start clients are collectively referred to as ‘whānau/families’ throughout the report, except when discussed in relation to one of the three He Awa Whiria streams. Family Start clients in the Māori stream are referred to as whānau, in the Pasifika stream as ‘aiga/fāмили’ and in the Pākehā stream as ‘whānau/families’.
- Those delivering the Family Start service are referred to as ‘Family Start workers’ when discussing aggregate findings, and under the Pasifika and Pākehā streams, and ‘Family Start kaimahi’ under the Māori stream.

1.4. Evaluation questions

The key evaluation questions (KEQs) the evaluation sought to answer are:

1. How well is the Family Start programme delivering its service for vulnerable children and their whānau?
2. To what extent is the Family Start programme achieving programme outcomes and impacts for vulnerable children and their whānau?
3. How can the Family Start programme be optimised to ensure positive outcomes for children and their whānau?

For KEQ1 and KEQ2 the evaluation team identified criteria to inform assessments about how well the programme is working, for whom, in what contexts, and whether the impact and amount of impact that is occurring is worthwhile. These are provided in Appendix C.

Social Development). Multiple mats can be rolled out simultaneously relating to both different ethnic groups and different parts of evaluation.

As an exploratory and descriptive question, KEQ3 focused on identifying learnings and improvements, and has guided the development of evaluation recommendations.

The evaluation explored several sub-questions under each KEQ. These are provided in Appendix D.

1.5. Evaluative judgements

A rubric was developed which established standards for each of the criteria described in Appendix C (alignment, reach, effectiveness and impact) against which the Family Start programme was evaluated. This identifies what is considered to have “exceeded expectations”, “met expectations”, be “below expectations”, or produced “no change/detrimental” under each performance criterion. The rubric is provided in Appendix E.

Information collected during the process evaluation was assessed using this rubric to arrive at evaluative judgements. These will be reassessed once data from the impact evaluation is available and final judgements will be provided in the synthesis report in mid-2020.

1.6. Methods used for the evaluation

A summary of the data collection methods used in the evaluation is provided below, with further details of each method in Appendix F.

- A **review of 41 contextual documents**, including previous Family Start evaluation reports, Oranga Tamariki presentations about Family Start, programme design documentation such as the programme manual and budget bid documents, and Family Start provider documentation such as outcome agreements.
- **Key informant interviews** with 23 representatives from a range of national-level organisations with an interest in the design, delivery, management and/or outcomes of the programme.
- **Case studies** at five Family Start provider sites to explore the delivery of the programme. This included three case studies at Māori-led providers, one Pasifika provider, and one Pākehā provider. These cases studies focused on manager, worker, referrer and client experiences of Family Start. Detailed case study reports for each of the five providers are attached as Appendix A.
- An **electronic diary** activity in which a sample of Family Start workers from the case study providers recorded their observations and reflections on Family Start and collected feedback on issues as they arose. Eleven workers participated in the e-diaries.
- **Analysis of Family Start monitoring data**, sourced from the centralised data repository (FSNet). The data included in this report cover the period between 1 June 2017 and 31 May 2019 to align with the evaluation scope and time period following the programme’s Budget 2016 expansion – the design and delivery of the programme prior to 2017 was out of scope. These data have been used primarily to triangulate qualitative data to provide complete information on the effectiveness of Family Start delivery.

1.7. Strengths and limitations

Key strengths of the evaluation approach and methodology include the following:

- The evaluation used mixed methods to seek evidence from a variety of sources. This included context-rich, qualitative information from stakeholders at the national, programme and client levels, as well as quantitative programme monitoring data. The mixed-method approach allowed qualitative data related to stakeholder views and perceptions to be triangulated with quantitative data.
- The emphasis on gathering rich qualitative data through a semi-structured style of interviewing has enabled the evaluation team to undertake ‘explanation building’ under each of the KEQs, to identify not only ‘what’ is occurring in relation to the design, delivery and outcomes of Family Start, but also ‘how’ and ‘why’.
- Using He Awa Whiria in the evaluation has enabled the impact of the Family Start programme to be assessed using Māori, Pasifika and Pākehā frameworks. This allowed for interpretation of evaluation findings through te ao Māori and Pasifika worldviews, rather than using an exclusively Pākehā framework.

Limitations of the evaluation approach include the following:

- The findings from the qualitative interviews on perceptions of the Family Start programme’s effectiveness provided data only on the perspectives of those interviewees – the findings are not generalisable to the entire programme participant cohort. Those interviewed were selected to represent a range of characteristics (e.g., ethnicity, location). This strengthens the relevance of the findings, but nonetheless those engaged are only a small portion of all Family Start clients.
- Family Start programme providers, workers and clients, as captured by the qualitative interviews, are likely to have an interest in the programme’s continuation. Whilst their perspective is valuable, and critical for the evaluation, it is not neutral. The evaluation included engagement with parties other than those who have an interest in the continuation of the programme, including national-level organisations (government departments and NGOs) and individuals in the case study sites (referrers).
- The process evaluation effectiveness criterion relies heavily on self-reported data from service providers, workers and clients. Such self-reported data is vulnerable to biases such as social desirability bias. Where feasible, self-reported data has been triangulated and compared with programme monitoring data.
- Five Family Start providers out of a total of 43 were selected as case studies for in-depth exploration. While this provides rich data on programme delivery at these five sites, the findings do not necessarily represent the views and experiences of delivery at other provider sites. The evaluation triangulated the case study data with that from interviews with personnel with a regional or national viewpoint, such as Oranga Tamariki Pa Harakeke Family team members and Partnering For Outcomes (PFO) Advisors.

2. CONCLUSIONS AND RECOMMENDATIONS

This section sets out the overall evaluative conclusions related to each of the criteria under the Key Evaluation Questions (KEQs) and provides a summary of the evidence on which the conclusions are based. The criteria on which the evaluative judgements were made are provided in Appendix D. Detailed evaluation findings and evidence, on which the conclusions are based, are discussed in section 3.

The judgements provided below are based on the findings from the process evaluation. These will be reassessed once data from the impact evaluation is available and final judgements will be provided in the synthesis report in mid-2020.

KEQ1: How well is the Family Start programme delivering its service for vulnerable children and their whānau?

Criterion 1: Alignment

- Exceeding expectations
- Meeting expectations
- No change or detrimental
- Below expectations

The Family Start programme is meeting expectations in delivering services that align with the intended design, as set out in the Family Start manual. Qualitative evidence from the evaluation shows that Family Start providers typically maintain fidelity to the core principles of the programme (for example, strict adherence to referral criteria and timeframes for initial contact).

Where Family Start providers have made adjustments to the model, these are intended to better meet the needs of whānau/families. This includes adjusting the content of engagement sessions to meet immediate needs (such as assistance to find housing) before discussing parenting, offering more frequent or longer visits to support whānau/families in crisis, or adapting delivery to Māori and Pasifika worldviews and practices. This tailored programme delivery approach enhances whānau/family buy in to the programme, making them receptive to its key messages and more likely to effect change.

The evaluation also found evidence of good alignment with partner entities, at the national and provider level. The programme is highly regarded by other health and social service organisations, and there is active collaboration to develop referral pathways and align service provision.

Criterion 2: Reach

Exceeding expectations

Meeting expectations

No change or detrimental

Below expectations

The evaluation concludes that the Family Start programme is meeting expectations for the reach criterion at this point in time, but that reach of the programme may be beginning to show a downward trend.

On average, Family Start providers are reaching 79 percent of their monthly enrolment targets. This is less than the Oranga Tamariki expectation that providers reach 95 percent of target volumes, but a stronger performance than other services targeting a similar population group. Average monthly volumes are trending slightly down from 128 clients in 2017 to 119 in 2019. Case study evidence shows that organisations which attend interagency forums are doing better at reaching targets.

The evidence shows that the programme has developed referral pathways to reach the target population. Referrals are coming from a variety of sources, with government agencies other than Child Youth and Family/Oranga Tamariki and Work and Income, self or whānau/family referrals and non-government agencies comprising the largest sources. However, acceptance rate is variable across the different sources: while other government agencies are providing a high number of referrals, only 5 percent of these are accepted. In contrast, over 80 percent of self or whānau/family referrals are accepted.

Overall, fewer referrals are being accepted; around 64 percent of referrals were accepted in 2017 compared to 45 percent in 2019. This is a substantial drop. It is unclear whether this is due to referrals not meeting the criteria, or whānau/families declining the referral.

Family Start providers are working with more high needs whānau/families since the change in referral criteria in 2012. These high needs whānau/families are challenging to keep engaged; Family Start monitoring data shows that just under half of all exits are unplanned and that the portion of unplanned exits has increased slightly since 2017. While the rate of unplanned exits appears high, it is in line with published evidence that vulnerable whānau/families typically have drop-out rates from therapeutic services ranging from 35 percent to 70 percent.⁶

The Family Start service expansion has been in place for two years, and it is too early to determine whether the decrease in average monthly volumes and referral acceptance rates, and increase in unplanned exits are temporary phenomena or an ongoing trend. This should continue to be monitored by Oranga Tamariki.

⁶ Families Commission (2011). Early Intervention Support and Vulnerable Families and Whānau. Retrieved 16 September 2019 from www.familyhelptrust.org.nz/uploads/1/2/1/4/121476388/early-intervention-support_0.pdf

Criterion 3: Effectiveness

- Exceeding expectations
- Meeting expectations
- No change or detrimental
- Below expectations

Family Start is meeting expectations in terms of its effectiveness. Family Start providers have effective entry processes to the programme, which result in client whānau/families having an accurate understanding of the programme and being successfully matched to an appropriate Family Start worker. Family Start workers adapt the goal setting process to suit the context and achieve ‘buy in’ of the whānau/family. This can mean modifying the language used, moving at a pace that feels safe for whānau, or using kaupapa Māori and Pasifika methods to facilitate the goal setting process. Goals are reviewed and updated in line with contracted expectations.

Family Start workers use a strength-based approach to guide and inform whānau/families about parenting practices, highlighting and praising their strengths and working to build on what they already knew.

Family Start resources, including the Parenting Resource website, are generally viewed as effective, particularly for Pākehā. However, there is a lack of kaupapa-based and te reo Māori resources, with Family Start kaimahi in some Māori providers developing their own resources to fill this gap. To deliver an effective service to whānau Māori it is important for providers to offer a diversity of resources, including those drawn from a Māori worldview and from Pākehā models of child development.

The Family Start workforce is engaged and committed to their roles. Providers are finding it challenging to recruit qualified workers, largely due to a large discrepancy in salary to other social work roles, including at Oranga Tamariki.

Induction, initial training and ongoing professional development of the Family Start workforce is undertaken onsite by Family Start providers. The quality and comprehensiveness of this training is variable as it relies on the time, resource allocation, personnel skill and systems of each provider organisation. In addition, the training generally focuses on the operational aspects of the job, with little focus on technical or clinical aspects such as child development.

Working exclusively with whānau/families with high needs has put pressure on Family Start workers. These clients typically need more frequent interaction with their workers, and the scope of services they require is broader. Consequently, workers with a full caseload of 16 clients are often unable to complete both home visits and administrative work within their contracted hours. Family Start workers stated that reduced workloads would mean they could work more intensively with and better support high needs whānau/families and have time for regular supervision, ongoing training and self-care.

All case study providers have appropriate policies, procedures and practices in place to support the safety of their Family Start workers and offer regular hour-long supervision sessions for their Family Start workers.

Family Start providers and their workers take an innovative approach to supporting whānau/families, going beyond the Family Start manual guidelines to provide a wraparound service. They are also innovative in sourcing additional parenting support for whānau, including food, clothing, books, games, puzzles and toys. Māori providers have been especially innovative to better align the Family Start programme with their kaupapa-based approach to service provision.

Communication channels between Oranga Tamariki and providers were found to be effective, with providers stating that they are usually well informed of any programme changes.

KEQ2: To what extent is the Family Start programme achieving programme outcomes and impacts for children and their whānau?

Criterion 4: Impact



Conclusions on the impact of the programme are based on impacts reported by whānau/families that participated in the evaluation, and should be interpreted as reflecting client whānau/families’ views and perceptions of how Family Start has helped them, rather than reflected in administrative or outcome data. Based on these reported impacts, the programme is making a substantial difference for whānau. What was also found, however, is that this often comes at the expense of worker wellbeing.

Client whānau/families consistently reported that engagement with the Family Start programme had created meaningful change in their lives. The most commonly reported impact was increased confidence in their parenting, and enhanced ability to provide warm, emotionally safe care to their children. Whānau described making positive changes such as interacting with their children more and taking a gentler

approach to discipline, which they attributed to their engagement with Family Start. Workers and whānau/families noted that formalising parenting goals in the CFP was an important way of affecting this change.

About half the whānau/families interviewed reported impacts in terms of increased child safety. This had often been achieved by moving to a safer home environment or minimising their children’s contact with people who they considered unsafe. Family Start had assisted others to seek help for mental health, alcohol or drug addictions, or family violence to ensure their children lived in a safe environment.

Engagement with Family Start also impacted on some whānau/families’ decision to enrol their child in ECE or to enrol their child earlier than they had originally planned. This was particularly apparent in the Māori-centred case study sites. The Early Learning Payment (ELP) is an effective mechanism for incentivising participation in ECE from 18 months old, making it a financially viable option.

Participation in the Family Start programme resulted in achievement of short-term goals set through the CFP, which gave whānau/families a sense of pride and motivated them to set further goals to enhance their longer-term circumstances. Whānau were working towards ambitions to reduce debt, gain meaningful employment or take up study in pursuit of a new career. Having a documented plan (through the CFP), ongoing support from their Family Start worker and access to practical assistance was described by whānau/families as important in keeping them motivated.

Recommendations

Based on the findings and conclusions described in this report, the evaluation makes the following recommendations.

Recommendation 1: Adjust caseload expectations to reflect the increasing number of whānau/families with high needs.

The current caseload of 16 families per worker is not feasible when working exclusively with whānau/families with multiple and complex needs. Reducing the caseload expectations would allow the provision of more high-quality service to clients, offering intensive support without overburdening workers. A case load of 14 families per worker was suggested to be more appropriate by many of the Family Start managers and workers that participated in the evaluation.

Recommendation 2: Increase funding for Family Start worker salaries.

Increasing the contracted funding allocation for worker salaries to allow for payment of comparable rates to similar social worker positions would enhance provider ability to attract and retain a qualified, skilled and competent workforce.

Recommendation 3: Enhance consistency and comprehensiveness of initial and ongoing training for Family Start workers.

Nationally consistent content provided in initial training for Family Start workers would provide assurance that all workers are receiving training to enable them to effectively deliver the programme. This training should include a focus on clinical aspects of the role, such as infant and child development.

Family Start providers are seeking more support from Oranga Tamariki to enable them to offer high quality training to their workers. For example, some providers suggested that Oranga Tamariki could work in partnership with providers to develop a training package. This could take the format of a train-the-trainer model – potentially delivered at a regional collective level – supported by training resources.

Recommendation 4: Support kaupapa Māori and Pasifika providers to align the delivery of the programme to Māori and Pasifika worldviews.

This could include ensuring Family Start providers have access to kaupapa Māori and Pasifika parenting resources, including resources in te reo Māori and Pasifika languages, to share with whānau. Funding or other support could be provided to enable these providers to innovate and develop systems to ensure the programme is delivered in a culturally responsive manner to Māori and Pasifika clients.

3. DETAILED EVALUATION FINDINGS

The evaluation findings below are reported by Key Evaluation Question (KEQ). As previously stated, full description of the three KEQs and their associated criteria, desired outcomes, and performance indicators is attached as Appendix C.

KEQ1: How well is the Family Start programme delivering its service for vulnerable children and their whānau?

3.1. Alignment

The evaluation explored how closely the delivery of the Family Start programme matched the intended design, and whether any variation from the design improved or inhibited the achievement of desired outcomes. It also considered alignment of the programme with other health and social services.

3.1.1. Alignment of programme delivery with the intended design

Providers deliver the Family Start programme in line with its intended design. The flexibility embedded into the design allows providers to deliver the programme to best meet whānau/family needs and/or organisational values. Kaupapa Māori providers and the Pasifika provider incorporated cultural approaches, and whānau, aiga and fāмили stated that this led to positive results. However, some aspects of the programme model are not well aligned with kaupapa Māori and Pasifika worldviews.

The Family Start programme is delivered with fidelity to its intended design

The delivery of Family Start is aligned with its intended design.⁷ From the case studies and e-diaries data, Family Start providers and workers mostly said that they follow the Family Start programme manual, that it is clear and guides their work.

The manual guides my practice. It's a good source document, especially for new kaimahi. I don't use it much now but refer to it now and then.

- Family Start worker

This aligns with data from interviews with the Oranga Tamariki PFO Advisor in each region. All PFO Advisors confirmed that, based on their observations, providers deliver programmes with fidelity to intended design.

Oranga Tamariki national staff noted that the three Quality Assurance Advisors from Oranga Tamariki also assist with alignment through working with providers to support programme delivery that aligns with the intended design.

Previous evaluations of the Family Start programme and interviews with Oranga Tamariki personnel found that the regular, intensive home visiting feature of the programme design is critical to achieving the intended outcomes. The overall synthesis report, to be provided to Oranga

⁷ Intended design is defined as the programme expectations set out in the Family Start programme manual.

Tamariki in mid-2020, will include Family Start monitoring data on the extent to which contracted service providers are meeting home visit expectations.

The flexibility embedded in the programme’s design enables providers to tailor delivery to meet whānau needs

The design of the Family Start programme enables providers to maintain fidelity to the core principles of the programme (e.g., strict adherence to referral criteria, timeframes for initial contact, and always sighting the Family Start child) while also tailoring service delivery in response to the needs of the whānau/family as well as the values and principles of the contract holding organisation.

The evaluation identified three main circumstances in which Family Start providers use this flexibility in programme delivery:

- 1. Adjusting the content or location of the visit.

This included focussing on immediate needs like housing and food first, and then focussing on parenting and child development when immediate needs are met.

Some whānau/families require a more flexible approach to visits, which may not always be in the home, for example, if the mother but not the father of the child agrees to engage in Family Start or in situations of family violence.

It was noted that the rurality or isolation of some providers means that adjustments are needed for the delivery of home visits. Ideally, home visits would be at the convenience of whānau/families, but in geographically large regions workers have to plan trips around visiting several whānau/families in the same area, on the same day – meaning that in these circumstances the service delivery is worker-centred, not whānau/family-centred.

- 2. Adjusting the duration of visits and frequency of contact.

Family Start workers, managers and e-diarists noted that they are working with more whānau/families with complex needs. At times of crisis, Family Start workers provided longer visits than the standard weekly one-hour visit. Family Start workers also made themselves available to whānau/families via phone and text between visits, ‘dropped in’ between home visits and/or provided additional support such as transport to appointments.

The increased duration and/or frequency of contact was considered necessary to meet the expected outcomes of enhanced child and whānau health and social wellbeing, but came at a cost to workers as it compromised their ability to service a full caseload of client whānau within allocated work hours (see section 3.3.4 for further discussion).

- 3. Adjusting the mode of delivery to suit organisational values or principles.

Family Start providers in each stream adjusted the programme model to suit their organisation’s cultural values.

Findings from the Māori-centred case studies showed that kaupapa Māori providers were actively making changes to the Family Start programme to ground delivery in kaupapa Māori values. This was viewed as vital to meeting the needs of whānau:

Whakawhanaungatanga and partnership are essential processes with [our] mahi which contributes to not being viewed as ‘just another agency’.

- Family Start kaimahi

Māori-centred providers adapted the programme delivery in a variety of ways to better align with kaupapa Māori principles. Some providers have created their own resources and tools to work with whānau. For example, one provider uses a Strengths and Needs Assessment (SNA) form which was more suited to whānau needs than the ones provided by Oranga Tamariki.

Māori providers also highlighted the importance of using Māori concepts to achieve the expected Family Start outputs. For example, one Māori provider's kaimahi developed a kaupapa-based framework to guide whānau through the CFP process. This is intended to assist them with setting actionable and achievable goals to nurture and rebuild every aspect of their wellbeing as a whānau. The framework helps stimulate kōrero with whānau and engage them in the process. The resulting CFP is in alignment with the guidelines in the manual but framed around kaupapa tuku iho principles to nurture the holistic wellbeing of the whānau.⁸ The kaimahi developed this approach because they were finding it difficult to create goals using a standard approach.

[We] found that whānau hated the goals kōrero. They always ended up saying things like 'get my licence' and 'get my kids into day care'. [The kaupapa tuku iho] approach allows goals to become actions, so essentially they're not striving to reach a set of goals; they're working to undertake the actions which allows them to achieve their overall goals.

- Family Start kaimahi

Another Māori-centred case study provider approached parenting education by focusing on traditional ways of being parents, grounded in te ao, reo and tikanga Māori. This is supplemented by 'Tikanga Ririki', a tikanga-based parenting programme that the provider also offers to whānau.⁹

Many of the whānau have lost connections to their culture, so these adapted resources are helpful [for] rebuilding/reclaiming the cultural identity of the Family Start whānau. [It] helps to change the mindset of whānau... they are aware of who they are, and aware that the experiences they have had as Māori isn't necessarily a Māori way of living.

- Family Start manager

The Pasifika case study provider's delivery of the programme is based on 'ete lua', a holistic approach to wellbeing.¹⁰ Ete lua is about the physical, mental and spiritual self. Specific adaptations included using the talanoa¹¹ with aiga/fāмили to develop the CFP goals, which focuses on parenting, but may also include a range of other issues that they want to talk about.

The Pākehā case study provider generally used the standard Family Start tools and resources provided by Oranga Tamariki but had adjusted the service delivery model to reflect its family-centred organisational values. For example, while the programme model does not provide for any

⁸ These kaupapa tuku iho include: whakapapa; kotahitanga; te reo Māori; pukengatanga; ukaipotanga; whanaungatanga; manaakitanga; wairuatanga; kaitiakitanga; and rangatiratanga.

⁹ www.ririki.org.nz/tikanga-ririki.

¹⁰ A Pasifika approach to gathering deep and meaningful knowledge about the reality of Pasifika people's world as understood by them.

¹¹ Manu'atu, L. (2000). Tuli Ki Ma'u Hono Maahi Malie: Pedagogical possibilities for Tongan students in New Zealand secondary schooling. (Unpublished doctoral thesis). University of Auckland: Auckland, New Zealand.

service provision for families on the waiting list, the provider offers a Dedicated Intake Service which supports families while they are waiting for a place to become available on Family Start.¹²

Some aspects of the programme design do not align with Māori and Pasifika worldviews and approaches

Programme design is effective for Pākehā service providers and families.

The data from key informant interviews, case study interviews and e-diaries suggest that the programme design is effective for Pākehā service providers. Family Start providers, referrers and key informants in the Pākehā stream mostly agreed that the design aligned well with the intended

outcomes. They saw the design of the programme as flexible enough to focus on meeting the needs of families, allowing Family Start workers to tailor delivery to suit their context. They also praised the change from the previously structured approach to parenting education under the Ahuru Mowai Born To Learn curriculum.

The model allows for flexibility to meet client needs. You can't work to a solid structure with Family Start clients – everyone is so different and has individual needs. The family's needs can change quickly and while the worker might have planned to talk about a particular point, the family may have a crisis... the client is the driver and Family Start workers are the navigator.

- Family Start worker

Some aspects of the Family Start Programme model do not align with kaupapa Māori and Pasifika worldviews.

Kaupapa Māori and Pasifika providers, however, highlighted a tension between aspects of the programme design and Māori and Pasifika worldviews and approaches. This was particularly apparent in the time-bound nature of the activities. For example, the Family Start manual states that a SNA needs to be completed in six weeks, which kaimahi,

managers and referrers in Māori and Pasifika services stated is sometimes inadequate to build the required relationship with whānau.

Often it takes longer to build trust, especially with clients who have negative past experiences with government agencies. We have to overcome that history and build a relationship of trust before we start talking about goals and SNA and CFP.

- Family Start worker

Māori and Pasifika Family Start providers noted that the programme model tended to focus on a Pākehā conceptualisation of family, in that the service was set up to engage with a primary caregiver(s) rather than the wider whānau, aiga or fāмили who play a role in the child's care and development. They also stated that, while the programme model focuses on child development as an individual, this does not align with Māori and Pasifika emphasis on the importance of the child developing and existing as a whānau/aiga/fāмили member.

¹² Family Start monitoring data confirms that this provider is currently at 100% capacity for enrolments.

3.1.2. Alignment with other service providers

Family Start national staff and contracted providers are working with government and non-government organisations to ensure that Family Start is aligned with services targeting a similar client group. Family Start providers are well linked with other agencies and service providers, through interagency forums and one-to-one relationship building and maintenance. There is very little duplication of service provision between Family Start providers and other health and social services.

Family Start is forming effective partnerships at the national level

Family Start is well aligned with other health and social service providers. At the national level, interviews with government departments found that the Oranga Tamariki Family Start team was viewed as highly collaborative and committed to partnership with relevant entities. Key partners nationally include the Ministry of Health on a number of workstreams (e.g., oral health, primary healthcare teams, Well Child Tamariki Ora (WCTO), the Sudden Unexpected Death in Infancy (SUDI) prevention programme), the Ministry of Education (e.g., specialised services and Early Childhood Education), the Ministry of Social Development and the Department of Corrections (Parenting in Prisons programme).

Examples of how Oranga Tamariki is working with these entities at the national level include:

- Collaboration with the Department of Corrections to align the provision of Family Start with Corrections' Parenting in Prisons programme. This would see Family Start supporting parents once they have completed Parenting in Prisons.
- The recent development of a referral partnership between Family Start and the Ministry of Education's Incredible Years parenting programme, which targets a similar client group and has a similar preventative focus on whānau/family wellbeing. Ministry of Education personnel noted that the programmes are complementary, as Incredible Years offers classroom-based learning, which Family Start workers can then support whānau to implement in their home.
- Quarterly meetings between the Ministry of Health and the Oranga Tamariki Family Start team, with additional contact as needed.

Where issues crop up in services, [we] go to the contract with Family Start to try to find a way through. [There is] potentially a need for more frequent contact.

- Ministry of Health official

- Collaborating with the Ministry of Social Development on a communications campaign about the Early Learning Payment, which they described as a strong campaign.

Family Start providers are active in their communities and have formed strong relationships with other social and health services

Key informant interviewees noted that it is a contractual obligation for Family Start providers to develop and maintain relationships and connections with relevant services (including government agencies and NGOs) in their areas. Organisations and individuals that were named by providers as key partners included Oranga Tamariki, District Health Boards(DHBs)/hospitals, Primary Health Organisations (PHOs) or other local health providers/hauora, Work and Income, maternal mental health services, Plunket, Police, Kāinga Ora (formerly Housing New Zealand), and

family violence services including Women's Refuge. Kaupapa Māori providers also noted connections that they had made with other marae- and kaupapa-based services.

Interviews with referrers from local health and social services in the case study sites, as well as Oranga Tamariki PFO Advisors, found that most Family Start providers across all case studies had strong connections and working relationships with key partner organisations.

Connections were typically stronger in areas in which Family Start has been operating for some time. Oranga Tamariki PFO Advisors noted that new providers (those that had been contracted through the 2017 expansion) were typically still in the process of establishing connections. This was confirmed by a Family Start case study provider that had been offering Family Start for less than two years. This provider reported that they were not yet connected to all the relevant organisations, because their other existing suite of services was primarily in the health sector, and Family Start required them to 'start from scratch' to develop relationships with social and education sector entities.

One PFO Advisor and several Family Start workers noted that, while they are well connected with health and social services, they are less well-connected with other Family Start providers. They suggested that this connection was important for Family Start providers to learn from each other and develop a community of practice. This type of arrangement was said to be already established in some areas, such as Auckland, where there is a network of Family Start providers that meet regularly to support each other and share practice reflection and learning.¹³

Contribution to inter-agency forums is an effective way for providers to maintain relationships with partner entities

At the organisational level, relationships have mainly been developed and consolidated through attendance at multi-and inter-agency forums with health and social service providers. This was the main way of maintaining relationships with local services across all the case study sites, except for one case study provider in which there were no such forum to attend.

Most of the time these meetings are attended by Family Start managers or supervisors, but Family Start workers sometimes attend so that they have the opportunity to build relationships that can help with their work. However, managers and workers noted that this can add to their overall workload.

In the Māori stream, two Family Start providers participate in Oranga Tamariki Hui-a-Whānau, an initiative under which Family Start workers and other services come together to discuss best approaches to care for whānau. These are described as a great collaboration and offer a wrap-around focus on the wellbeing of the whānau, particularly those with high-needs.

They all came together and did a big case consult to work out how they could get the whānau together and into more suitable housing, [and] work with the mum's postnatal depression.

- Referrer

Some providers have Memoranda of Understanding (MoU) to formalise partnerships with these organisations. MoUs were seen as a useful tool to build collaboration, referral processes, and

¹³ There is also the Family Start Collective and the Family Start Executive; however, these forums may not be explicitly utilised as a community of practice where providers can share their learning.

relationships for more comprehensive/wraparound services to whānau between Family Start providers and other agencies.

Outside of formal structures such as MoUs, there is an emphasis on Family Start workers building and maintaining their own connections, relationships and networks with service provider representatives in the community.

The strong relationships between Family Start providers and other services have led to inter-agency collaboration, supporting programme outcomes by creating referral pathways to other relevant agencies (such as mental health services or budgeting advisors). Referrers said that collaboration with Family Start improved child health and wellbeing outcomes, as different needs of whānau and families can be met through a wrap-around approach

Family Start is well aligned with other health and social services in the case study areas

Across the case studies, little overlap or duplication in services was found. Referrers reported that Family Start is well aligned with other services in their communities. Family Start was described as complementary to other services, and seen as having more of a social, emotional and environmental focus on babies and whānau/families, whereas, for example, health providers focused on primary healthcare, milestone checks or complex health conditions.

Family Start meets a gap in service provision in that [the Family Start provider] uses a Māori model of health care. This ensures that where organisations such as Plunket are unable to meet the health needs of whānau from their mainstream model, [the Family Start provider] can provide care tailored to the needs of Māori using a kaupapa approach.

- Referrer

In a few cases where overlaps were noted by referrers or Family Start managers or workers, these were not seen as consequential, or were beneficial in assisting whānau/families to achieve the expected outcomes. For example, it was noted that there was some overlap between the parenting support provided by Family Start and the education offered through the Incredible Years programme, but this was beneficial in reinforcing positive parenting messages to whānau/families.

Workers did their best not to overwhelm whānau/families who may be working with multiple services. The evaluation found examples of Family Start workers collaborating with other service providers to engage with whānau/families in a joined-up manner. For example, in one case study site, local WCTO provider workers planned and undertook their visits at the same time as the Family Start visit. This helped minimise the emotional 'drain' on whānau/families who are working with several health or social services. In another example, Family Start and WCTO workers within the same organisation worked together to develop care plans for whānau/families.

There were a few instances where some referrers noted a lack of alignment in the messaging provided to whānau/families. This was typically related to areas that are not Family Start 'core business.' For example, a referrer from a WCTO provider said that Family Start workers did not always provide correct information on health topics such as nutrition, or the recommended frequency of health checks.

Health and social service providers value the intensive interaction that Family Start workers have with whānau

Other service providers (e.g., child health services) considered it beneficial to have the Family Start worker regularly visiting the whānau/family and supporting them to provide appropriate care for their children. Family Start staff were viewed as being a “set of eyes” for other services who are concerned for the wellbeing of whānau/families but unable to undertake regular home visits with them.

The frequency of interaction and trusting relationships that Family Start workers build with hard-to-reach and transient whānau/families means they are able to assist other providers in reaching these groups. For example, there can be long gaps between WCTO visits, and Family Start workers visit whānau/families weekly or fortnightly. Referrers said that they felt reassured that Family Start workers have regular contact with the children and whānau/families that need support.

3.2. Reach

The evaluation explored the reach of the programme in terms of whether it is being delivered to groups experiencing disadvantage, including whānau Māori, Pasifika aiga/fāмили and rural and isolated families. It also looked at changes over time in the type of client groups reached.

3.2.1. Systems to identify and access the target population

Family Start providers rely on referrals to reach the target population and have put substantial effort into creating strong referral pathways. Overall, Family Start is reaching 79 percent of its target enrolments. The characteristics of Family Start clients are changing, with almost all whānau/families reached requiring intensive support.

Family Start providers reach the target population through strong referral pathways, and by building community trust

Case study providers have put considerable effort into developing and implementing strategies to reach their target populations. The primary mechanism was through development of strong referral pathways with relevant agencies such as Oranga Tamariki, Police, DHB services such as maternal mental health, as well as a range of local health and social services such as Plunket, health providers and midwives. Workers used connections built up locally over time to promote the programme to potential referrers:

We are expected to attend local network events and maintain our relationships through calling, texting and email. I go out for coffee with people like the Tamariki Ora nurse every few months. It's just about keeping connected.

- Family Start worker

All the case study providers did very little direct promotion of the programme to whānau/families. Where direct marketing took place, providers reported that this was typically through a stall at local events and expos where providers promoted Family Start and a suite of their other services.

One provider undertook direct reach outs to whānau/families through a leaflet drop into letterboxes and placing notices in local supermarkets. This provider suggested that this

contributed to success in reaching families with a high number of self-referrals and a waiting list to enter the programme.

Several of the managers and Family Start workers interviewed noted that the most effective way of promoting the programme was by providing a high-quality service which is well regarded in the community. They noted that this assists in reaching the target population through formal referrals, and through whānau/families self-referring to the programme after hearing about whānau/family or friends' positive experiences.

Kaupapa Māori providers reached the target population by establishing their mana as places that support whānau.

Kaupapa Māori providers were particularly aware of the importance of nurturing community trust in their services and overcoming fear and distrust amongst the target population. Techniques included being 'seen' at community events such as Waitangi Day celebrations, and forming partnerships with workers in other services that interacted with and were trusted by whānau, such as Tamariki Ora nurses. The most

important mechanism for reaching whānau was through word-of-mouth – whānau that had a positive experience 'vouched for' the service to others. Kaimahi in Māori providers work to build inclusive relationships of trust with whānau, using a kaupapa Māori approach. The key factors are a professional workforce who understand and work from a Māori world view, and a provider whose policies, leadership and systems facilitate that approach. This contributes to reaching whānau by building the mana and reputation of their organisations in their communities (via word-of-mouth) as places that support whānau.

Family Start is reaching 79 percent of its monthly enrolment targets

Despite the efforts outlined above, analysis of Family Start monitoring data (Figure 1) shows that, overall, Family Start providers are reaching around 79 percent of their monthly enrolment targets.¹⁴

¹⁴ These figures were calculated by averaging the monthly percentage of target versus actual enrolments per provider into annual percentages across all providers.

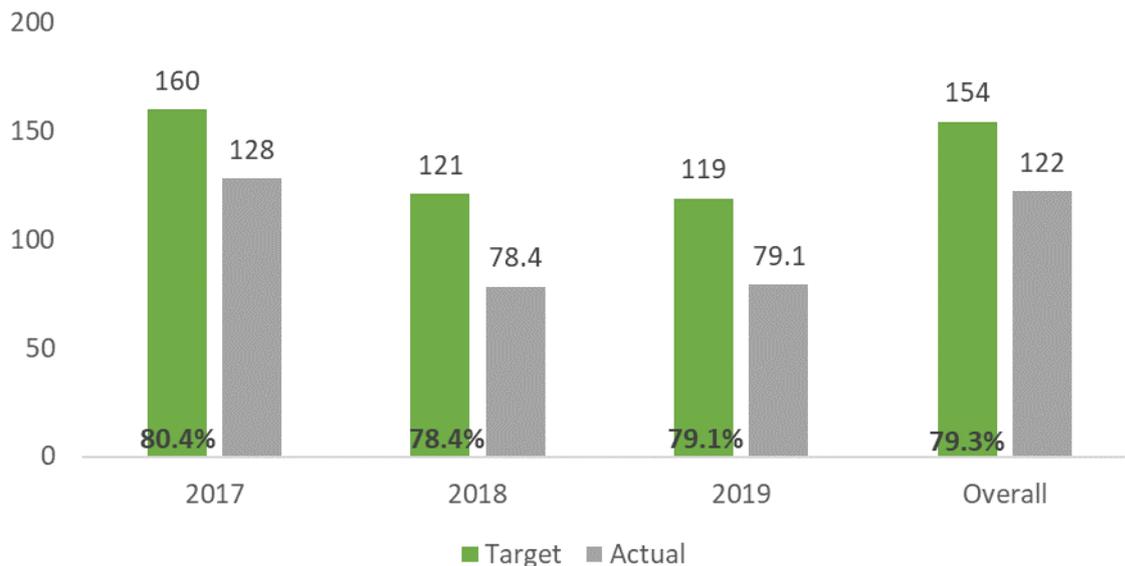


Figure 1 – Averaged monthly number and percentage of target versus actual enrolments, by year and overall between 1 June 2017 – 31 May 2019

It should be noted that the percentages used in this report, including in Figure 1, have not been adjusted for Family Start workers (approximately 30 FTEs) who have been assigned to be Children’s Team Lead Professionals (CTLPs) who work with the Children’s Teams to deliver non-Family start services. CTLPs are included in the staffing ‘count’ which determines the target figures, but do not carry a caseload of whānau/families. If adjusted for CTLPs the average monthly reach to the target is about 85 percent.

At the provider level performance around enrolment targets is mixed, with contracted providers achieving between 30.9 percent and 99.6 percent of targets.

Oranga Tamariki personnel noted that providers are expected to reach 95 percent of target volumes, and that the number of whānau/families that meet the criteria is likely to be greater than the number of places available on the programme – meaning that, in theory, providers should be able to meet their target enrolments. They also noted that not reaching the planned enrolment volumes compromises the efficiency of the programme, as funding resources allocated to Family Start have been underspent.

However, the Family Start target population intersects with populations considered ‘hard to reach’ (for example, transient whānau/families, those experiencing mental illness, refugees and migrants with English as a second language) and engaging hard to reach communities in health and social services is challenging.

As a comparison, a recent evaluation of the Ministry of Health’s Healthy Homes Initiative,¹⁵ which targets a similar population, found that for the 2018/19 year the programme was forecast to reach 53 percent of its overall enrolment target.

¹⁵ Allen + Clarke (2018). Evaluation of the Healthy Homes Initiative. Retrieved 16 September 2019 from www.health.govt.nz/publication/healthy-homes-initiative-evaluation-final-report

Figure 1 also shows that average monthly volumes are trending slightly down since 2017. While it is too early to determine whether this is a temporary phenomenon or an ongoing trend, this should continue to be monitored by Oranga Tamariki.

FSNet data shows that four of the case study providers were reaching, or were very close to, their contracted enrolment numbers. Two of these providers reported that demand for services exceeds supply, which is confirmed in the monitoring data, leading to delays in service provision for those whānau who were eligible but where the service had a full caseload. The wait time was generally at least two months. One provider offered a separate Dedicated Intake Service which supports families while they are waiting for a place to become available. If circumstances change, whānau/families can be re-prioritised with regards to their position on the waitlist.

Each of these providers had well established links to other health and social service agencies. They were long-established service providers that were highly regarded by other health and social services. In each of these areas, the Family Start provider sat on a number of interagency forums, which had contributed to the development of strong referral pathways.

The fifth case study provider was reaching about 50 percent of its targeted enrolment numbers. This provider was operating in a region that did not have formal interagency groups which met regularly, meaning that it had to maintain ties with relevant entities individually. The provider acknowledged that they could be doing more to strengthen relationships with potential referrers.

Most Family Start clients are whānau Māori

FSNet data showed that around 60 percent of Family Start clients are Māori, 16 percent are Pasifika, 16 percent are Pākehā and 9 percent are ‘other’. These percentages have remained relatively consistent since 2017.

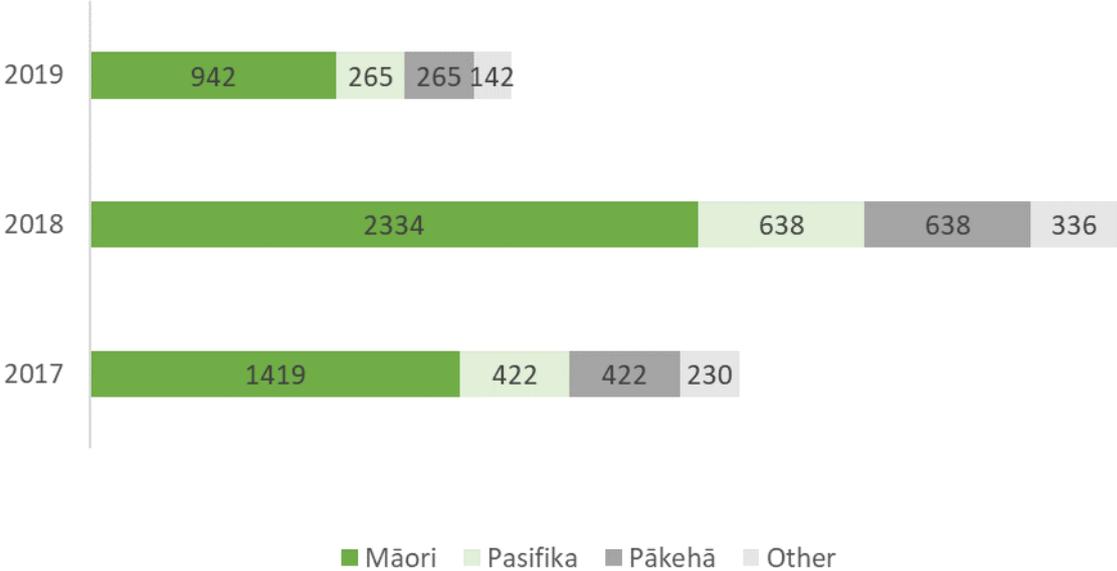


Figure 2 – Averaged annual number of enrolments by ethnicity between 1 June 2017 - 31 May 2019

Client whānau/families reached in the case study sites were comprised of the target groups (Māori, Pasifika and other families experiencing disadvantage). In line with expectations, Māori providers were predominantly reaching Māori clients, and in the Pasifika provider about 60 per cent of client aiga/fāмили were of Pasifika ethnicity.

Family Start providers are working with more whānau with high needs

Across all case study sites, Family Start workers and managers have observed that since a 2012 change in referral criteria they have been working with more high needs whānau/families. This includes those affected by insecure and inadequate housing, family violence, alcohol and drug addictions including methamphetamine, mental health issues including high rates of anxiety, incarceration, intergenerational exposure to Oranga Tamariki, immigrant and refugee whānau (some of whom have past trauma) and more whānau in crisis. The increase in whānau/families with complex needs was also raised by e-diarists as a challenging aspect of their work.

I have been in the role for nearly ten years and we are seeing more families with intense and high needs. There was a change about five years ago. We used to see a mix, some high and lower needs but now almost all clients are high needs.

- Family Start worker

One case study provider in a large urban area noted that the programme is reaching a more ethnically diverse client group, including refugee communities. For many, English is not their first language, which can make service provision challenging. These families also had specific linguistic requirements and the Family Start provider noted that, at the time of the evaluation data collection in April 2019, no government funding for interpreters was available.

Three of the case study providers have expanded service delivery boundaries through the 2017 service expansion, meaning that the programme is now reaching larger numbers of clients in rural areas. Based on anecdotal evidence, these providers consider that there is unmet need in rural areas beyond their current service boundaries. For example, one case study provider stated that they were aware of rural Māori communities within their district that partner agencies such as health service providers had identified as likely to benefit from Family Start. However, they were unable to take referrals from these communities as it was not located in their service area. It is unclear whether these areas were covered by another Family Start provider, although verbal information from the case study provider stated that they were not.

Total number of planned and unplanned exits from the service are increasing

Family Start monitoring data shows that about half of all exits from the Family Start service are planned.

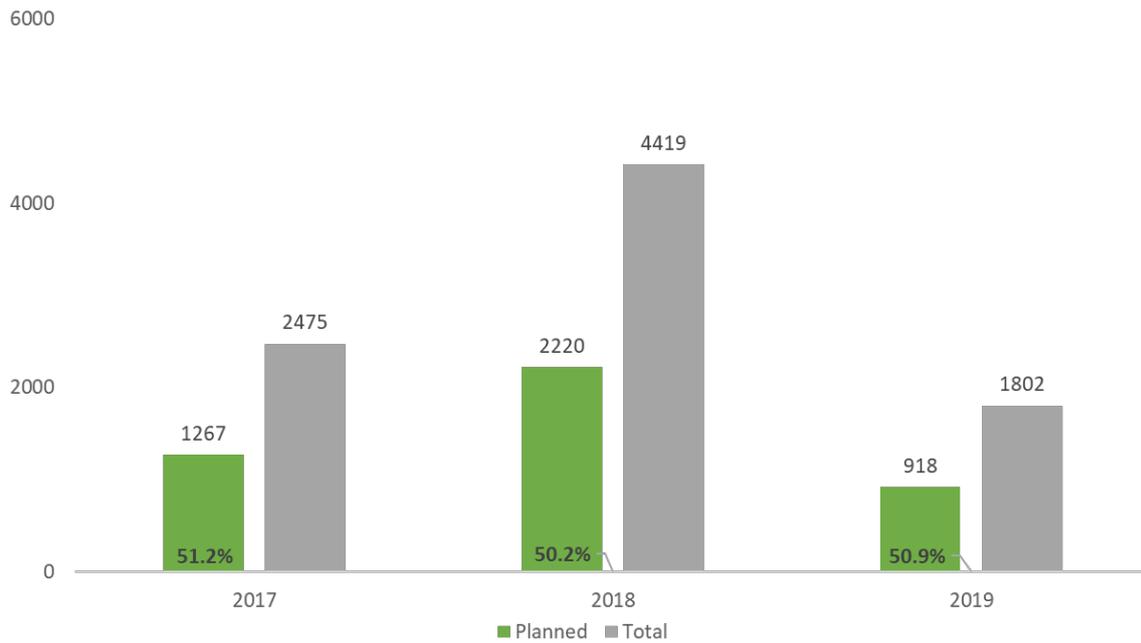


Figure 3 – Number and percentage of planned exits versus total exits across providers, annually and overall between 1 June 2017 and 31 May 2019

Planned exits from the service can be initiated by the provider or the client whānau/family. Exits are triggered if the whānau/family has achieved the goals in the CFP and it is agreed by both the whānau/family and the worker that Family Start support is no longer required. Some providers hold a ceremony or event to acknowledge the journey the whānau/family has undertaken and provide them with a sense of achievement.

Family Start monitoring data shows that just under half of all exits are unplanned.

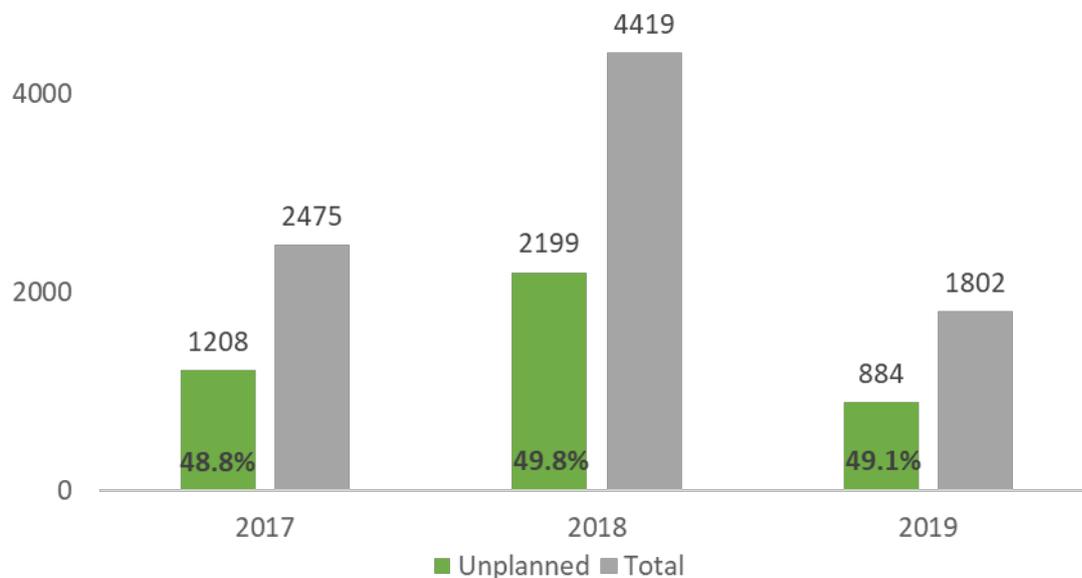


Figure 4 – Number and percentage of unplanned exits versus total exits across providers, annually and overall between 1 June 2017 - 31 May 2019

While the rate of unplanned exits appears high, evidence shows that vulnerable whānau/families typically have drop-out rates from therapeutic services ranging from 35 percent to 70 percent,¹⁶ which is in line with this finding.

These data also show that the total number of exits (both planned and unplanned) increased from 2017 to 2018, despite total enrolment numbers decreasing. The percentage of unplanned exits as a portion of all exits has also increased slightly. This may support Family Start provider reports that they are seeing a client group with higher needs, who are more challenging to keep engaged in the service.

All Family Start providers that participated in the case studies were able to describe reasons why unplanned exits occur. These were mainly due to being unable to contact whānau who have moved or changed contact details, and Family Start workers are unable to track down updated details. Some managers and workers noted an increase in the number of transient families due to housing shortages and an increase in rates of homelessness in their areas. Analysis of FSNet data shows that 38 percent of unplanned exits from July 2017 to May 2019 were because the clients could not be contacted.

Family Start case study providers put substantial effort into keeping whānau/families engaged in the service and to avoid unplanned exits. For example, if a whānau/family has not been in contact with a provider, Family Start workers reported attempting to re-establish contact through calls, making home visits, leaving notes and sending letters. If no contact has been made within six weeks, then the whānau is exited. Kaimahi at a kaupapa Māori provider stated that in some cases where they suspect that an unplanned exit has occurred due to a whānau being in crisis, they attempt to contact the whānau past the 6-week period, as their experience shows that whānau often wish to return to Family Start once the crisis has passed.

Other reasons for unplanned exits include that the whānau/family withdraws from the service (30 percent of unplanned exits from July 2017 to May 2019), that the family/whānau left the area and did not transfer to another service (18 percent) and that the programme is no longer applicable (7 percent).

Providers stated that another reason for unplanned exits is the client child being removed from whānau/family care by Oranga Tamariki. The data does not show the extent to which this is occurring (although the 'other' category accounted for 7 percent of unplanned exits). Information from case study providers suggested that this happens infrequently but is demoralising for both workers and whānau.

Two Family Start providers also stated that whānau have unplanned exits for positive reasons, such as whānau moving for job opportunities to areas where Family Start is unavailable.

¹⁶ Families Commission (2011). Early Intervention Support and Vulnerable Families and Whānau. Retrieved 16 September 2019 from www.familyhelptrust.org.nz/uploads/1/2/1/4/121476388/early-intervention-support_0.pdf

3.2.2. Referral pathways

Most referrals come from other government agencies, self-referrals and non-government agencies. Self/whānau referrals have the strongest acceptance rate, with referrals from other government agencies most frequently declined. Referrers are confident in referring to Family Start, although more systematised feedback loops would enhance the referrer relationship in some areas.

Self-referrals are an important way to reach the target population

The evaluation team undertook analysis of Family Start monitoring data on referral sources. However, it should be noted that referral sources are not always accurately categorised within FSNet, and therefore the data in Figure 5, Figure 6 and Figure 7 should be interpreted with caution.

The available data show the largest source of referrals into Family Start is from government agencies (which also includes family harm-related committees) other than Child Youth and Family/Oranga Tamariki and Work and Income. Self or whānau/family referrals and other non-government agencies were also major referral sources.

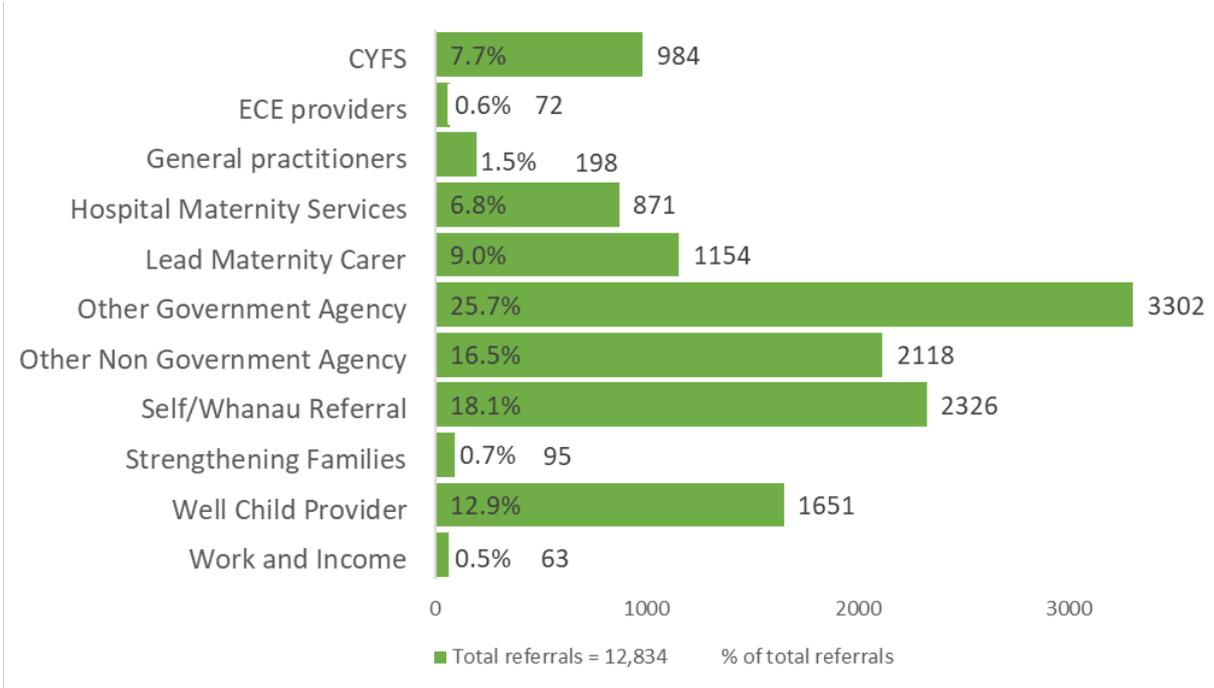


Figure 5 – Total number of referrals and percentage by referral type between 1 June 2017 - 31 May 2019

When compared to the proportion of referrals that were accepted, the data shows differences in the acceptance rate between different sources.

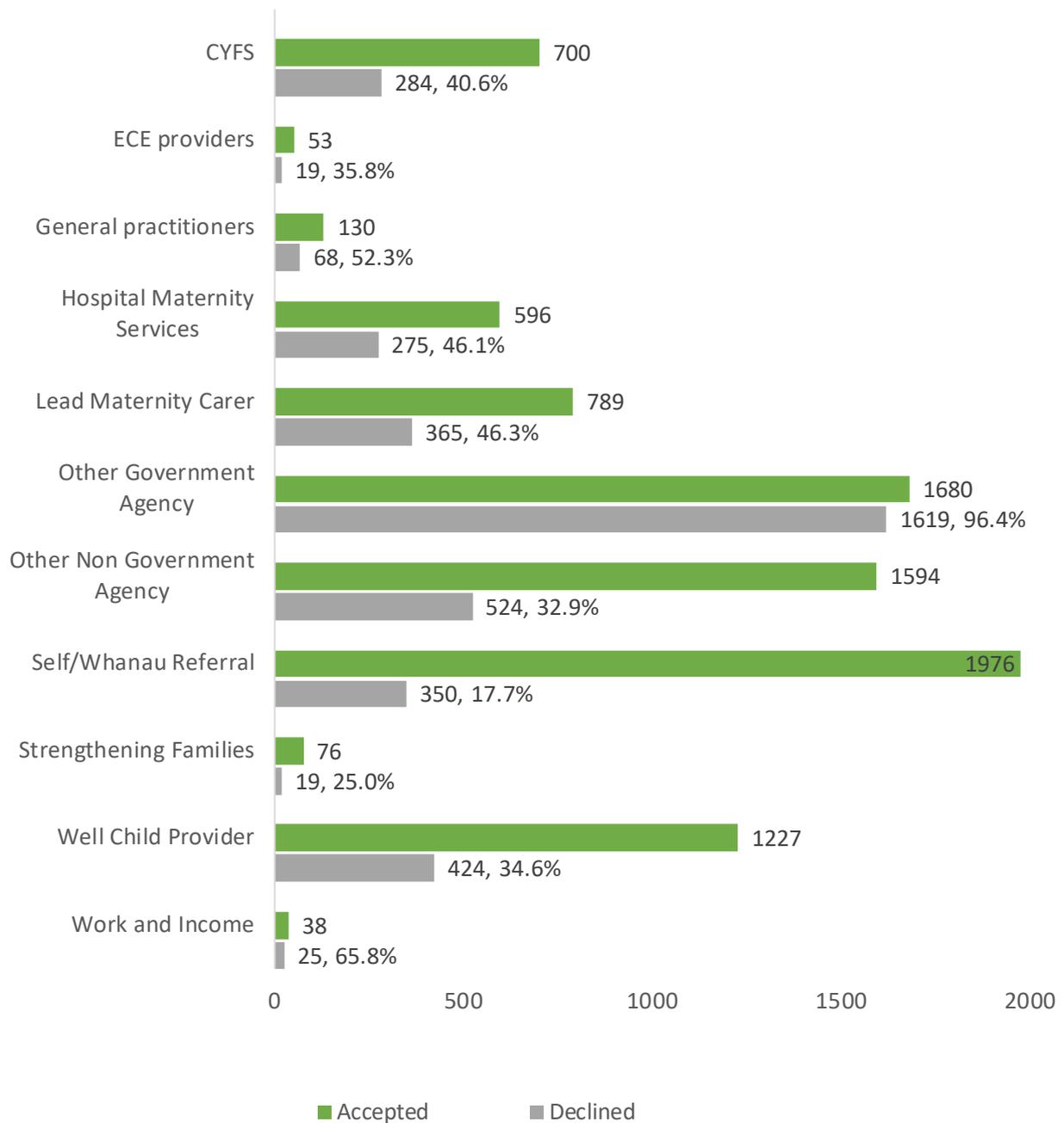


Figure 6 – Overall number of declined versus accepted referrals and percentage of declined versus accepted referrals by type between 1 June 2017 and 31 May 2019

As shown, nearly all the referrals from other government agencies were not accepted. There are many reasons that a referral may not be accepted (for example, whānau/family may decline the service). However, the high rate of decline from this source suggests that there would be value in Family Start national office staff and contracted providers communicating with partner government agencies to ensure they understand the programme’s inclusion criteria.

Self or whānau/family referrals had the strongest acceptance rate, with only 17.7 percent of these declined. The high number of referrals coming through this category, and the high rates of

acceptance, suggest that providers could focus more on direct promotion to potential clients. This would be particularly useful for providers that are not currently meeting their enrolment targets.

The percentage of declined referrals is increasing

As shown in Figure 7, the percentage of declined referrals has increased from 2017 to 2019, from around 36 percent in 2017 to just over 55 percent in 2019. The majority of the declines were because whānau did not consent to participate in the programme (45 percent of all declined referrals), or because the provider was not able to establish contact (31 percent). This may indicate that referred clients are higher needs and more difficult to engage in services.

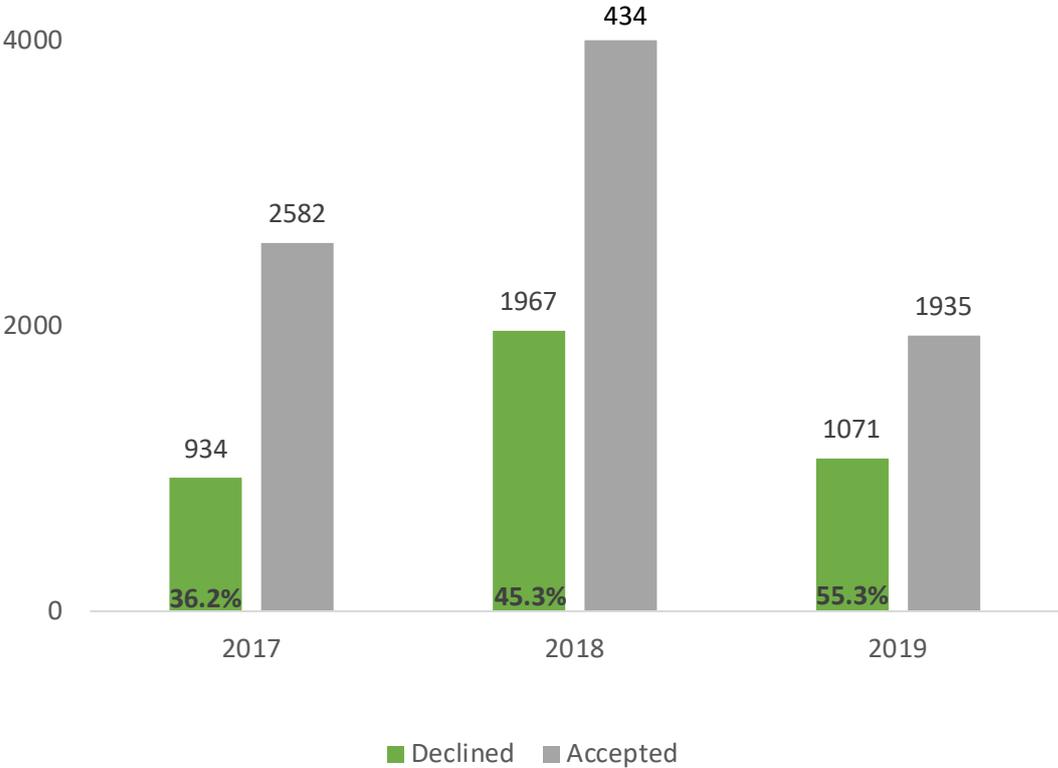


Figure 7 - Overall number and percentage of declined versus accepted referrals between 1 June 2017 and 31 May 2019

Referrers are confident to refer whānau to Family Start, but would appreciate more systematic feedback on their referrals

All referrers interviewed by the evaluation team expressed confidence in referring to the Family Start programme and noted that they hear positive feedback from whānau/families that they work with.

I am extremely confident in referring people to Family Start. It is my go-to.

- Referrer

The feedback loop from providers to referrers was inconsistent between the case study sites. Some sites provided systematised feedback to referrers, using a standardised reporting system which includes notifying referrers whether they were accepted into the programme, and exit dates. This was considered good practice by referrers, who noted that they did not always read the report in detail but appreciated being informed of the outcome of their referral.

In other areas, the feedback loop to referrers was informal (e.g., through ad hoc person-to-person discussions). Referrers stated that more consistent and systematised feedback on referrals would be beneficial. Some expressed frustration at having to initiate communication themselves:

I've had to chase feedback about what happened to people I've referred. It gets annoying having to do that every few months. It would be good if we got that kind of information regularly.

- Referrer

Māori providers needed to overcome a perception that Family Start is “watching” whānau on behalf of Oranga Tamariki.

Referrers and other health and social service providers appreciated that Family Start workers were able to regularly check in and ‘keep an eye’ on vulnerable whānau (see section 3.1.2). However, there was also suspicion amongst some whānau that this regular ‘checking in’ could have negative consequences for them. Māori Family Start case study

providers noted that an ongoing and underlying challenge associated with referrals is the community perception that Family Start kaimahi (staff) are “watching” whānau on behalf of Oranga Tamariki. Referrers in one Māori-centred case study site stated that this perception was particularly prevalent with younger parents:

Young mothers who need the help most, hide or decline participation in the programme.

- Referrer

Organisations who refer to the Family Start, and kaimahi who undertake initial assessments, work to overcome this perception through kōrero with whānau.

3.3. Effectiveness

The evaluation assessed the effectiveness of the Family Start programme processes to ensure the programme is working for its target clients. Aspects that were explored included how Family Start workers engage with clients to develop trusting relationships, processes used to support parenting, and the functioning of the programme workforce.

3.3.1. Whānau entry into the programme

Whānau had a clear understanding of the Family Start programme and what they wanted to achieve from it. They were motivated to engage in it to be good parents to their children. Almost all whānau were matched with Family Start workers who they were able to develop trusting relationships with and who they felt safe to share their stories with. All whānau had Child Family Plans and most were happy with the progress they were making.

Family Start providers ensure that whānau have a good understanding of the programme

All of the whānau/families interviewed had an accurate understanding of the Family Start programme. Providers worked to set clear expectations for whānau during the initial assessment phase. While many had an accurate understanding of the programme following their referral or initial assessment, some re-clarification by Family Start workers was needed during subsequent

visits when there was confusion about the purpose or scope of the programme. Some workers left pamphlets to assist with this.

Whānau/families were aware of why they were involved with Family Start. Many talked openly about the issues they were facing and what they hoped to get out of the programme in terms of receiving parenting support and improving whānau wellbeing for the benefit of their children.

Some barriers to engagement were identified, however, including the fact that Family Start is an Oranga Tamariki programme, which makes some whānau/families reluctant to engage. Some of the whānau/families who participated in the evaluation had older children removed from their care by Oranga Tamariki, and many others were anxious of this happening to their children. Some had a distrust in government services in general. This meant that some referred whānau/families declined to participate in Family Start, and for those that did participate, staff often had to invest substantial resources to overcome negative perceptions and build trust.

For those who did engage and 'buy in' to the programme, a key motivating factor was that they wanted to be good parents to their children and provide them with safe homes and bright futures.

I had my first two children removed when I was younger, and I really wanted to keep this one. I knew I needed some help with my parenting and that was what motivated me to engage with Family Start.

- Family Start client

Processes to match client whānau and Family Start workers are effective

The Family Start case study providers all used very similar processes to match whānau/families with workers. The guiding principle is to match worker strengths and skill sets to whānau/family needs. For some whānau/families, including for some whānau Māori, matching by ethnicity is important and providers seek to meet these needs where they have the capacity to do so. Matching on the basis of language was a key consideration for many Pasifika aiga and fāмили. Practical considerations such as the current caseload of workers were also factored in. The matching process was done by Family Start managers, supervisors and/or initial assessors who know the strengths of the workers in their teams and the approaches they use.

These processes work well, and providers stated that the matches they made were mostly successful, with few whānau wanting to change the worker they were assigned. This view was supported by the whānau/families interviewed for the evaluation, almost all of whom said they were very happy with the Family Start worker they had been matched with.

We're an awesome fit... I don't know where I'd be without her.

She's a great fit because she has the skills and knowledge to help me care for my 3-year-old who has ADHD.

- Family Start clients

For those who were not happy with their worker, they had been able to change to someone more suitable and stated that this had been easy to do and that the transition had been seamless. Family Start workers emphasised that they make it clear to whānau/families that they can change workers if needed, and that the priority is ensuring they are matched with the best person for their needs.

Almost all of the whānau/families who participated in the evaluation had a trusting relationship with their Family Start worker and felt safe to be open and honest with them and "talk about

everything". Trust was built on the strengths-based, non-judgemental, respectful, and open and honest approach of the workers who follow the pace of the whānau/family making them feel safe, supported, comfortable, listened to, understood, affirmed and empowered.

She feels like a part of my family, like an aunty... she's by my side through everything.

They take you on board – it's not just a job to them.

This is real life stuff – nothing is so bad where I feel like I can't say anything.

- *Family Start clients*

Trust was also built by Family Start workers following through on the commitments they made to the whānau/families they worked with. Whānau/families reported their workers were genuine, caring, compassionate, helpful, responsive, knowledgeable, positive, encouraging and easy to understand. They gave examples of their workers "going above and beyond" to support their wellbeing – bringing food, clothes, books and toys for their children and assisting them with a raft of things from arranging smoke alarm installations to driving them to appointments, supporting them with custody and other legal issues, and helping them secure housing and source furniture.

Sometimes this relationship had developed quickly, and for others it had taken time. Family Start workers noted that sharing a little about themselves, using humour, bonding with their children and being immediately helpful by bringing things like food helped to break down any initial barriers. Whānau/families who had initially been wary of Family Start stated that trust had built as a result of the approach and qualities of their worker, and as a result of the positive impacts they had experienced from engaging with the programme.

Māori and Pasifika providers emphasised a whole-of-whānau approach to building trust between whānau, aiga and famili and Family Start workers.

In the Māori stream, Family Start kaimahi highlighted the importance of a kaupapa-based approach to building trusting relationships with whānau. Of particular note was the whole-of-whānau approach used by kaimahi, where supporting parents and caregivers with their needs was also prioritised alongside the needs of tamariki and mokopuna – and where grandparents and other whānau members who were staying in or visiting the home would be included in the home visit.

Similar points were raised in the Pasifika stream. A whole-of-family approach, where a stronger family is understood as critical to improving the wellbeing of their children, was seen as key to building trusting relationships with aiga and fāmili. Also important to building trust and confidence in Family Start workers, and the programme more generally, was the ability of workers to converse in or at least understand the language of the aiga and fāmili they worked with, and to work from a culturally-informed value base.

Family Start clients lead the goal setting process, assisted and supported by workers

Almost all of the whānau/families that participated in the evaluation were happy with the progress they were making on their CFPs. Each had developed their plans in conjunction with their Family Start worker through processes of whakawhitiwhiti kōrero, talanoa or respectful discussion.

Importantly and for whānau/families and workers alike, the development of goals had been whānau/family-led with the goals reflecting their priorities, needs and aspirations – with support, guidance and validation provided by workers where needed. Family Start workers also noted the

importance of taking time for goal setting, with whānau/families setting the pace, and starting with smaller, easily achievable goals to build confidence in the process and buy in to the programme. To help facilitate goal setting, Family Start workers used language and concepts that whānau/families relate to, such as what they want for their children as opposed to 'goals'.

I didn't have any goals initially, then [Family Start worker] prompted me to think about what I wanted for my daughter – those were my goals! This was a bit of a revelation for me, I thought goal setting was hard.

I always have a say in what the goals are. [Family Start worker] is cool as... she is really good at listening to what I want to achieve.

- Family Start clients

CFPs included goals related to children as well as wider goals to support parents and caregivers, such as study and employment and their health and wellbeing. Goals were reviewed and updated regularly. Whānau/families were proud of the goals they had achieved from the programme and felt uplifted by them.

My goal was to be a good mum, and I've done parenting courses. I've learnt how to look after the kids properly now. Know the routines, sleeping patterns, feeding patterns. I'm pretty clued on with all that stuff now.

- Family Start client

Māori and Pasifika providers invested substantial time in whakawhanaungatanga before starting the formal CFP process.

Some of the Māori providers talked of the importance of taking time to first build trust and rapport with whānau before turning to making plans and setting goals, with the plan and goal setting process taking up to six weeks.

Family Start workers at the Pasifika provider also took time to develop trusting, open relationships with aiga and fāмили before moving to develop CFPs and set goals.

Nearly all whānau/families who participated in the evaluation reported that their CFP was reviewed regularly. They appreciated the opportunity to formally 'check in' on how they were progressing against goals, celebrating success when goals were achieved, and updating goals and plans to focus on the future. This aligns with Family Start monitoring data, which shows that, on average, around 90 percent of CFPs are reviewed on a three-monthly basis.¹⁷

¹⁷ The lower number of CFPs in 2019 is because the evaluation was carried out part way through 2019, with data covering 1 January to 31 May 2019.

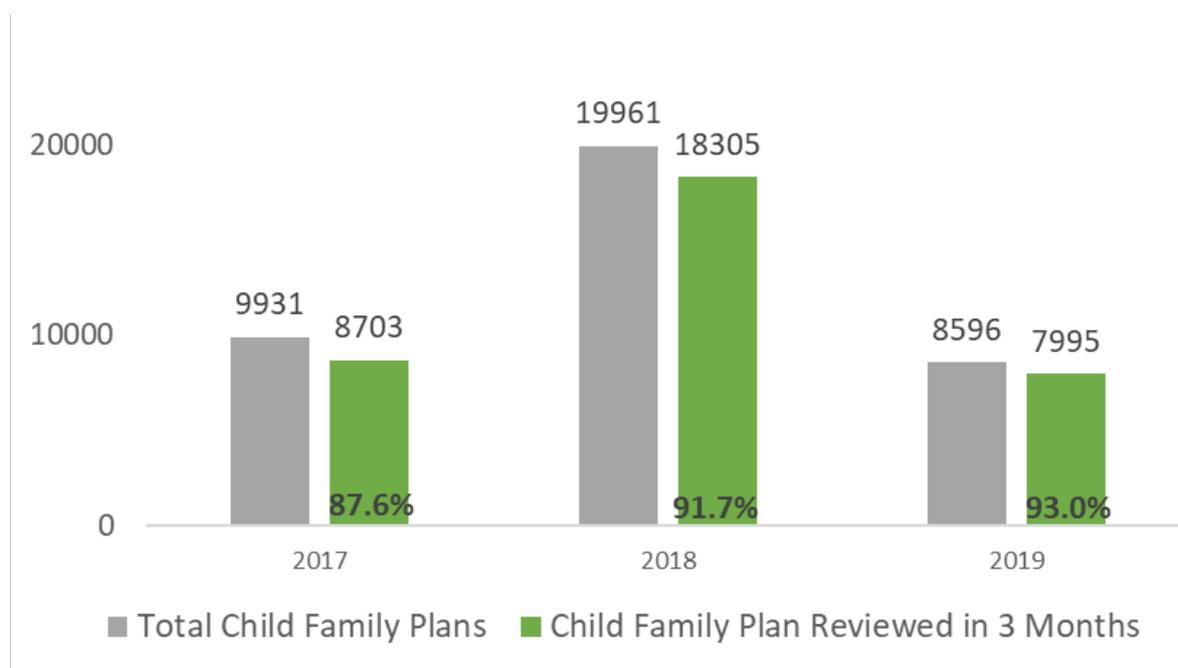


Figure 8 – Overall number of Family Start programme whānau with Child Family Plans (CFPs) and number and percentage of CFPs reviewed on three-monthly basis

3.3.2. Support for parenting

Family Start workers use a strengths-based model which works effectively to build whānau/family confidence in their parenting and assist them to develop new skills and approaches. Workers share a range of parenting resources with whānau, including material from the Parenting Resource website. Kaupapa Māori Family Start providers highlighted a need for more Māori-centred resources.

Family Start workers use a strengths-based approach to support whānau with parenting

Family Start workers talked of the importance of supporting whānau/families with where they are currently at. This included working to incorporate information and resources about parenting and child development into their conversations with whānau/families, based on the issues whānau/families raised. For example, visits often included the sharing of parenting information related to the conversations of the previous visit. Workers also talked of the importance of role-modelling positive parenting practices during their visits with whānau/families.

It was evident that Family Start workers used a strength-based approach to guide and inform whānau/families about parenting practices. The whānau/families interviewed said that Family Start workers encouraged them by highlighting and praising their strengths and skills as parents and worked to build on what they already knew. They did not criticise or tell them what they were doing was wrong, but instead suggested new approaches, offered useful tips and shared their own experiences of what worked.

She gives us good advice. Encouragement helps ... when you're feeling down, she'll say you're doing fine. It makes me feel so much better in myself.

- Family Start client

Whānau/families appreciated the opportunity to learn more about child development and new, positive ways to parent and interact with their children, including playing with and reading to them and setting activities. Family Start workers also helped whānau/families with decision-making by acting as a 'sounding board' for whānau/families to talk things through, but did not make decisions for them. Whānau/families said that they often had some knowledge and instinct about parenting, but did not always trust themselves, so being able to talk with their Family Start worker gave them the reassurance they needed and affirmed that what they were already doing or the ideas they had were on the right track.

I have strong mothering instincts but didn't always trust myself. She always says to baby 'your mum is looking after you well'. It's encouraging.

- Family Start client

Whānau are provided with a range of parenting resources, which support verbal discussion with Family Start workers

Family Start workers shared a range of parenting resources with whānau/families, including print outs from the Parenting Resource website and Strategies with Kids, Information for Parents (SKIP) booklets. Workers also drew on other sources of parenting information, such as the health.org website and Brainwave Trust resources. Some have developed their own tools to provide whānau/families with practical and useful information to meet their needs. For example, one Family Start worker developed a suite of trait-based resources to support whānau/families with children who face behavioural and learning challenges such as ADHD and dyslexia.

The Pasifika provider said they used a range of parenting resources for aiga/fāмили in different Pacific languages.

All of the Family Start providers reported that families/whānau valued the discussion of the parenting resources; this brought the information to life and made it meaningful and useful to them. Providers also accessed toys, games, puzzles, food, and baby and children's books and clothes to share with whānau/families.

In terms of the written resources provided to whānau/families, most families in the Pākehā stream said they found them useful, with some saying they referred back to them if and when needed or when they had time. For some, the resources contained new information. For others, the content was familiar, but provided a helpful reminder of positive parenting practices.

Most whānau/families preferred paper resources over online resources, as they did not have ready access to the internet or found the sites difficult to use. Whānau/families especially appreciated the children's books and toys they were given or which they had been assisted to make, as well as clothing and food items.

Verbal discussions are more effective than written resources for Pasifika aiga/fāмили.

In the Pasifika stream, Family Start workers and aiga/fāмили reported that written resources, including print outs from the Parenting Resource website, were less useful for aiga/fāмили and that verbal discussions around parenting through talanoa processes were strongly preferred.

[Family Start worker] gave me some papers and a book but I didn't read them – too busy! I really enjoy talking with her and seeing how she plays with baby. That's what helps the most.

- Family Start client

The Parenting Resource is a useful tool to support parenting discussions

Key informants from Oranga Tamariki reported that the Parenting Resource website was frequently used. Confirming this, Family Start workers said they used the Parenting Resource website often, printing off relevant information and taking it with them to support their home visits with whānau and families. They found it easy to navigate and said it contained a lot of useful resources. They also appreciated the less structured nature of the resources on the website compared with the previously used Ahuru Mowai Born to Learn resources, workers considered more prescriptive and deficit-based.

The Parenting Resource was particularly valued in the Pākehā stream.

In the Pākehā case study, the Parenting Resource was particularly valued as a source of useful information to discuss with whānau/families. The supervisor of the Family Start programme also held the role of Parenting Resource champion and worked to ensure Family Start workers were

well trained in using the tool. This training is built into the induction process for new workers and is updated regularly via ongoing training at team meetings, at which team members are rostered to present on an aspect of the Parenting Resource so that fresh ideas are available. Workers also had smartphones linked into the resource, which was costly but justified by the value that families place on the resource.

Family Start teams identified some gaps in the Parenting Resource website, including the absence of information for children aged three years and over (some whānau have older children, while others remain on the programme until their child is three years or older), on the dietary needs for mothers and babies and on wider health issues which may impede the ability to best parent, such as depression. It meant workers still needed to go elsewhere and be creative to find what they needed to support whānau.¹⁸

The limited availability of kaupapa-based and te reo Māori resources is impeding Māori providers' ability to effectively support client whānau.

Family Start workers based in Māori providers talked of the lack of kaupapa-based and te reo Māori resources in the Parenting Resource website,¹⁹ and of the lack of such parenting and child development resources more generally. This point was also raised by some whānau. The SKIP whakatipu booklets were an exception, and Family Start kaimahi spoke highly of this resource. Māori providers emphasised the importance of developing resources for

whānau Māori and Māori children that were framed around kaupapa and supported the holistic cultural wellbeing of whānau, and which were not simply translations of existing Pākehā resources into te reo Māori. As a result of a lack of resources for whānau Māori, Family Start kaimahi in some Māori providers have begun to develop their own kaupapa-based and reo Māori resources to share with whānau, such as recordings of oriori (lullabies).

We working to make the programme materials reflect that we are a kaupapa service and ensure that resources reflect the whānau. [We are]

¹⁸ Oranga Tamariki personnel advised that a Parenting Resource for three to five-year-olds has been developed and was launched in May 2019 (after the case study data collection for the evaluation had been completed).

¹⁹ Oranga Tamariki personnel noted that additional te reo and te ao Māori resources have been added to the Parenting Resource since the evaluation data collection period.

currently going through the strengths and needs assessment, to change titles to capture kaupapa Māori concepts.

- *Family Start supervisor*

Māori case study providers also emphasised the importance of acknowledging the diversity of the parenting needs of whānau Māori and the importance of providers being able to offer a diversity of parenting information and approaches to them, including those drawn from a Māori worldview and from Pākehā models of child development.

3.3.3. Appropriateness of service delivery

Whānau/families receive regular visits from their Family Start worker, and almost all consider the service to be reliable and consistent. Whānau/families feel safe to share confidential information with their workers, while also knowing their worker have a responsibility to report any child safety issues. Almost all whānau/families consider the service to be culturally safe.

Whānau receive a consistent and reliable Family Start service

Almost all whānau/families interviewed told us the service they received from their Family Start workers was reliable and consistent. Their workers arrived on time and advised them in advance if a visit needed to be rescheduled or if they were running late. A number of whānau/families said they sometimes needed to reschedule visits, and appreciated the flexibility of their workers to enable this. Whānau/families reported meeting with their workers regularly and were able to contact them via phone or text when needed outside of their scheduled visits. Most whānau/families said they were visited by the same worker, although some had experienced a change in their worker due to staff turnover.

Analysis of monitoring data showed that just over 70 percent of client whānau/families received two or more home visits each month per the programme manual's target. Qualitative data from the case studies and e-diaries suggested that fewer visits was generally due to whānau/families cancelling planned visits, or not being home when the worker arrived. While several of the whānau/families who participated in the evaluation stated that there had been times where they had not been actively engaged in the service, we found no examples of whānau stating the workers had not contacted them or not attempted to visit them at least fortnightly.

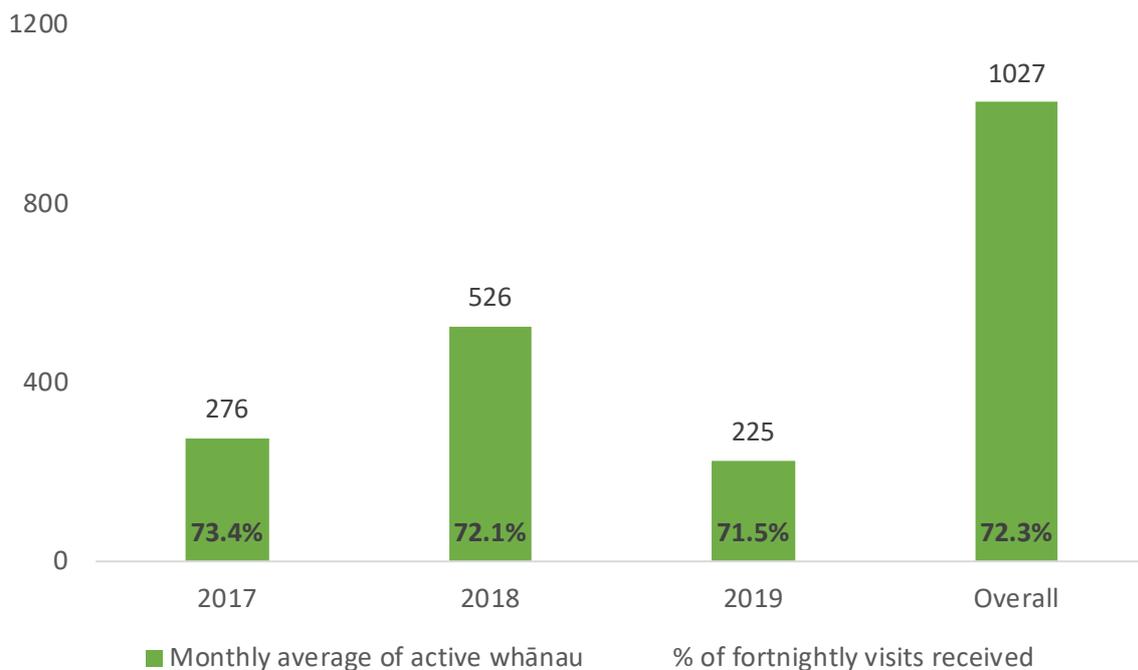


Figure 9 – Annual and overall average number and percentage of whānau who received two or more home visits each month between 1 June 2017 – 31 May 2019

Whānau felt safe to share their stories with Family Start workers

The Family Start providers that participated in the evaluation had processes to protect confidentiality, including safe storage of client files. Workers noted the importance of not talking about whānau/families with their Family Start colleagues in shared office spaces.

While their work is bound by confidentiality, the providers and workers also talked of the necessity of sharing information with other agencies and issuing reports of concern to Oranga Tamariki where they felt the safety of children was at risk – and of the importance of communicating this to the whānau/families they work with. Despite this responsibility to report, almost all of the whānau/families interviewed said they felt safe to be open with their Family Start workers and share confidential information with them. Many said they felt comfortable to talk about anything or share things they have not told others.

She's like a sister or a mum. I can be open with her [because] I know she's not going to judge me. I fully trust her – she's never let me down.

- Family Start client

Māori providers made particular efforts to ensure whānau Māori were not working with kaimahi that were known or related to them.

The issue of confidentiality was raised as an important issue in the Māori stream. One of the Māori providers talked of the importance of matching whānau with kaimahi who were not related or known to them to help whānau feel safe to share confidential information. This was reiterated in the interviews with kaimahi who said that whānau sometimes preferred to work with non-Māori kaimahi who were not part of the Māori community due to confidentiality concerns. All of the Māori

cases study providers said they gave whānau the option of a Māori or non-Māori kaimahi and sought to uphold that where capacity allowed.

Client whānau felt culturally safe in the Family Start programme

A small number of the whānau Māori we met with raised issues related to the cultural safety of the Family Start programme – that it was not based in te ao Māori and lacked kaupapa and te reo based parenting resources (see section 4.3.2). For some whānau Māori, the ethnicity of their Family Start kaimahi was also important because they felt Māori have a better understanding of whānau and are easier to relate to and because they have particular cultural expertise and knowledge to support the wellbeing of their whānau in a more holistic way. Whānau talked of their Māori Family Start workers sharing te reo and waiata resources with them, helping them create whakapapa trees and assisting them to locate kōhanga reo for their tamariki.

She's really easy to understand. It's that Māori bond.

- Family Start client

Other whānau Māori said that the approach of the worker was more important than ethnicity; that they were whānau-centred, relaxed and kind, and able to share with them the parenting skills they needed to support the development and wellbeing of their tamariki. A number of the families that participated in the evaluation were Pākehā with Māori children or grandchildren. They said that working with Māori Family Start workers best supported their desire to integrate Māori models of health into their lives and build cultural knowledge and understanding, including of te reo Māori, to help keep their children or grandchildren connected with their whānau and/or culture.

Having a culturally competent Family Start worker was especially important to Pasifika aiga/fāмили. Almost all of the Pasifika aiga/fāмили interviewed stated that being matched with a Family Start worker of the same ethnicity was very important to their sense of safety and being able to engage successfully with the programme, especially in terms of being able to converse in a shared Pasifika language and work with someone who had an understanding of their cultural values and ways of life.

I just love how she's Tongan. Definitely contributes to our success.

My Family Start worker is Samoan and it does make a difference as she understands the cultural way of life as a Samoan, particularly the family setting.

- Family Start clients

In the Pākehā stream, the provider had a part-time Māori Cultural Advisor on staff who provided training and support to the Family Start team to ensure a culturally safe and competent service. The Māori Cultural Advisor also carried out part of the recruitment process for new staff, assessing cultural competence and identifying any training and support needs.

Operating in a culturally safe way with culturally competent workers was important to all of the Family Start providers interviewed. Providers sought to recruit culturally competent workers and to provide training and other supports, such as drawing on the knowledge of in-house cultural advisors, to ensure their Family Start teams are able to work with whānau, aiga, fāмили and families in culturally appropriate and safe ways. Practices of note included removing shoes before entering whānau homes and taking care to pronounce people's names correctly. Cultural safety and competency were seen as key to building relationships with whānau and building whānau confidence in and engagement with the Family Start programme.

3.3.4. Family Start workforce

Providers find it challenging to recruit appropriately qualified staff due to the low salaries they are able to offer in comparison to similar roles in other organisations. Providers and workers would like to access nationally consistent initial and ongoing training. Almost all Family Start workers stated that their workloads were too high, with workers unable to complete all their obligations in their contracted hours. This is causing stress and impacting on worker ability to look after their own wellbeing.

Family Start providers find it difficult to recruit and retain qualified and experienced staff

All the Family Start providers interviewed said it was challenging to recruit and retain qualified and experienced Family Start workers. All sought to build and maintain Family Start teams with a range of backgrounds, including social work, education and health, to ensure they have a range of skill sets to meet whānau/family needs and priorities.

Finding good staff is the hardest thing. We always get quite a number of applicants, but it's hard finding the right fit, the right qualifications and the right attitude.

- Family Start manager

There were a number of barriers to this such as the geographical isolation of some regions and the shortage of experienced social workers more generally. This was exacerbated in those regions where tertiary institutions do not offer social work qualifications.

The main barrier noted by all providers, however, was that the salaries for Family Start workers are not competitive: other organisations who are able to offer significantly higher salaries for similar work, such as Oranga Tamariki and District Health Boards (DHBs), can and do 'poach' staff. The 2018 pay equity settlement for Oranga Tamariki social workers resulted in a salary gap of about 30 percent. Several of the case study providers reported that this had led to the loss of experienced staff from Family Start providers.

Analysis of Family Start monitoring data does not show an increase in staff turnover since the pay settlement, with turnover remaining steady at about 24 percent over the past twelve months. However, the data does show that the level of qualifications held by workers is falling, with fewer workers being degree qualified.

Key informants from Oranga Tamariki and PFO Advisors also stated that many providers have struggled to recruit and retain an appropriately qualified and experienced workforce, mainly due to the low wages offered.

Given the critical importance of a qualified workforce that can respond to the needs of vulnerable whānau/families, there was a strong call from Family Start managers, supervisors and workers for salary rates to be increased to a level commensurate with Oranga Tamariki social workers.

Family Start workers would like a greater investment in training, particularly related to child development

There was some consistency in the initial training provided to Family Start workers across the case study providers. Providers typically have a two-part induction process, which includes training in the organisation's processes and in Family Start processes. The induction into Family Start processes includes practical training delivered on-the-ground where new workers buddy up with and shadow a more experienced Family Start worker. There were also significant differences.

For example, in some providers, workers build up to a full case load over time while in other providers, workers are assigned a full case load within weeks.

Most Family Start workers raised significant concerns about the adequacy and effectiveness of the initial training they received. They reported that the buddy system can be inconsistent, as it was dependent on the availability of other workers and the needs of whānau/families at the time of induction. The training provided by the 'buddy' can vary widely as different workers use different approaches.

Some managers and supervisors reiterated these concerns. Some also noted that induction and initial training is an additional cost that falls on providers outside of their Family Start contracts and that more was needed from Oranga Tamariki to support providers to deliver initial training to their Family Start workers.

All of the providers interviewed talked positively of the training that used to be delivered to support use of the Ahuru Mowai Born to Learn parenting resource. Workers would receive multi-day training from Child Youth and Family/Oranga Tamariki, which included a focus on child development and especially brain development. Training to support use of the Parenting Resource website was now the responsibility of providers, with materials supplied by Oranga Tamariki. This was seen as much less adequate as the focus is on how to navigate the website and excludes training in infant and child development. The providers interviewed held the view that an understanding of child development was important to equip Family Start workers to do their jobs effectively, and as such, would like the content of this training reinstated in some way.

Ongoing training and professional development for Family Start workers was mostly delivered at the local level and all providers set aside a number of professional development days per year for their workers. There was mixed feedback about the effectiveness of these arrangements. Many of the workers said their heavy workloads meant it was often difficult to take time out for training and that there were few opportunities to access quality and relevant professional development, including for supervisors. Child protection training provided by Child Matters was an exception, which workers said they found useful.

Managers and workers reported that more ongoing training is needed for Family Start teams, and specifically training tailored to the complex needs of the whānau/families they work with. There was a consistent view that the Family Start contract should be much better supported in terms of ongoing training.

The Oranga Tamariki staff we interviewed acknowledged that the move away from nationally based to provider-based training after Ahuru Mowai Born to Learn was discontinued meant that initial and ongoing training and development is "patchy" across the regions and between providers.

Collectively, Family Start workers identified areas in which they would like further training and development. These included growing their understanding of how to work with whānau/families where there are issues with mental health and depression, self-harming, suicide, methamphetamine use and addiction and alcohol and gambling addiction. Some also said it was important that they are able to access trauma support to ensure they are able to depersonalise and disconnect from the extreme and stressful events they deal with in their roles.

There is a need for kaupapa Māori-based training and professional development opportunities.

In the Māori stream, Family Start kaimahi talked of their desire to be able to access kaupapa Māori-based professional development opportunities, which were in short supply and difficult to access.

Family Start providers have policies and procedures that are mostly effective in keeping workers safe

All case study providers had policies, procedures and practices in place to support the safety of their Family Start workers. All talked of enabling workers to attend home visits with a co-worker or supervisor where needed and of supervisors having an open-door policy to address any safety issues should they arise. One provider said that in some high-risk situations, the Police or Oranga Tamariki had been called on to accompany their workers.

All workers take their mobile phones with them on visits and have the option of not entering a home if they feel unsafe, such as when dogs are loose on properties. All providers also record workers' whereabouts through the use of e-calendars. In addition to this, one provider completes a risk assessment for each whānau prior to the commencement of home visits and another has a home hazard checklist to identify risks and how they will be mitigated which workers are required to keep up to date. Other safety measures include workers signing in and out of the office when attending and returning from visits and workers calling into the office when visits have been completed or to supervisors and team leaders if they have had a late visit. One provider said workers are to report in by 4pm each day.

Workers also talked about their safety practices during home visits, such as parking on roads instead of driveways and making sure they sit close to doors if they need to leave in a hurry.

Despite these measures, most workers said that because the whānau/families they work with were often in unsafe positions, there have been occasions where they felt unsafe too. Workers in some of the case study providers said that more could be done to better ensure their safety. Suggested safety measures included installing GPS tracking systems on Family Start work vehicles, which one provider is currently trialling, and having the option to conduct visits with parents and children outside the home if needed. One provider also had plans to introduce a texting system which would notify the office when a worker has arrived at and departed from a home visit. Another is developing a map of local methamphetamine or 'P' labs to help keep their workers informed of safety risks. Some workers raised the point that safety is also exacerbated by a lack of specialist training in the issues that high needs whānau may experience, such as methamphetamine use.

Family Start workers value professional supervision, but this can drop off at times of high workload pressure

Providers offer regular hour-long supervision sessions for their Family Start workers, either weekly or fortnightly. Alongside this, supervisors operate an open-door policy for workers to debrief or discuss issues as they arise. Supervisors also accompany workers on home visits if they are experiencing difficulties which affords the opportunity for additional supervision to be provided. Some providers also enable their workers to access external supervision.

All of the Family Start workers talked positively about the supervision they received, although a few issues and areas for improvement were raised by both supervisors and workers. They reported that it is sometimes difficult to keep to a formal supervision schedule given high worker

caseloads and because workers often worked with whānau after hours, they needed to be able to access supervisory support after hours as well. Workers in providers without external supervision raised the point that monthly external supervision could be beneficial to their practice.

Family Start workers are feeling stressed by the intensity of support required by high needs clients

Family Start monitoring data shows that the average caseload is 13.8 whānau/families per worker as at May 2019. Family Start workers, supervisors and some Oranga Tamariki personnel stated that, while the number of whānau/families they work with has remained steady, the intensity of support required by these clients has increased (as described in section 3.2.1).

Most of the Family Start workers interviewed and e-diary participants said that due to the intensive support required by high needs whānau/families, they are unable to complete both their home visits and administrative work within their contracted hours. They reported that they are regularly putting in significant additional unpaid hours before or after work or on weekends to complete case notes – and to support whānau/families through times of crisis.

At the moment I am working at least 50 hours a week. I work with 16 high needs families and all my work hours are taken up with supporting them. I do my admin in the evenings.

- Family Start worker

As a result, Family Start workers are often stressed and exhausted and are unable to follow their self-care plans. Some also said it was difficult and stressful to take annual leave when faced with such overwhelming work commitments, coupled with the fact that their colleagues are also similarly overloaded. E-diarists also described the negative impacts of their workload including stress and tiredness associated with working longer hours.

To be honest, it's pretty stressful. It is hard to balance giving them [client whānau] the support they need and looking after myself. It's self-care that drops off.

- Family Start worker

Workers reported that, each week, many of the whānau/families they work with were in crisis. As a result, workers often needed to spend more time with whānau/families than the scheduled one-hour weekly visit, and sometimes a whole day, as the scope of service required by them is broader. For example, and in addition to providing whānau/families with parenting support and resources, Family Start workers have assisted them to secure housing, prepare for Family Group Conferences and built their confidence to engage with other agencies and service providers by attending appointments with them. Workers have supported whānau/families in court, through domestic violence incidents or threats, and spend time to help alleviate anxieties about the health and wellbeing of their tamariki.

Working exclusively with whānau/families with high needs also results in Family Start workers spending longer periods of time accessing a wider range of often hard to locate or scarce services to support them, such as mental health services and counselling that are appropriate to their needs – and translation services for Pasifika aiga/fāмили and migrant and refugee families. Time is also needed to build and maintain a larger network of external agency and community contacts.

Some Family Start workers said their workloads have increased due to the travel time required to service a larger number of whānau/families in rural areas due to the recent expansion of their service area boundaries.

The caseload for Family Start workers is set in the contract at 16 whānau/families per each full-time worker. This rate has remained unchanged despite the 2012 change in eligibility criteria which, as noted above, has meant Family Start teams now work only with high needs whānau/families instead of those with both low and high needs as they did when the rate was first set.

To address workload challenges, there was a strong call from Family Start providers and workers for a change to the current funding model and caseload expectations of 16. They want to see funding increased and caseloads per worker decreased to reflect both the increased workload from working exclusively with high needs whānau/families, and the impact of increased travel time to support the increased numbers of rurally-located whānau/families they are working with. Many of the providers said that meeting their contracted caseloads came at the expense of worker wellbeing.

Family Start workers reported that increased funding and reduced workloads would mean they could work more intensively with and better support high needs whānau/families, provide a more preventative service and make a greater impact.

We were also told that changes to the case notes system and other administrative work is needed to address workload challenges. Some of the issues raised were about the limitations of FSNet, which is outlined in more detail below. Other issues were to do with the time taken for administrative tasks which takes workers away from supporting whānau/families. One suggestion was to move to a four-monthly reporting cycle instead of three-monthly.

3.3.5. Family Start programme infrastructure

The FSNet system is difficult to use, resulting in some errors in data collection. Providers would like more regular support from Quality Advisors. Despite funding and workload challenges, providers are innovative in delivering the Family Start programme to meet the needs of the communities within which they work.

The FSNet system is seen by Family Start providers as not user-friendly

Oranga Tamariki staff said that while FSNet was functioning overall, the system is 'clunky' which hinders data collection. For example, the tool is designed to lock if unattended for 15 minutes, with data then having to be re-entered, and important information can be missed from being recorded as a result. They told us there is no funding to update the system.

Providers raised similar concerns about FSNet. The system was described as not user-friendly, resulting in errors in data entry so that some data was not being recorded. Some also said that FSNet was incompatible with their IT systems. For example, one provider said their assessments are done using Word which then need to be copied into FSNet. Other frustrations with FSNet included the 1500-word limit and the inability to bold type to highlight important points and scan information into it. As noted above, one of the Māori providers said that FSNet is insufficient for their purposes as it does not allow them to record and report on kaupapa-based outcomes for whānau and is investing in the development of a system to enable them to do so.

Quality Advisors are a valuable source of support for providers, but visits could be more frequent

There are three Quality Advisors to support providers to deliver the programme, including through offering training support. Oranga Tamariki stated that Family Start providers should receive at least one visit from an Advisor each year, with more frequent visits if issues arise or if providers are new. However, Oranga Tamariki acknowledged that three Quality Advisors to cover the whole programme is insufficient and that more are needed.

Providers and workers stated that they received some training and support from the Oranga Tamariki Quality Advisors, and that this was useful to identify areas of practice that they could improve. However, the visits happened only occasionally (generally once a year). Most of the case study providers want more support from Oranga Tamariki, such as more frequent visits from Quality Advisors and support with initial and ongoing training and development for Family Start workers. Oranga Tamariki personnel stated that they are focusing on building communities of practice at the regional level, which would offer a mechanism for providers to support each other.

Family Start providers are aware of service expectations and well informed about programme changes

Managers and Family Start workers in the case studies reported that service expectations are clearly defined in providers' contracts with Oranga Tamariki and in the Family Start programme manual.

There are multiple communication channels between Oranga Tamariki and providers, including Family Start Executive hui that are held every few months and national level Family Start Collective hui that are held twice a year. Outside of these channels, communication is varied. Some providers are in regular contact with Oranga Tamariki PFO Advisors, whereas for others it is more occasional with some providers saying they can be difficult to get hold of. Some providers are working to improve their communication and relationship with Oranga Tamariki at the local level, and one has recently started weekly waiata classes which Oranga Tamariki and other local service providers attend.

Providers stated that they are usually well informed of any programme changes. Changes are first communicated to the Family Start Executive and then to the wider Family Start Collective. Oranga Tamariki has an agreement that they will put any new information to the Family Start Executive and give advance notice of any changes. A quarterly newsletter is also used to communicate any changes to the online Parenting Resource.

Consultation on programme changes is through the Family Start Executive, which then consults with the wider Family Start Collective. Oranga Tamariki told us that providers have been good at implementing changes, assisted by the use of funding 'carrots' to ensure changes are made in a timely manner. Providers told us that while there are consultation processes in place, outcomes can seem predetermined and their input and feedback marginalised and ignored.

Despite having good communication channels and a clear programme manual, case study providers and workers noted some areas of confusion. One key area is home visits. The Family Start manual states that 'in exceptional circumstances a visit may need to be conducted outside of the home'. Case study providers noted when whānau/families are in crisis it can make home visits problematic, such as when they are transient due to homelessness or domestic violence, or where there are safety issues and workers are not able or are unwilling to undertake the visit. Some

managers, supervisors and workers stated that they were unsure as to whether this constituted 'exceptional circumstances.'

Family Start providers are developing service innovations to enhance whānau experience of the programme

The evaluation team heard many examples of innovative practice from across the case study providers. For example, one provider has been using a free mobile phone application which includes help and information for young parents on topics covering pregnancy through to a child's early years. Providers have also been innovative in terms of enhancing worker safety, trialling and introducing numerous safety measures such as texting systems, GPS tracking systems on work vehicles and use of a wristband safety device.

Māori providers have been innovative in aligning Family Start delivery with a kaupapa model.

Māori providers have been especially innovative to better align the Family Start programme with their kaupapa-based approach to service provision. Innovations include:

- The creation of a 'kaikokiri' role focused on whakawhanaungatanga and enhancing programme uptake and retention, where they undertake initial assessments, intervene to help prevent unplanned exists and help build and maintain relationships and networks with other service providers;
- The use of kaupapa-based frameworks to assist whānau/families to develop their Child Family Plans and safety plans, and to better align the strengths and needs assessment template with kaupapa Māori principles;
- The creation a 'whānau tahi' database to record and report on kaupapa-based outcomes for whānau, which cannot be captured in FSNet;
- 'Whānau days' and 'coffee groups' for Family Start whānau/families to socialise with each other and build support networks for themselves;
- Graduation ceremonies and 'journey books' for whānau/families who complete the programme to acknowledge the journey they have undertaken and provide them with a sense of achievement; and
- The development of a 'whānau ora' approach to service delivery and reporting and seeking to broaden use of the approach through working to build buy-in from Oranga Tamariki and other agencies.

Family Start providers and their teams stated that their innovations had been effective in helping to engage and retain whānau/families in the programme and enabled them to better achieve the goals in their CFPs and feel empowered for the future. Alongside these innovations, however, providers also noted that time pressures sometimes make reflective practice and innovation difficult and that implementing and maintaining innovations can be challenging due to a lack of resources. An example given by one provider was the whānau days they ran; that they had been downscaled from fortnightly to monthly due to time and funding constraints. Providers also noted that they are limited in the innovations they can develop as they need to remain within the service parameters set by Oranga Tamariki.

The Oranga Tamariki staff interviewed also said that innovations needed to remain within the service parameters, but that within this, they were supportive of providers innovating to work in the best way for their communities.

KEQ2: To what extent is the Family Start programme achieving programme outcomes and impacts for vulnerable children and their whānau?

3.4. Impact

The evaluation explored the extent to which the Family Start programme is making a difference for whānau Māori, Pasifika families and other families experiencing disadvantage.

The information contained in this section provides an overview of the impacts reported by client whānau/families interviewed during the case studies. It should be noted that these impacts are self-reported and should be interpreted as reflecting whānau/family views and perceptions of how Family Start has helped them. The impact evaluation report will further explore the impact of the programme using a variety of quantitative methods.

3.4.1. Parenting skills and practices

Family Start is effective in increasing the confidence of client whānau/families in their ability to parent their children. Whānau/families reported that they had learned new skills related to parenting and were now better able to provide warm, safe care to their children.

Nearly all whānau who engaged with Family Start reported increased confidence in their parenting

The most commonly reported impact from whānau/families that were interviewed for this evaluation was increased confidence in their parenting. This was also highlighted as an important impact by Family Start workers and referrers.

Many whānau/families interviewed stated that prior to engaging with Family Start they had doubted their ability to parent effectively due to not having had strong parenting role models themselves, being first time parents, or experiencing anxiety which made them question their parenting decisions. After working with Family Start, nearly all of the whānau/families reported increased confidence in their parenting skills:

When I had my daughter, I didn't have a clue what to do and I used to question myself and beat myself up about it... Family Start gave me good advice about her milestones and reaffirmed that I'm doing a good job. Now I'm much more confident in my parenting.

- Family Start client

Whānau/families reported that Family Start workers enhanced their confidence through four main mechanisms:

- Helping to address anxiety around parenting, by assisting with access to medication or counselling or to provide support and advice to help reduce anxiety.
- Teaching core parenting skills, such as how to do tummy time correctly, how to appropriately discipline children and how to play in an age-appropriate way. Having the child present during the visit was important as it allowed workers and whānau/families to demonstrate and 'practice' these new techniques.
- Providing emotional support and reassuring parents that they were "doing it right".

- Supporting parental decision making by allowing whānau/families to discuss and test ideas when making decisions related to parenting.

Some whānau had changed their approach to disciplining their children

Whānau/families and Family Start workers across all case study sites, and the e-diaries, provided examples of changes to parenting practice and enhanced parental ability to provide warm, emotionally safe care.

Reported changes included an amended approach to disciplining children. Several of the whānau/families interviewed reported that prior to engaging with Family Start they had used physical punishment and/or yelling and shouting as a way of disciplining their children. Family Start workers provided tools to deal with children's behaviour differently, for example using 'time out', as well as techniques for managing parental anger. Parents stated that they were now actively trying to use a more gentle, positive approach to discipline.

I was brought up in the "school of hard knocks" and that's all I knew. I used to smack my children on the hand or bottom, but [Family Start worker] gave me techniques to manage my anger. I can [now] deal with situations without hitting.

- Family Start client

Whānau reported being motivated to interact with their children more

Another key change identified was in parental ability and motivation to interact with their children. This was achieved through Family Start workers discussing the developmental benefits of playing and talking to their children, as well as practical demonstrations. As one whānau noted, the Family Start worker "gets on the floor and plays with baby... I can then do the same after she's gone". Family Start workers noted that the Brainwave Trust resources were effective in supporting parents in discussions on the importance of interaction with their children.

An e-diarist noted that a young mother with a new baby initially had little interaction with her baby – she would leave him in the pram or on the play mat for long periods with little interaction. The worker both provided information on the importance of parental interaction on infant brain development and gave her practical ideas and resources on how to engage with him. The e-diarist reported that she had observed substantial change and that the mother was now "always talking to her baby".

This was supported by direct reports from whānau/families, who stated that they made more effort to play with and talk to their children and had reduced passive activities such as watching TV and video gaming. Some parents stated that they now made an effort to put their mobile phones away when with their children. Several referrers, including an early childhood teacher and paediatric social worker, confirmed that they had observed parents in the Family Start programme showing more interest in their children.

A strengths-based approach was important in affecting changes in parenting

Evidence from the process evaluation shows that change in parental ability to provide warm, safe care was achieved through taking a strengths-based approach. Family Start workers identify and build on pre-existing areas of strength and gently providing advice and suggestions for change. Whānau/families commented that their Family Start worker was non-judgemental, and never told them that their current practice was 'wrong', instead offering alternative options that parents could choose from. Several whānau/families also noted that it was important for Family Start

workers to talk them through the ‘why’, not just the ‘what’, for example explaining how setting boundaries or interacting with children supports their development as well as providing tools and techniques to enact change.

Both Family Start workers and whānau/families noted that formalising parenting goals in the Child Family Plan was an important way of affecting change. For example, one mother who wanted to reduce yelling and take a gentler approach to discipline stated that:

We talked about me wanting to stop yelling so much and made it a goal for our whānau plan. This was good cause it kept it at the forefront of what we’d work on when [Family Start worker] visited, and we’d check in every so often to look at my progress. Kept me motivated!

- Family start client

Achieving lasting change relied on whānau being self-motivated to engage with Family Start

Family Start providers and referrers, as well as client whānau/families themselves did note that achieving change depended largely on the motivation of the client whānau/family. Workers and referrers observed and documented substantial change in clients that were motivated to engage with Family Start (for example, through self-referral to the programme), but noted that those who felt compelled to participate (for example as a condition imposed by the Family Court or Oranga Tamariki social workers to have their children returned to them) were less likely to achieve lasting changes.

3.4.2. Children’s health and safety

Whānau/families described changes they had made to enhance child health and safety, including cooking healthy kai and changing their approach to discipline.

Most whānau were already engaging with primary care

While issues related to child health were regularly discussed during the Family Start worker home visits, the majority of whānau/families reported that this health information was not new to them. Families typically reported that their Family Start worker had checked that their children had received Well Child Tamariki Ora checks and immunisations, with most noting that they were already up-to-date, and this has not been impacted by their engagement with Family Start.

Similarly, while nearly all whānau/families were enrolled with a PHO, most stated that this pre-dated their engagement with Family Start.

A small number of whānau/families did report changes to better meet their children’s physical development needs. For example, two families had joined the Active Families programme to ensure their children had opportunities to participate in exercise. Another had changed her mind after previously being reluctant to vaccinate her child. An aiga noted that the Family Start worker had encouraged her to seek dental care for her children, which she had previously not realised was available at no cost.

Some whānau had made changes to enhance their tamariki's nutrition

In the Māori stream, sharing knowledge on healthy kai was an important aspect of enhancing whānau hauora.

In the Māori-centred case studies, increased knowledge and skills on cooking healthy and nutritious kai was highlighted as an impact for some client whānau. Whānau gave examples of improving their children's nutrition by using healthy (and cheap) recipes that they had been given by Family Start workers. For example, one whānau reported that they had

made changes to the kai that they offered their baby, offering homemade mashed vegetables rather than pre-packaged options. Another whānau stated that since working with Family Start they had incorporated traditional Māori kai into their diet, such as totara berries.

Children's sense of wellbeing and security had improved

Several whānau/families reported that they had observed their children's sense of wellbeing and security has improved as a result of their parents providing warm and safe care.

A small number of whānau/families reported that their Family Start worker had provided strategies to support their child's mental health needs. For example, one mother noted that her daughter had exhibited signs of anxiety, such as worrying about people in her family dying. The Family Start worker gave the mother a box of stones with feelings drawn on them, which she uses to discuss and work through her daughter's feelings.

Whānau had made changes to increase their children's safety

Most of the whānau/families interviewed gave examples of how they had worked with Family Start to enhance the children's physical safety through modifying the home environment. Examples included putting latches on cupboards, storing cleaning products, installing baby gates and installing smoke alarms.

About half the whānau/families interviewed reported making changes to increase their children's safety by reducing negative influences in the home. Several client families interviewed had moved to a safer environment by changing their housing situation. For example, one mother stated that when her baby was first born, she lived in a house where there was a lot of drinking and parties. After engaging with Family Start, she moved to a different area of the region to provide a safer environment for herself and her child. The mother made this decision herself but was supported by her Family Start worker, who also provided practical assistance such as driving her to the real estate agent office to find accommodation.

Other whānau/families had taken steps to cut or minimise their children's contact with people who they considered unsafe. This included no longer allowing friends and family to bring drugs and alcohol into the home, only allowing supervised contact with people who had been violent in the past, and cutting ties with relatives who they considered a negative influence.

[Family Start worker] encouraged me to make changes in home to provide the kids a safe home environment. She made suggestions to distance myself from negative influences that relatives bring to the home. There's no partying, no alcohol. It's now a family-orientated environment.

-Family Start client

A small number of whānau/families reported that, after working with Family Start, they had modified their own behaviour to enhance their children's safety. Two whānau/families had worked with their Family Start worker to create plans to mitigate the impact of their drinking on

their children (for example, by having family members look after the children). Family Start had assisted others to seek help for mental health, alcohol or drug addictions or domestic violence to ensure their children lived in a safe environment.

Māori providers used kaupapa-based approaches to develop safety plans with whānau.

The importance of developing a safety plan was particularly emphasised in the Māori-centred case studies. Family Start kaimahi, referrers and many of the whānau themselves highlighted safety plans as an effective way of identifying and mitigating risks to whānau safety. One Māori provider developed kaupapa-based safety plans by drawing on the four pillars of whānau hauora,²⁰ and incorporating tikanga such as karakia. Another Māori-centred provider similarly took a holistic view of safety planning, covering issues from strategies to keep tamariki safe from violence, to addressing parental mental health, and practical issues such as safe sleeping spaces and storing chemicals out of reach. Client whānau in the Māori-centred case studies reported stronger safety outcomes from Family Start than in the Pasifika and Pākehā case study sites.

3.4.3. Engagement with other services and the community

The positive experience with Family Start helped whānau/families to engage with other health and social services. The Early Learning Payment was an important mechanism in encouraging whānau to enrol their children in early childhood education. Family Start was also effective in connecting whānau/families to community support groups and events.

Some whānau reported increased confidence to engage with health, social and education services

About half of the whānau/families interviewed stated that they were already confident in engaging with health, education and social services prior to interacting with Family Start.

For others, their overall confidence in dealing with other health, education and social service agencies had increased after engaging with Family Start. These whānau/families described previous negative experiences with health, education and social service agencies resulting in some degree of apprehension or embarrassment in seeking assistance. Whānau/families attributed the increased confidence to receiving a quality Family Start service that delivered on its promises. As described by one family, the positive outcomes and respectful process they experienced through Family Start “made me feel like I can seek help, it’s okay to ask”. The family had since sought assistance from a budgeting service and taken a parenting course.

Increased whānau/families confidence to access services was largely due to the Family Start worker providing information and referrals to relevant services, helping them book appointments, preparing them for the type of situations they may encounter (for example, through role playing) and, in some cases, attending meetings and appointments with them.

Where the Family Start worker attends meetings at health and social services with the client, whānau/families reported increased confidence through observing and learning from their

²⁰ The Te Whare Tapa Whā model (Dr Mason Durie, 1982) emphasises four domains of health: te taha hinengaro (psychological health); te taha wairua (spiritual health); te taha tinana (physical health); te taha whānau (family health).

worker's interaction with the agencies. This was particularly apparent when dealing with large government agencies such as Housing New Zealand, Work and Income and Oranga Tamariki. Workers knew what to ask, what supporting information the whānau/families would need to provide, and how to navigate the system. Whānau/families reported that this support had meant they had learned important 'tips' in dealing with agencies, giving them more confidence in future dealings.

She [Family Start worker] helped me to get a review when my [job seeker] benefit was stopped...I would never have thought to ask for that, but now I know my rights.

- Family Start client

This increased confidence had seen some whānau/families engage with other health and social services that they had been unaware of, or had been reluctant to work with, after encouragement from their Family Start worker. For example, one client's mother had recently passed away and he was struggling with grief. The parent had been reluctant to seek counselling due to the cost and not having previously used such services. The Family Start worker arranged a referral to a free counselling service and talked through what to expect at the first appointment, providing him the confidence to access the service.

Family Start workers assisted some whānau to enrol their children in early childhood education

Family Start workers and e-diarists noted that they are led by the clients regarding whether they wish to enrol their child in ECE. They provide information on the benefits of ECE and the availability of the Early Learning Payment (ELP) but if the family states that they would like to keep their child at home they will respect this and not 'push'.

About two thirds of client whānau/families interviewed for the evaluation were already aware of ECE services and had made a decision regarding whether or not to enrol their children, and that Family Start had little impact on this decision.

For other whānau/families, engagement with Family Start had either led to them deciding to enrol their child in ECE or had resulted in earlier enrolment of the child than they had originally planned. This was particularly apparent in the Māori-centred case study sites. For example, one whānau stated:

I would never have done it [ECE] without the programme, I thought it was my role as a mum to keep him with me. But I talked with [Family Start worker] about how he needed some extra stimulation and I needed some time, and it's been a huge benefit for both of us.

- Family Start client

Family Start workers assist the family to enrol their child, which may include help to identify and research local ECE services, support with the enrolment process, assistance to access the ELP and in some cases physically attend the first few drop offs with the parent. Once enrolled, Family Start workers provide ongoing support such as helping whānau/families to engage with staff about issues related to their child. For example, one child was getting bitten by another child and the Family Start worker helped the parent to talk to staff about her concerns.

The Early Learning Payment incentivised participation in early childhood education

Family Start workers and managers, e-diarists and whānau/families reported that the ELP was an effective mechanism for incentivising participation in ECE from 18 months old. As one Family Start manager noted:

Without the ELP it would be difficult if not impossible to attend ECE before the children are three years old, as early learning is far too expensive for Family Start whānau. Access to ECEs is essential for whānau who are under stress and living in crisis mode, and the ELP has helped a lot.

- Family Start manager

Most whānau/families interviewed across all five case studies confirmed that they would not have been able to enrol their child in ECE prior to three years old without the ELP.

The process of accessing the ELP was described by most workers and whānau/families as straightforward. Family Start workers typically provided the form to client families, and in some cases assisted them to fill it out. They then managed the administration process with MSD. In most cases the process was quick and easy, with the payments commencing quickly.

Family Start workers and managers also noted that the ELP functioned as an incentive for some families to enrol in Family Start. However, managers and workers in three of the case study sites and an e-diarist reported that they had observed a higher number of unplanned exits since the programme change that allowed families to continue receiving the ELP after leaving Family Start. One e-diarist stated that:

We've had some families that only want ELP and don't engage any more once they get it. I don't always tell them that ELP is available if they exit, to try to keep them engaged.

-Family Start worker

In the Māori stream, kaimahi encouraged whānau who did not want to enrol their tamariki in kōhanga reo/ECE to attend Māori-centred learning opportunities.

In the Māori-centred case studies, Family Start kaimahi noted that some of their client whānau were reluctant to enrol their tamariki in ECE at a young age, preferring to have them cared for at home. While these whānau may not enrol their child in kōhanga reo or ECE, Family Start kaimahi support them to engage in other education opportunities for their children, such as puna playgroups (a playgroup with a te reo Māori and tikanga focus).

Family Start assisted whānau to access other health and social services

Family Start managers and workers stated that, as the whānau/families they work with are high needs, they typically refer them to at least one other health or social service. They reported that most referrals are for mental health services, alcohol and drug services, counselling and parenting courses. At all of the case study sites, Family Start was delivered by a provider that offered a range of other health and/or social services, which facilitated easy referral to a suite of additional support services.

For many of the client whānau/families interviewed, Family Start's assistance to access support services had a substantial impact on their own wellbeing. In particular, clients described improvements to their mental health.

Before I started [Family Start] I had anxiety and depression. Family Start helped me to access maternal mental health, and [Family Start worker] provides ongoing support and checks in on how I'm doing. It's been a huge help... I was in a dark place and now I can see the positive side of life. It's helped me and my baby.

- Family Start client

Some client whānau/families reported that their engagement with Family Start had helped them to access referred services faster. For example, one whānau reported that the client child's mother had been on the waiting list for drug rehabilitation services for several months, but once they started working with Family Start, the worker managed to get her into the service immediately. Family Start workers also provided practical support, such as arranging transport to counselling sessions and providing a support between appointments.

There is a shortage of Māori and Pasifika mental health and counselling services, meaning Family Start whānau, aiga and fāмили face a long wait for service.

In the Māori and Pasifika-centred streams, kaimahi across the case study sites reported a shortage of Māori and Pasifika services, particularly for adult whānau members requiring mental health and counselling services. This was compromising their ability to improve whānau health and wellbeing.

We can suggest counselling, but it takes a lot of time for whānau to find a counsellor, and there are not enough Māori counsellors. They can be put on a waitlist for 6 months and are basically just in a holding pattern until then. It's frustrating.

- Family Start kaimahi

Whānau had been connected to community and whānau/family support through Family Start

Family Start workers play a key role in connecting whānau/families to community support. Nearly all whānau/families reported that they had been provided with information about community events such as coffee mornings, play groups or 'music and movement' sessions, support groups such as Grandparents Raising Grandchildren or faith-based groups.

The level of support provided by Family Start workers varied depending on the need of the client. Some whānau/families were simply provided with information and made contact themselves. Others assisted clients to make contact, and in some cases attended several sessions with the parent, to help build their confidence to attend by themselves. Some whānau/families stated that they did not currently feel ready to attend community events or groups, but had been made aware of opportunities by their Family Start worker.

Those clients that had attended community support mechanisms typically reported that they had benefited from these interactions by having opportunities to socialise, or through receiving support from others in similar situations to themselves.

There was little evidence that Family Start had assisted clients to access support through their wider whānau/families. Clients generally reported that they were already well connected with the whānau/family or that the whānau/family relationship was not supportive and that Family Start had not made a difference in this area. There was some mention by Family Start managers and workers about supporting whānau to (re)connect with their marae, but this was not talked about by any of the whānau interviewed for the evaluation.

Whānau days run by Māori-centred providers encouraged Family Start whānau to form support networks with each other.

One Māori-centred Family Start provider offers 'whānau days' which all Family Start whānau are invited to attend. The whānau days provide activities such as crafts, and invite whānau to share kai. The intent is to connect whānau, to build positive relationships and provide opportunities to socialise. Whānau that had attended these events spoke positively about them, with many noting that they felt more confident attending these events that were run by Family Start directly (in which they had built up trust) than events run by other community groups.

Church-run and Pasifika-focused events were important community engagement mechanisms for Pasifika aiga/fāмили.

In the Pasifika case study, many of the events and support mechanisms that aiga/fāмили had accessed were church-run activities. The Pasifika Family Start provider also directly offered culturally appropriate support programmes that they encouraged Family Start clients to attend. For example, one client aiga had participated in the Tuiga Project, a Samoan mothers' group activity which involved creating Tuiga, a Samoan ceremonial headdress that plays a significant role with the Fa'a Samoa. The client aiga stated that most other participants in the programme were Family Start clients, which allowed her to attend without feeling judged. As well as making connections with other Samoan parents, the client felt pride in creating her Tuiga and showcasing it at the closing function of the programme.

3.4.4. Changes in whānau circumstance

Client whānau/families reported changes to their circumstances that improved their overall wellbeing, which they attributed to participation in Family Start. Many had achieved short term goals and were working towards longer term ambitions such as study or employment.

Family Start helped whānau to set and achieve goals

Participation in the Family Start programme had resulted in changes in the circumstances of many whānau/families. This was particularly evident in the achievement of short-term goals set through the CFP. Many of the whānau/families had goals related to parenting, such as keeping their children healthy, happy and safe, and had worked with their Family Start worker to develop and follow a plan to achieve these.

I wanted to get my kids into a stable routine after all the moving around. [Family Start worker] supported me every step of the way, helped me get them enrolled in kōhanga and school, and we plotted out a rough plan for the week. My kids are much more settled now.

- Family Start client

Specific examples of changes in circumstance that client whānau/families had achieved with assistance from Family Start included:

- moving to a safer home environment, and not allowing family members who drink, take drugs or smoke to spend time at the home;
- cutting down on drinking, and ensuring that the children are cared for by family members on occasions when the parents do drink alcohol;

- becoming healthier as a whānau through improved eating and playing sport or going for walks rather than watching TV;
- installing curtains and heating to create a healthier home during winter;
- getting a part-time job which fitted in with children's school and ECE hours; and
- saving for and taking the children on holiday.

Achieving their short-term goals gave whānau/families a sense of pride and motivated them to set further goals to enhance their longer-term circumstances.

Long-term, many of the whānau/families who were interviewed had set goals to reduce debt, gain meaningful employment or take up study in pursuit of a new career. Having a documented plan (through the CFP) and ongoing support from their Family Start worker and access to practical assistance was described by whānau/families as important in keeping them motivated.

We have a goal of being debt free, and we've worked with [Family Start worker] to get a plan in place. She hooked us up with a budget advisor and we are taking active steps to pay the debt down. It's baby steps but I can see we are making progress.

-Family Start client

Many of the whānau/families interviewed were clear that working with Family Start had been the catalyst for setting goals and making changes to their whānau/family circumstance, with many noting that they had never really thought about or been encouraged to set goals prior to their engagement with the service. Family Start workers were also instrumental in translating goals into practical actions, and in encouraging clients to realise that their goals were realistic.

My goal is to do nursing, but I didn't think it was possible to study with my daughter. [Family Start worker] pointed out that other people study while their children go to day care – now I'm thinking that it's a realistic probability, not just a crazy idea.

- Family Start client

Whānau feel more optimistic about the future

Nearly all of the whānau/families interviewed stated that they were more optimistic about the future since their engagement with Family Start. This was attributed to their increased confidence in parenting skills, having observed the difference in their children and family circumstances since working with Family Start, and having plans and goals for the future.

Since working with Family Start, I don't feel scared about the future anymore. I've addressed my issues. I know that there will be challenges, but overall I feel hopeful, and that the future will be bright.

- Family Start client

KEQ3: How can the Family Start programme be optimised to ensure positive outcomes for children and their whānau?

3.5. Learning and improvement

This question considers the overall strengths and weaknesses of the programme, and what changes could be made to maximise the positive impacts for whānau Māori, Pasifika families and other families enrolled in the programme.

3.5.1. Overall strengths of the Family Start programme

Based on a synthesis of all available evidence collected during the process evaluation, the overall strengths of the programme are:

- The dedication of the Family Start workforce. Workers are committed to achieving outcomes for their client whānau/families and often go “above and beyond” to help them, including offering more frequent or intensive engagement. Workers also provide assistance in a range of areas beyond parenting support, such as assisting to find housing, booking appointments with other health and social services, and bringing food and clothing. Client whānau/families benefit from this dedication by receiving wrap-around support from workers.
- The ability of workers to form trusting relationships with clients, many of whom are a ‘hard to reach’ population group. This is achieved through investing time into whakawhanaungatanga/relationship building and being led by the whānau/family regarding their priorities. Family Start workers use a strengths-based, non-judgemental approach that makes clients feel safe, respected and empowered. This contributes to Family Start’s success in working with its priority population in a way that upholds their dignity.
- The ongoing, intensive nature of the service, which benefits whānau/families through having a reliable source of support to provide appropriate care and protection for their children. This also benefits the wider health and social service sector through having a “set of eyes” for other services who are concerned for the wellbeing of whānau/families, but unable to undertake regular home visits with them.
- The collaborative approach taken by the Family Start national team and contracted providers. Family Start staff at the national and provider level are actively seeking opportunities to strengthen the reach of the programme by partnering with relevant health, education and social sector entities.
- The substantial positive change that client whānau/families experience as a result of their engagement with Family Start. Whānau/families reported that their confidence as a parent had increased markedly as a result of Family Start support, and that they had the knowledge and tools to be gentler with their tamariki, to engage more with them and be more attuned to their needs. Family Start workers have been instrumental in assisting many parents to access help for mental health conditions, and thereby enhance whānau wellbeing.

3.5.2. Overall weaknesses of the Family Start programme

Based on a synthesis of all available evidence collected during the process evaluation, the overall weaknesses of the programme are:

- The pressure that Family Start providers and workers face when working exclusively with whānau/families with multiple and complex needs. Workers are struggling to complete all tasks within the allocated hours and reported that they often complete administration tasks before or after work or on weekends. In addition, supporting whānau/families through times of crisis requires more frequent visits and being 'on call' to provide support between scheduled visits. This is creating considerable stress amongst Family Start workers and impacts on their ability to take care of their own wellbeing.
- The substantial gap in salary rates between Family Start workers and comparable positions in the sector. This compromises provider ability to attract and retain suitably qualified and experienced staff; Family Start data shows that the percentage of degree-qualified workers has declined since 2017.
- Training for the Family Start workforce is not nationally consistent, with some newer workers stating that they did not receive adequate initial training. Induction training is delivered by providers and mainly focuses on programme processes and practical aspects of the job (for example, how to undertake a home visit), but does not cover clinical and technical aspects such as infant and child development. Family Start workers and some managers also noted that ongoing training relies on opportunities that are available locally, and that in some areas there are few relevant opportunities, such as training which is tailored to the complex needs of the whānau/families they work with.
- Aspects of the Family Start programme do not align with te ao Māori and Pasifika worldviews, meaning that these providers have to adapt delivery to suit the cultural needs of whānau, aiga and fāmili. This includes adapting existing tools and resources to suit a kaupapa Māori or Pasifika approach, or creating new tools and resources where no appropriate ones exist. This represents a disproportionate burden on Māori and Pasifika providers. These providers also noted that time expectations assigned to contractual obligations are not always appropriate for Māori and Pasifika clients, who often require additional substantial time undertaking whakawhanaungatanga and talanoa before moving on to more goal-oriented aspects of the programme.

APPENDIX A: CASE STUDY REPORTS

The detailed case study reports that were developed following site visits undertaken as part of the process evaluation are provided below. The case studies focused on provider, worker, referrer and client experiences of Family Start.

The case study data collection was implemented using a He Awa Whiria approach, with the kaitiaki and support researcher under each knowledge stream undertaking the data collection, analysis and reporting. During this process, cultural knowledge and understandings were taken as given. For example, kaupapa Māori and Pasifika terms and concepts were not explained or translated into English during the analysis and reporting process.

Each case study report has been reviewed by the relevant case study service provider, and permission has been granted to append it to the process evaluation report.

CASE STUDY ONE

Case Study One is a kaupapa Māori health and social services provider, based in the main urban centre of a geographically large region. The region includes many rural Māori communities experiencing high deprivation.

Case Study One takes a whānau-centred approach to Family Start, grounded in kaupapa Māori values

The provider takes a whānau-centred approach to delivery of the Family Start programme where kaimahi take time to build and maintain relationships with whānau. The provider has adapted service delivery to ensure it aligns with the kaupapa of whanaungatanga.

One innovation has been the creation of a kaikokiri role. The kaikokiri undertakes initial assessments with whānau and promotes the programme to enhance uptake, while also taking care to clarify the support the programme is able to offer. The kaikokiri also intervenes to help prevent unplanned exits.

A further innovation has been the addition of 'whānau days'. These are organised by Family Start kaimahi for Family Start whānau and have been an especially important innovation to provide whānau with opportunities to make connections and alleviate the isolation many of them experience – and to build support networks for themselves.

There's always a kaupapa attached to it. It's fun for whānau and we do things like share kai, have craft days, or feed the ducks – but the focus is to provide social opportunities based on the principle of whakawhanaungatanga.

- Family Start manager

A third innovation has been the introduction of a graduation ceremony for whānau who complete the programme to acknowledge their journey and achievements. Graduands are presented with a certificate with a whakataukī, a gift and a t-shirt.

Graduation is a huge bonus. We celebrate their mahi, and our mahi.

- Family Start kaimahi

We heard from a number of interviewees that the design of the Family Start programme is inconsistent with the holistic, collective approach inherent in a Māori worldview. In a Māori

worldview, tamariki are located within whānau and whakapapa, and connected to whenua and te taiao. Kaimahi noted that building relationships takes times, and that the expected visit duration was inadequate.

Whanaungatanga takes a lot of time – you can't rush it. The reality is a visit takes a couple of hours.

- Family Start kaimahi

Case Study One works hard to build relationships with its community, but acknowledges that there is more work to do with some sectors

Case Study One has collaborative relationships with other health and social service providers and agencies – although they acknowledge more is needed to strengthen these relationships. A further key role of the Family Start kaikokiri is to continue to build these connections and relationships with providers, including marae and hapū-based providers, and the overall visibility of the Family Start programme in the community.

Collectively, the Family Start team has substantial networks and personal relationships with staff in key agencies and across the community to ensure they can access a wide range of support services for whānau. Interagency relationships are, however, one-on-one, and there does not appear to be any collective interagency groups or forums in operation in the region in which Case Study One is located to support whānau wellbeing.

Case Study One is aligned with other services in the community. Collaboration is strong with other child health providers, where kaimahi work together to achieve child health outcomes through the provision of comprehensive wraparound support for whānau – although we were told there is room for greater information sharing and coordination between them. While there are some overlaps with other programmes and agencies providing health services, there is no duplication. Moreover, Family Start is acknowledged as meeting a gap in the provision of kaupapa Māori services.

Family Starts meets a gap in service provision in that they use a Māori model of health care. I feel confident in referring families there knowing that [Case Study One] can provide care tailored to the needs of Māori using a kaupapa approach.

- Referrer

We were told that collaboration with ECE providers is less strong and that more needs to be done to build working relationships and practice arrangements between them and the Family Start programme, including administration of the Early Learning Payment. We were also told that while there is close alignment between Family Start and ECE services, there are differences in the approach to child development – that the ages-and-stages approach of many Family Start parenting resources is out of step with the holistic approach used by early childhood educators.

We also heard there are, at present, insufficient relationships with midwifery services.

Kaimahi are concerned that they receive some referrals for pregnant women, even though the child will be uplifted at birth

Case Study One receives most of their enrolments for the Family Start programme through self-referrals. They also receive referrals from a range of health and social services, and government agencies including Oranga Tamariki.

Referrers are confident to refer whānau to the Family Start programme as they hear positive feedback from whānau, and believe it provides a much needed and valuable service that empowers whānau.

Family Start workers are dealing with complex, high need difficult to engage whānau. They are doing a great job.

- Referrer

Concerns were expressed by Family Start kaimahi that referrals have been received from Oranga Tamariki even when there is an intention to uplift babies at birth. Kaimahi also noted there are limited organisations that support parents who have had children uplifted as eligibility usually requires the parent to have the child with them.

This is awful for everyone. The Family Start worker has to build a relationship with the mother, prep them for their child's birth knowing that they will not have care of their child. Why do the referral? It's damaging.

- Family Start kaimahi

Whānau lead the goal setting process, focusing on their priorities, needs and aspirations

Whānau were aware of the purpose of the programme. Most talked of the assistance they received with developing their parenting skills, while others appreciated the reassurance they received about their parenting. All discussed the additional support the programme provided to them for the wellbeing of their whānau.

It's the best support I've had. Not just about parenting but they really helped my mental health. Family Start saved my life.

- Family Start whānau

All whānau had a Child Family Plan. Plans were developed by whānau talking it through with their kaimahi at their own pace, who helped build the plan if needed. Goal setting was whānau-led, with the goals reflecting whānau priorities, needs and aspirations.

The plan was developed with me. It was easy and straightforward. We focussed on setting goals over a cuppa.

- Family Start whānau

The goals were reviewed and updated regularly. All whānau were very happy with their progress towards meeting their goals and felt uplifted by their achievements.

I'm smashing my goals. I've volunteered to take part in other programmes to help me move forward to regain care of my children and I've taken anger management courses. I'm on my way to getting all my kids back.

- Family Start whānau

Whānau had trusting relationships with their kaimahi

Whānau are matched to Family Start kaimahi by the kaikokiri and supervisors, who know the strengths of each kaimahi and the approach they use. All whānau are given a choice between having a Māori or non-Māori Family Start kaimahi. Sometimes matching is affected by capacity issues. All of the whānau we met with were very happy with their Family Start kaimahi.

She felt like instant whānau.

- *Family Start whānau*

Trust was built on the strengths-based, non-judgemental approach of the kaimahi who made whānau feel safe, cared for, listened to, understood, comfortable, respected and empowered. Kaimahi were easy to work with and relate to, and were open and honest – which, in turn, enabled whānau to feel safe to be open and honest with them too. One whānau said that they were still a little wary of the programme because they knew it was funded by Oranga Tamariki. Whānau talked of kaimahi going “above and beyond” their roles to help them, including getting to appointments and with custody and other legal issues. Whānau particularly loved the whānau days that kaimahi organised and talked of how they provided positive social experiences for them and their tamariki.

They take you on board – its’ not just a job to them. I feel like I’m not on my own.

- *Family Start whānau*

Whānau told us that the service they receive from Family Start kaimahi is reliable, consistent and regular. Two of the whānau who had a change to their kaimahi over the course of being with Family Start said the transition was seamless.

Whānau reported that their Family Start kaimahi were culturally competent and used a whānau-centred approach, regardless of their ethnicity. For some whānau, the ethnicity of their Family Start kaimahi was important because they felt Māori have a better understanding of whānau and are easier to relate to. Other whānau felt that the approach of the kaimahi was more important than ethnicity.

Two of the whānau we met with were Pākehā with Māori children or grandchildren. They felt that working with Family Start kaimahi from a kaupapa Māori service best supported their desire to integrate Māori models of health into their lives and build cultural knowledge and understanding.

I’m Pākehā and my grandchildren are Māori. I feel good working through [Case Study One], it’s a connection to a Māori view of health for my moko.

- *Family Start whānau*

Case Study One kaimahi use a strength-based approach when working with whānau

The whānau we met with said that kaimahi were encouraging and focused on the positives; that kaimahi built on what they already knew, had good advice and tips to offer and shared their own experiences. Some whānau talked of feeling reassured by kaimahi; that what they were already doing or the ideas they had were on the right track. Whānau also appreciated the opportunity to learn more about new, positive ways to interact with their tamariki including by playing with them and setting them activities.

She didn’t come in and talk about how to parent. She used an encouraging approach which drew from my experience and built on what I’m already good at.

- *Family Start whānau*

Whānau told us that kaimahi would also involve other whānau members, such as grandparents, in the new learning.

Case Study One has a number of different parenting resources that kaimahi draw on and share with whānau, including SKIP Whakatipu which has pictures and waiata. Kaimahi also print out material from the Family Start on-line parenting tool to share with whānau as appropriate.

Whānau talked of the written resources they were provided with – booklets, pamphlets and printouts. Most found them useful but one whānau felt they were inadequate because they were not Māori-centred. Most preferred paper resources over on-line resources and some noted they did not have ready access to the internet. One whānau had received books in te reo Māori which were very much appreciated. Another whānau had used the Born to Learn resources but felt they were outdated.

Whānau have gained confidence in their parenting

The whānau we met with said the most significant impacts for them from engaging with Family Start was increased confidence in their parenting and being able to create and maintain safe whānau environments in their homes. For almost all of the whānau, Family Start had been instrumental in getting their tamariki into ECE. Whānau also told us that these changes had helped them foster better relationships with their tamariki and had given them a sense of hope for their futures.

For many of the whānau, Family Start kaimahi had provided them with new parenting tools which enabled them to be gentler with their tamariki and to engage more with them and be more attuned to their needs.

Family Start helped me turn a corner and be gentler with the kids. I'm yelling at my children less now.

- Family Start whānau

Kaimahi assist whānau with accessing services to improve their wellbeing

While many whānau were already confident in dealing with other services and agencies, some told us that the advocacy support provided by Family Start kaimahi had been critical in getting the assistance they needed. A small number of whānau continue to rely on this advocacy support, particularly with Work and Income and Housing New Zealand, while others have built up the confidence to access and engage with services and agencies themselves.

All whānau talked of the importance of the encouragement and support they had received through the programme which had enabled them to persevere with difficult situations and find resolutions to them.

Family Start kaimahi work alongside whānau to support them through the crises they face. They link whānau with services and agencies in the community to build and support whānau wellbeing, and support them through the process until they are able to engage on their own.

She did lots of chasing up [other services] for me. This helped me to make progress with other health and social agencies.

- Family Start whānau

We were told of the importance of kaimahi assisting whānau to settle their tamariki into ECE services to ensure they continue to engage with these services. Many whānau have had negative past experiences in the education system and are not always comfortable to engage with them.

Kaimahi have noticed that the whānau they work with have increasingly high support needs

Previously, kaimahi worked with whānau with a mix of high and low needs but are now working exclusively with whānau with high needs. With the newly expanded service delivery boundaries, kaimahi are now also servicing a larger number of rural areas.

High needs whānau include those affected by insecure and inadequate housing, income poverty, family violence, suicide, alcohol and other drug addictions including methamphetamine, mental health issues, incarceration and clients with intergenerational exposure to Oranga Tamariki.

Whānau are in a constant state of stress and need – that's the environment we are working in now.

- Family Start kaimahi

Kaimahi are unable to complete their work within the contracted hours

While kaimahi are clear that their role is to deliver parenting support and resources to whānau, they find it challenging to do so when whānau are in crisis. Instead of being able to visit multiple whānau in a working day, crisis situations mean that kaimahi need to support whānau for extended periods of time, such as assisting them to secure housing, supporting them in court or to help alleviate anxieties about the wellbeing of their tamariki.

Working exclusively with whānau with high needs also results in longer periods of time spent accessing a wider range of often hard to locate or scarce services to support them. While the caseload was previously manageable when whānau were a mix of low and high-needs, the shift to high needs whānau has meant their caseloads are now heavy and difficult to manage. Time pressures are also exacerbated by the increased travel time required to service whānau in the now newly expanded rural service areas.

As a result, Family Start kaimahi are often stressed and exhausted, and are often failing to follow their safe-care plans because they prioritise the wellbeing of the whānau they work with over their own.

Cases Study One finds it difficult to retain staff

Case Study One said it was difficult to recruit and retain qualified and experienced staff because of the low salaries they are able to offer, and because they have to compete with well-resourced government departments for well-qualified staff. At the end of 2018, they lost a number of their Family Start kaimahi to Oranga Tamariki who had the resources to pay qualified staff significantly higher salaries. Case Study One recruits Family Start kaimahi from social work, education and health backgrounds and look for people who work with aroha, from the heart.

Kaimahi identified gaps in the initial and ongoing training they receive

In terms of initial training, new Family Start kaimahi receive an induction into the organisation and in-house training by a Family Start kaimahi mentor. Part of this training includes assisting with a strengths and needs assessment. Kaimahi used to receive Born to Learn training which was highly valued. This has been replaced by training on how to navigate the on-line parenting tool which is seen as much less adequate as it does not include training in human and brain development. Refresher training is provided by the Family Start regional advisor but is very occasional. Family Start kaimahi are given five days per year for professional development but heavy workloads mean it is often not possible to take time off and there are also few opportunities to access quality, relevant professional development. Kaimahi indicated a number of issues that whānau are facing and where they felt professional development is needed to grow their

understanding and better support the whānau they work with. These issues were self-harming, suicide, and methamphetamine use and addiction. Kaimahi also noted the need for decolonisation- and Treaty of Waitangi-based professional development.

Family Start kaimahi raised a number of further important issues of note.

They talked of the many gaps in the support services available to whānau in the area, including the shortage of Māori counsellors to refer whānau to. They also raised concerns about the cultural competency of other services.

They talked of the environment of fear in which many whānau live – that their children will be taken from them by Oranga Tamariki, and of the immense anxiety this creates for whānau. As a consequence, kaimahi frequently need to spend considerable amounts of time with whānau to settle these anxieties.

Kaimahi also raised the isolation that many whānau experience when seeking to make positive changes in their lives as these changes often mean distancing themselves from their whānau and friend networks, and the need for them to then find ways to rebuild support networks and relationships with the wider community. As reported by both staff and whānau, the programme's 'whānau days' have been integral in assisting whānau to develop such networks and relationships. However, ongoing kaimahi time pressures have meant the number of whānau days has been scaled back from fortnightly to monthly.

Strengths and weaknesses

The key strengths of the programme run by Case Study One are:

- Their whānau-centred approach and the embedding of whanaungatanga into service delivery, including the development of the kaikokiri role and the holding of 'whānau days';
- The commitment of the Family Start team to whānau wellbeing, and the aroha and manaakitanga they extend to uplift the mana of whānau;
- The open-door policy of the Family Start supervisors;
- Collaboration, sharing and kotahitanga within the Family Start team and with other service teams from within the provider; and
- The acknowledgement in the community of Case Study One as meeting a gap in the provision of kaupapa Māori services.

A number of weaknesses or challenges for the Family Start programme at Case Study One were also identified. A key challenge is managing the heavy workload of Family Start kaimahi where they are frequently foregoing self-care to keep up with the demands of their roles. This is exacerbated by the additional time needed to support whānau who live rurally. Other challenges to be addressed include: initial and ongoing training and professional development needs; the need to strengthen collaborations and networks with other services and agencies in the community; the need to strengthen information sharing and coordination with key services and agencies; and the need to formalise feedback loops with referrers. The establishment of an interagency group or forum to support whānau wellbeing could be a mechanism to address some of these challenges.

As a kaupapa Māori health and social services provider, Case Study One also face additional challenges. This is due to the disjuncture between their whānau-centred approach to service

delivery and the limitations of the design of the Family Start programme to fully support this approach. This includes the paucity of kaupapa Māori parenting resources available to them to support holistic whānau wellbeing.

CASE STUDY TWO

Case Study Two is a provider of a range of social services. It is located in a medium sized urban area and also covers a large rural catchment area.

Programme delivery is informed by Case Study Two's organisational focus on strengthening families

Case Study Two was motivated to become a Family Start provider because they saw the programme as a good fit with their model of wrapping services around families and babies. Management and workers in Case Study Two are very focused on meeting the needs of the family, so that children can flourish.

Family Start workers support families/whānau to achieve their children's health, education and social outcomes with a specific focus on parenting approaches. Workers are clear that Family Start is a parenting programme but use it as a 'springboard' to address other issues. They use the child as the 'hook' to refer to other family members to required social or health services and support them to improve wider family circumstances.

Overall implementation of Family Start follows the programme design and is delivered according to the manual, which was cited as the 'backbone' of delivery. The programme design allows a flexible approach to delivery, supported by the online Parenting Resource. This means that Family Start can be tailored to the needs of clients to suit their context. The previous structured approach to Ahuru Mowai Born To Learn (AMBTL) curriculum in the Family Start programme was noted by Family Start workers as a barrier to tailoring the support to meet the needs of some families/whānau.

The main strength of programme design is to be able to work as suits the individual families. Every family is so different, everyone brings different strengths and needs – we can work with them as individuals, at their own pace.

- Family Start worker

Where programme delivery has differed from intended design, this has been in response to the needs of an increasing caseload of high needs families/whānau. At times of crisis, Family Start workers provide more frequent, and occasionally longer visits than the standard weekly one-hour visit. Family Start workers also make themselves available to families/whānau via phone and text. The increased frequency of contact is considered necessary to meet the expected outcomes of enhanced child and family health and social wellbeing.

Case Study Two is a long standing and respected service provider, with strong connections to other services

Case Study Two has robust working relationships with other health and social service providers in the area. They are visible through attendance at various interagency meetings and forums, which builds visibility of the Family Start programme. The managers and workers of Family Start also have strong personal relationships with colleagues throughout the health and social sectors. Referrers report that they are highly respected and well-regarded in the community.

[Case Study Two] is a rock of our social service sector. I trust them completely to support vulnerable families in our community.

- Referrer

Referrers expressed confidence in referring to the Family Start programme, as they usually hear positive feedback from families that they work with. Case Study Two also provides feedback to referrers on their clients that they have referred, including whether they were accepted and how they are going with Family Start.

Referrers reported that Case Study Two's Family Start programme is well aligned with other services in the community. The collaborative approach that this provider has and partnership with other agencies ensures that there is no overlap, duplication, or silo-ing of services.

This collaborative approach is reported to have contributed to improved child health and wellbeing outcomes. Other service providers (e.g., child health services) report that it is beneficial for health providers to have the Family Start worker regularly visiting the family and ensuring they provide appropriate care and protection for their children, as well as monitoring child health and development. Workers are also able to assist other providers in reaching hard-to-reach families and tracking transient families.

Relationships between Family Start workers and hard-to-reach families are beneficial for us. If a family is hard for one of our WCTO nurses to get into, we use the Family Start worker to broker the visit and support the family while it takes place.

- Referrer

The Family Start programme is in high demand, and Case Study Two is committed to supporting families while they wait for a place

Many of the referrals that Case Study Two receives for the Family Start programme are self-referral, with others coming from a wide range of health and social services, including both government and non-government agencies. While referral pathways generally are working well, it was noted by some referrers that the brochure which includes referral criteria may be off putting for some families/whānau.

Case Study Two is meeting their contracted enrolment volumes for the Family Start programme, and they have a waiting list. At the time of the case study site visit, the wait time for families/whānau was two months. If circumstances change for a family/whānau and become urgent, they can be re-prioritised with regards to their position on the waitlist.

The provider keeps in contact with the families while they are on the waiting list. It provides a separate Dedicated Intake Service which offers support to families while they are waiting for a place in Family Start. This service is funded by Case Study Two and is not covered by the Family

Start contracted funding – but Case Study Two considers that it is vital to keep families engaged while they are waiting for a place in the programme.

Over time Case Study Two has been working with more high-needs clients

Managers and workers stated that they used to have a range of clients, including some families/whānau with low needs, but this is no longer the case.

I can't deny how complicated and intense it's become. We've always had some high needs clients but it's so dialled up now – every client needs that intensive level of support.

- Family Start worker

High needs families/whānau include those affected by mental health issues, alcohol and other drug addictions, insecure and inadequate housing, and clients with intergenerational exposure to Oranga Tamariki. The Family Start programme model assumes workers will have a caseload of 16 families/whānau for whom they provide weekly visits. The manager and workers stated that this is difficult to achieve due to many families needing more intensive support and time with their worker, and if families live rurally (requiring more travel time).

Case Study Two were doing well with setting expectations of Family Start for clients

Clients that participated in the evaluation were aware of the purpose of the programme and why they were involved. They described their participation in the context of receiving parenting support and improving the wellbeing of their families.

I don't have any family support in [area] and lots of my friends at the time were negative influences – it was a big party scene with drinking and drug taking. I wanted to go with Family Start to get support, advice around baby milestones...basically just support to be a good mum.

- Family Start client

All of the clients had a Child Family Plan and were happy with their progress. Family Start workers work with families/whānau to slowly draw out goals through discussion, adjusting their language as appropriate. Child Family Plans included goals related to the Family Start client (the child), as well as wider goals such as parental employment ambitions, and were driven by the client's family/whānau. Goals in Child Family Plans were reviewed regularly, and the families/whānau we spoke to were proud of their achievements.

It might seem like small things... but they are not small to me, you know? I've got my daughter into daycare, she has structure to her days, and we've started toilet training. So yeah, I'd say we are going pretty well.

- Family Start client

Clients have built trusting relationships with their Family Start worker

Family Start workers and families/whānau are matched to a worker through a process of looking at worker strengths and ethnicity as well as practical issues like identifying gaps in a worker's schedule or current volumes of clients. The matching process is done by the Family Start manager and team leaders at a meeting. Most of the families/whānau we met said that they were happy with the worker they had been matched with. One person said that things had not worked with

two previous workers, but Family Start workers are transparent with families/whānau about having the ability to change the worker, as they did in this case.

All of the families/whānau we met with had a trusting relationship with their Family Start worker. The families/whānau described their Family Start workers as respectful, honest, non-judgemental and giving positive reinforcement. They follow through on their promises and are open to talking about anything.

We really click in the way she works. We work together on the issues that I want to address, but she's not shy of telling me when she sees an area I need help with. It's collaborative.

- Family Start client

Family Start workers are also honest about when they will need to report care and protection issues. There were lots of examples given of Family Start workers providing a range of assistance to their clients – bringing food, arranging smoke alarm installation, driving them to the real estate office. The level of trust families/whānau have with their worker speaks to their skills.

The Family Start programme offers consistency of service. All families/whānau reported getting regular visits from Family Start workers, and availability for phone calls and texts.

Case Study Two has made appropriate provision to enhance worker cultural competency

The provider has policies and protocols in place to ensure culturally focused practice from intake to exit. There is a Cultural Advisor on staff who plays a role in staff recruitment and offers supporting and training as needed. The Family Start programme completes a 6-monthly evaluation of all its active clients, which includes a question regarding whether the programme is accepting and supportive of the family's cultural needs. The answers are used to determine whether there is a need for staff training or practice development. The organisation also has te reo Māori resources to use with families/whānau, and staff members have a cultural group. All families/whānau we met with said that they felt culturally safe.

Family Start workers in Case Study Two work with families/whānau to support their parenting in a strengths-based way

Families/whānau that were interviewed said that Family Start workers encouraged them and praised their strengths and skills as parents. Family Start workers do not make decisions for families; they assist with decision making through discussion and partnership, regularly noted by families and whānau as a “sounding board”. Workers make suggestions regarding different approaches, but never tell clients that they are wrong.

[Family Start worker] is very encouraging and points out the positive achievements and things that we are doing well. We get a lot of negative feedback from other people, so it is great to get affirmation of our parenting skills.

- Family Start clients

Parents said that they often had some knowledge and instinct about parenting but did not always trust themselves, so the Family Start programme provided validation that they were doing a good job. Some parents also referenced new information about child development and milestones that they found useful.

I have strong mothering instincts but didn't always trust myself. She always says to baby 'your mum is looking after you well'. It's encouraging.

- Family Start client

With regards to resources that are provided to parents, most families/whānau mentioned toys, games, puzzles, clothes and food. They also mentioned print outs of the Parenting Resource. There were examples of Family Start workers being creative in how they help families, e.g., one parent wanted to make a sensory board for their child, and at the next visit the Family Start worker brought materials and helped make it with the parent.

Families/whānau in Case Study Two reported highly positive changes to their lives after engaging with Family Start

Families/whānau that were interviewed reported that the largest impact on them from the programme was an increased confidence in parenting.

When I had my daughter, I didn't have a clue what to do and I used to question myself and beat myself up about it... Family Start gave me good advice about her milestones and reaffirmed that I'm doing a good job. Now I'm much more confident in my parenting.

- Family Start client

Two families reported that they had changed their approach to discipline with their children which was prompted by Family Start workers.

I used to yell a lot, and even hit [my son] sometimes. I didn't know any better. [Family Start worker] gave me techniques to manage my anger, and if I feel like I'm going to 'blow' I'll turn and walk away.

- Family Start client

Some families/whānau stated that their mental health has improved while being on the Family Start programme, either through access to mental health services and/or through workers providing a 'listening ear' and acting as a cheerleader for parental wellbeing.

In the early days after leaving hospital I got very depressed and had fears and anxiety. I was afraid to parent and thought I would 'break' baby. [Family Start worker] helped me to get medical help for my anxiety and supported me to learn how to take care of baby. I don't know where I'd be without her.

- Family Start client

Parents also said that they were more likely to access health and social services. This was not because they did not know how to access the services, but because previously they did not have the confidence to engage or navigate services. Family Start helped with this.

Challenges in recruiting Family Start workers in Case Study Two include geographical isolation, lack of a local qualification provider, and competition from other agencies

Case Study Two stated that it is very difficult to recruit suitably skilled and qualified workers. Barriers include the geographical isolation of the region, a lack of a tertiary institute that offers social work qualifications in the area, and that salaries for Family Start workers are not competitive- meaning Oranga Tamariki and the DHB can 'steal' staff. Case Study Two tries to get Family Start workers from a range of backgrounds, including social work, education and health.

New Family Start workers go through an induction process which includes shadowing more experienced Family Start workers through a buddy system. New workers will generally not get a full case load for five to six months. Case Study Two has a budget for ongoing professional development and training through external providers.

The Parenting Resource was well used by Case Study Two workers

Family Start workers said that they use the Parenting Resource frequently. They reported printing off information and resources for families/whānau, but only using the information where it is relevant to do so.

Parenting education is part of every visit, so the Parenting Resource is very useful. I use it as a prompt for discussion, but always follow what the parent wants to talk about.

- Family Start worker

Family Start workers appreciated the less prescriptive/structured nature of the Parenting Resource (compared to AMBTL which had a more structured approach). Case Study Two has a champion for the Parenting Resource on their staff who provides training and support for workers.

Workers noted that there was less training when Family Start moved from using AMBTL to the Parenting Resource. They previously received national multi-day training, but now only receive an initial half day training from the onsite Parenting Resource champion. As part of the fortnightly team meeting, staff are rostered to present on an aspect of the Parenting Resource so that fresh ideas are available.

Family Start workers said that their workload levels have increased at Case Study Two, and they are feeling pressured

This is mainly due to more high-needs families, but also the increased travel time required for serving rural areas under the new regional boundaries included as part of the Family Start programme expansion to rural areas. The scope of service required by high-needs families is broader e.g., assistance with preparing for Family Group Conferences, helping to navigate Work and Income, and assistance with accessing mental health services.

Family Start workers reported that they need to spend more time with families/whānau in certain circumstances, e.g., in a crisis such as a family harm incident or calming down a parent when they were anxious about their baby's health.

Impacts on workers included stress and tiredness associated with working longer hours if home visits go longer than planned. Staff stated that they are not able to complete both visits and administration work and are commonly working longer hours to complete case notes (e.g., arriving at work early in the morning to complete paperwork from the day before). The organisation offers staff time off in lieu when substantial overtime has been worked.

Case Study Two has introduced innovations as part of their Family Start programme

Case Study Two developed and is using a free mobile phone application which includes help and information for parents on many different topics, covering pregnancy to a child's early years.

Family Start workers have also started using an electronic bracelet communication system (similar looking to a FitBit), which if a Family Start worker activates will link to an application in their mobile phone which automatically dials back to Case Study Two.

The redrawing of boundaries for delivery of the Family Start programme during the 2017 expansion was seen as problematic for Case Study Two

There is a real need for Family Start to reach rural families due to their isolation from services in urban centres, and Case Study Two supports the extension of its boundaries under the 2016 Family Start national expansion.

However, overall contracted enrolment volumes remained the same, meaning that places were taken from the urban area and allocated to rural areas. The need for Family Start still exists in the urban area so this meant that the waiting list got longer. The managers and staff at Case Study Two disagreed with the use of 'big data' analysis to determine decisions about volumes of need for Family Start in different areas of the region.

The expansion also impacts on the time Family Start workers need to allocate to work with rural families/whānau due to travel, which has put pressure on their workload.

Strengths and weaknesses

There were many strengths of the Case Study Two Family Start programme, which came through the evaluation criteria above. The major strength is that families/whānau in the Family Start programme are getting what they characterised as a great service from their Family Start workers and are seeing improved health and wellbeing in their children and family.

Family Start is working well at this particular site because Case Study Two:

- is a longstanding, well-established provider of multiple social services;
- take a collaborative approach both with their Family Start team, the organisation as a whole, and with other organisations and agencies in the community;
- is valued by their community, as evidenced by the number of self-referrals that they receive;
- have a strong focus on supervision for their Family Start workers;
- do their own monitoring and evaluation to improve their service;
- have committed to supplementing the Family Start programme through the organisation, e.g., by funding a separate Dedicated Intake Service which supports families while they are waiting for service; and
- provide a number of early intervention services for families/whānau.

There were few challenges or weaknesses of the Family Start programme at Case Study Two. The main weakness identified was the workload burden on Family Start workers, and the potential for burnout – which could impact significantly on Case Study Two if not properly managed. On the whole, however, Case Study Two were managing challenges well – this was evidenced through efforts to keep in contact with families and whānau on their waiting list, and the strong focus on staff supervision.

CASE STUDY THREE

Case Study Three is a well-established kaupapa Māori iwi provider. It is located in a provincial town and also serves the surrounding rural population.

Family Start delivery is framed by Kaupapa Tuku Iho principles

These principles enable Family Start kaimahi to highlight and meet the goals and needs of whānau Māori as Māori.²¹ Case Study Two has adapted Family Start tools and resources to better align with the Kaupapa Tuku Iho framework and with the needs and aspirations of the whānau they work with. For example, in order to rebuild whānau wellbeing, one Family Start kaimahi has created kaupapa-based whānau plans. Based on 3-monthly goals, these plans assist whānau to set actionable and achievable kaupapa-framed goals to nurture every aspect of their wellbeing.

[We] found that whānau hated the goals kōrero. They always ended up saying things like 'get my licence' and 'get my kids into day care'. [The kaupapa tuku iho] approach allows goals to become actions, so essentially they're not striving to reach a set of goals; they're working to undertake the actions which allows them to achieve their overall goals.

- Family Start kaimahi

Another Family Start kaimahi has created her own child development resource which incorporates trait characteristics so parents can better understand and respond to the behaviour of their children. Family Start kaimahi have also translated Oranga Tamariki resources into te reo Māori, use pepeha flash cards and teach whānau traditional approaches to parenting using a tikanga-based parenting programme.

Case Study Three has built a network of strong collaborative relationships with other health and social service providers

This network helps facilitate the provision of wraparound services for whānau. It includes membership in an interagency collective, led by Oranga Tamariki, that undertakes 'hui-a-whānau' at which agencies discuss the best approach to support whānau that are in crisis. It also includes membership in an abuse liaison team, who meet daily to share information to facilitate whānau referrals and access to support services. The Family Start supervisor has a central role in the maintenance and success of these relationships.

More recently, Case Study Three has worked to build a strong relationship with Oranga Tamariki to ensure they work together effectively and collaboratively. Family Start kaimahi are active in building relationships with other service providers and agencies to enable them to access and refer whānau onto a wide range of support services.

Further to this, the Family Start team has a close working relationship with other service teams, including Tamariki Ora and alcohol and other drug services, which can be drawn on to provide additional support to whānau where needed.

Referrals come from a range of health and social services

Strong relationships across referring organisations and a growing positive reputation with whānau in the community means that the programme continues to receive a steady flow of referrals. The Family Start supervisor meets with referring organisations regularly and keeps them informed of any criteria changes. Referrers said they were confident to refer whānau to the

²¹ These Kaupapa Tuku Iho principles include: manaakitanga; whanaungatanga; kotahitanga; wairuatanga; whakapapa; kaitiakitanga; rangatiratanga; pukengatanga; ukaipotanga and te reo Māori.

Family Start programme as a result of the positive feedback they hear from both whānau and other agencies.

I'm confident in the professionalism of [Case Study Three]... Family Start kaimahi have been extremely helpful to the whānau we deal with.

- Referrer

Case Study Three receives referrals for the Family Start programme from a range of services and agencies including Tamariki Ora services, Oranga Tamariki, midwives, maternal mental health services, the local teen parenting unit, ECE centres, GP clinics, the Police and from self-referrals.

There is some distrust in the community that Case Study Three kaimahi work to overcome

We were also told by case study participants there is small but persisting perception in the community that Family Start kaimahi “watch” whānau on behalf of Oranga Tamariki, which impacts on the success of some referral pathways.

Agencies and Family Start kaimahi work to overcome these perceptions where possible by talking it through with whānau as part of referral and initial assessment processes.

One referral pathway that could benefit from additional kōrero to reassure whānau and build their trust in Family Start is the local teen parenting unit. Many of the teen mothers at the unit would be eligible to participate in the Family Start programme but referrers stated that they often decline to participate out of fear that kaimahi may judge their parenting and report them to Oranga Tamariki.

The young women who need the most help are the most defensive They're scared they might lose their baby – so Family Start need to provide more information about what their services are to young parents to assure them that this isn't going happen.

- Referrer

Goal setting was whānau-led, with the goals reflecting whānau priorities, needs and aspirations

All whānau had a Child Family Plan. Plans were developed with whānau, usually by talking with Family Start kaimahi at a pace suited to the whānau. Goal setting was whānau-led, with the goals reflecting whānau priorities, needs and aspirations.

Kaimahi noted that whānau plans were developed over a period of about six weeks, as time was first taken to whakawhanaungatanga and build the trust and rapport between them before goals and plans were established. The goals were reviewed and updated regularly.

All whānau were very happy with their progress towards meeting their goals and felt uplifted by their achievements.

One of my goals was to get my [drivers] licence, and I've achieved this! I've also done a business course, learnt how to play ukulele and baby is going to daycare. I've enjoyed all of it...I love it!

- Family Start whānau

Family Start kaimahi have built trust with the whānau they work with

Case Study Three employ qualified and experienced Family Start kaimahi with a broad range of skill sets. The Family Start supervisor matches kaimahi with whānau on the basis of the fit between kaimahi skill sets and whānau needs. All of the whānau we met with were very happy with their Family Start kaimahi.

They have an amazing connection. They're the perfect match.

- Referrer

We're an awesome fit...I trust her completely, she feels like whānau.

- Family Start whānau

Whānau told us they have a strong sense of trust in their Family Start kaimahi and that they deeply appreciate and respect the guidance, expertise and support they had been afforded and the compassion with which it had been given.

This meant that whānau felt comfortable talking about “everything” with their Family Start workers, and were confident in knowing their Family Start workers would arrive at the times scheduled and deliver the programme in a consistent and non-judgemental manner. Many whānau talked of their kaimahi as “going above and beyond” to support their wellbeing.

You can't put a price on what she offers. I don't know where I'd be without her.

- Family Start whānau

Whānau reported that their Family Start kaimahi were culturally competent and focused on supporting their needs as a whānau, regardless of their ethnicity. For some whānau, the ethnicity of their Family Start kaimahi was important because they valued the kaupapa-based approach and the particular cultural expertise and knowledge kaimahi Māori were able to share with their whānau. For other whānau, the most important things to them were dealing with kaimahi who were kind and supportive, and who were able to share with them the parenting skills they needed to support the development and wellbeing of their tamariki.

Case Study Three works from a strength-based approach to guide and inform whānau about parenting practices.

Kaimahi were skilful in finding a “unifying factor”, such as a shared life event, to facilitate connection and therefore willingness for whānau to apply some of the tips and tricks they learned through the programme.

Different kaimahi use different approaches to the sharing of parenting information and assisting whānau to engage and learn new skills. As mentioned previously, while some kaimahi take an approach drawn from a Māori worldview and kaupapa, others use approaches informed by Western models of child development. This diversity of support for parenting works extremely well to meet the diversity of parenting needs of the whānau enrolled in the Family Start programme.

Case Study Three identified a need for kaupapa-based parenting resources

Whānau appreciated the range of resources which were accessed, shared and created to help them develop their parenting skills. These included SKIP Whakatipu booklets, parenting tips and tricks, and printouts of online resources including from the Family Start on-line parenting tool. Some Family Start kaimahi taught whānau how to make toys out of household items, which both parents and tamariki loved.

However, a general concern was expressed that many of the available resources reflect Western value-systems and that resources for whānau need to instead be framed around kaupapa principles that supported the holistic cultural wellbeing of whānau.

It was the view of some kaimahi that it was not enough to simply translate existing Western value-based resources into te reo Māori as some of them drew from a deficit understanding of child development which meant, in effect, delivering a deficits-based service to whānau. Focussing on what babies are doing, as opposed to what they are not doing, was seen as important in motivating and supporting whānau to stay engaged in the programme.

It's not enough for resources to be written in reo Māori, resources need to fit within a Māori world view.

- Family Start kaimahi

Case Study Three stated that it does not receive sufficient funding to cover the costs of the providing the Family Start programme to whānau

Previously, Case Study Three had worked with whānau with a mix of high and low needs. They now work exclusively with high needs whānau. Kaimahi often visit whānau more often and for longer periods of time than specified in the manual or organise additional out-of-home visits. As a result, kaimahi are often working additional hours to keep up with case notes and other administrative tasks. Kaimahi also make themselves available to whānau after hours, either in-person or via phone and text.

They stated that they have not had a funding increase in 10 years despite the fact they now work exclusively with high needs whānau who take more time and resources to support. Instead of being able to visit multiple whānau in a working day, kaimahi are often needing to support whānau through crises for extended periods of time, such as when needing to support whānau in court, through domestic violence threats, or to help alleviate anxieties about the wellbeing of their babies.

As a result, Family Start kaimahi are unable to complete their work within the contracted hours, often working additional hours to complete case notes and other administrative tasks – and to support whānau through times of stress and crisis outside of office hours.

The difficulties of working with high needs whānau are exacerbated for Case Study Three kaimahi because each kaimahi only has access to a work vehicle for home visits for three days of the week. While the caseload was previously manageable when whānau were a mix of low and high needs, the shift to high needs whānau has meant their caseloads are now heavy and difficult to manage.

Induction and ongoing training can be inconsistent

For new Family Start kaimahi, training within Case Study Three consists of an induction into the organisation, familiarising oneself with the Family Start manual, familiarising oneself with internal policies and procedures, with practical training delivered on-the-ground alongside a more experienced Family Start worker. Training can be inconsistent as it is dependent on the availability of other kaimahi and the needs of whānau at the time a new kaimahi is inducted.

Two days of professional development are made available for each kaimahi per year but it is difficult for them to take it up given their demanding caseloads. Kaimahi also felt it was important to access trauma training to ensure they are able to depersonalise and disconnect from the extreme and stressful events they deal with in their roles. There was also consensus that all kaimahi need training around how to work with whānau where there is methamphetamine use and addiction.

Kaimahi considered that more could be done to ensure their safety

Case Study Three have policies, procedures and practices to support staff safety. For the most part, Family Start kaimahi attend home visits on their own. Where needed, however, more than one kaimahi will attend a visit or a kaimahi will attend with the supervisor. In some high-risk situations, the Police or Oranga Tamariki have been called on to accompany kaimahi. Case Study Three is currently trialling a GPS tracking system for Family Start kaimahi and have plans to introduce a texting system which would notify the office when kaimahi have arrived at and departed from a whānau home. Because whānau are often in unsafe positions themselves, it was felt that more could be done to ensure the safety of Family Start kaimahi in a general sense. Safety is also exacerbated by a lack of training for kaimahi around key issues such as methamphetamine use. As such, kaimahi felt that safety issues could also be mitigated by being able to conduct visits with whānau outside the home if and where needed, and where both the parent and baby are present.

Any visit involving baby should be sufficient.

- *Family Start kaimahi*

Whānau gain a sense of accomplishment from improving their parenting skills

Whānau reported knowing how to better manage the risky behaviours of others to keep themselves and their tamariki safe from physical and mental abuse and of how to keep their homes child-friendly and safe.

I had huge issues with alcohol. Family Start helped me get into counselling in an unpressured way...I'm a safe parent now.

- *Family Start whānau*

While kaimahi reiterated these impacts for whānau, they also talked of the ongoing support needed by whānau to achieve and maintain meaningful changes in their parenting practices during times of stress and crisis.

Many of the whānau leave the programme with a greater interest in their tamariki. Many of the whānau who Case Study Three engage with were raised in environments that focussed less on engaging with tamariki. Thus, small suggestions, such as laying on the floor to play with baby, can

facilitate new and manageable changes that many whānau are able to implement as a result of engagement with the Family Start programme.

I talk to my child a lot now, and I've learnt to listen. We have a talk at night while in bed.

- *Family Start whānau*

Whānau also become more inquisitive about other health and social services as a result of engagement with the Family Start programme. For example, many whānau gain the confidence to call a nurse or GP when they have concerns about their children's physical health or have the confidence to engage with specialist services through referrals from Family Start. Whānau also explore health and social agencies online.

Engagement in the Family Start programme also gives many whānau a sense of positivity about their future. Many enter the programme with a limited vision of their future or feel unable to action their goals. Many also lack the confidence to "put themselves out there" and are whakamā about doing something out of the ordinary. However, the Family Start programme provides whānau the encouragement, support and practical advice to make and achieve short-term goals. The achievement of short-term goals motivates many whānau to "dream bigger", resulting in plans to travel overseas, undertake tertiary education and move towns in pursuit of better opportunities for them and their whānau.

I want to get into social work or mental health, so that I can help others in the same way [Family Start worker] has helped me.

- *Family Start whānau*

Many of the whānau take up opportunities to use the Early Learning Payment and enrol their children in Early Childhood Education (ECE). Mothers are experiencing a wide range of benefits when they enrol their children into ECE, such as having time to physically rest, attend appointments, complete chores, attend work or study, seek employment and some spend the free time exercising self-care. Kaimahi talked of the time it often took to build the confidence of mothers to believe they deserved time for themselves while their tamariki attended ECE.

Strengths and weaknesses

The major strength is that whānau in the Family Start programme are getting a great service from their Family Start kaimahi and their wellbeing is improving as a result.

Case Study Three as a provider of the Family Start programme is working well because they:

- are a longstanding, well-established provider of multiple social services;
- take a strongly collaborative approach both with their Family Start team, the organisation as a whole and with other providers and agencies in the community;
- are innovative and create tools, resources and approaches which enhances the ability of the Family Start programme to meet the needs of whānau;
- employ a diverse mix of highly qualified, skilled, experienced and compassionate Family Start kaimahi; and
- have an open-door approach to supervision from a supervisor who is well recognised for her professionalism across the community.

Many of the challenges Case Study Three experience are out of the control of the organisation, such as dealing with ongoing Family Start whānau crises. Such challenges mean everyday Family Start programme delivery and administration tasks are delayed, or Family Start kaimahi take administration work home to complete. This means kaimahi are sometimes not getting the rest they need to take care of their own wellbeing – nor are they being adequately remunerated for their skills and time.

CASE STUDY FOUR

Case Study Four is a Pasifika social and health service provider. It is located in a large urban area.

Case Study Four delivers the programme from a Pasifika perspective.

One of Case Study Four's organisational principles is "celebrating ourselves as Pacific" and Pacific culture is integral to Case Study Four's approach. This organisational focus aligns strongly with the whole-of-family approach to delivering the Family Start programme. Service delivery is underpinned by the belief that a stronger family will improve the wellbeing of its children.

Case Study Four has a focus on providing a culturally responsive service. From a Pacific perspective, relationships are also central to the organisation's work. There is a Samoan expression which encapsulates this: '*la teu le va*', meaning to prioritise, cherish, nurse, or care for relationships.²²

While the focus of Family Start is on parenting, talanoa with families may include a range of other issues that they want to talk about.

The Family Start programme design allows workers to tailor service delivery in response to the needs of the aiga/famili. This is often in response to a crisis or immediate need. For example, a Family Start worker might plan to talk about infant development but goes into a home and discovers there is no power or food, so the focus is on assisting the family to access support to meet these needs.

At times of crisis Family Start workers will increase frequency of visits from the intended weekly visit – these can be up to four times a week.

Case Study Four has strong connections with a range of health and social service providers across the region.

Case Study Four has extensive knowledge of other local health and social service organisations and programmes and are skilled in ensuring that families are linked to the right support. Referrers from varied sectors report that Case Study Four is highly respected and well regarded.

These relationships have been developed and consolidated through mechanisms such as attendance at inter-agency meetings with providers such as Police, Housing NZ, Oranga Tamariki, Work and Income and other NGOs.

Case Study Four views its role as providing a Pacific perspective to other social and health agencies – reinforcing the validity and value of the Pacific knowledge base.

²² Mila-Schaaf, K. (2008) 'Va-centred social work: Possibilities for a Pacific approach to social work practice' *Social Work Review, Autumn 2006*. Pp. 8 – 13.

Other [health and social service] providers seek us out for Pacific perspectives. We educate them about attachment and development from a Pacific child and family's perspective.

- Family Start manager

Referrers stated that Case Study Four's Family Start programme aligns well with their services. In particular, providers of other health and social services valued the frequency of Family Start engagement with aiga/fāмили.

It is beneficial for health providers to have the Family Start worker regularly visiting the aiga/fāмили and ensuring they provide appropriate care and protection for their children, as well as monitoring child health and development.

Case Study Four promotes its Family Start service through health and social service agencies and directly to the community

Most referrals are from the Oranga Tamariki Family Harm Team. Case Study Four also frequently receives self-referrals.

Case Study Four promotes its wider service offering (including Family Start) through attendance at local annual events. This has been successful in reaching eligible aiga/fāмили; follow up contact of families that entered a prize draw resulted in number of eligible aiga/fāмили being enrolled in the programme.

Community events are also a way to capture our understanding of the families in the community and what their needs are.

- Family Start manager

Case Study Four's Family Start programme is currently near capacity (excluding referrals requiring activation on the referrals list and in which practitioners still carry out work) and Case Study Four personnel expressed some concern that if additional families were to join the programme this would impact on the quality of work and the capacity of workers to deliver a high-quality service.

Client aiga/fāмили are becoming more geographically spread across the region, more ethnically diverse, and higher needs.

For many, English is not their first language. While Case Study Four Family Start workers speak a range of Pacific languages, it is challenging to access language support where no government funding for interpreters is available.

Case Study Four is seeing more high needs families with complex issues such as mental health, historical trauma, drug and alcohol addiction, and Oranga Tamariki involvement with family.

Aiga/fāмили were enthusiastic about the goals they had set through their Child Family Plan

Most aiga/fāмили understood the purpose of Family Start and why they were involved. Families described their participation in the context of improving family wellbeing, especially the wellbeing of their children.

I'm with [Family Start] to make sure my family gets the best. I can offload my struggles and my needs and [Family Start worker] provides support with resources.

- Family Start client

Many aiga/fāмили spoken with enthusiasm about their Child Family Plan, it's development through talanoa and the progress they were making against their goals. Decisions were facilitated in partnership with client.

We worked alongside with [Family Start worker] to set goals. We have a family weight loss goal to become more active. Other goals include saving money. Goals for my children are to get the best education.

- Family Start client

One aiga/fāмили stated that the Family Start worker had acted as a 'sounding board' to discuss their goals for their family and had validated the knowledge and instincts which they had but were not confident in trusting.

There were a small number of new participants who had not begun developing their plan yet.

Aiga/fāмили build positive and trusting relationships with their Family Start worker

Family Start workers and aiga/fāмили were matched through a process of looking at worker strengths, the ethnicity and language of the worker and family, as well as practical issues like workers' current client caseload. Nearly all aiga/fāмили stated that their worker was a good match to their needs.

She's from a Tongan background, [so she knows] how we think, [our] family background. My husband and myself felt that our goals and interests were her priority, especially the kids.

- Family Start client

Family Start workers described relationship building as being about respect, honesty, non-judgement and positive reinforcement. It was important to follow through on promises and be open to talking about anything while also being upfront about when they will have to report concerns to Oranga Tamariki.

The majority of aiga/fāмили spoke about looking forward to their Family Start worker's visits. Some described their worker as like an extended family member who they could trust to speak to.

She doesn't judge me if my house is dirty. She's part of our family. She knows everything about us.

- Family Start client

Aiga/fāмили described workers bringing activities such as toys to share with children and having conversations with parents about child development within the context of a broader talanoa about a range of topics related to family health and wellbeing. Aiga/fāмили also appreciated practical help workers offered by bringing clothes and food.

Paper resources, such as print outs from the Parenting Resource website, were less useful for most Pacific aiga/fāмили who typically prefer verbal discussion.

It is challenging to recruit and retain staff, and other organisations have been known to 'poach' staff.

It is understood that salary is a significant factor in staff retention when agencies such as Oranga Tamariki can pay significantly more.

Initial training includes an induction programme, a buddy system and shadowing other staff. Workers will not get a full caseload until they have been with the organisation for around six months. There is also a budget for ongoing training through external providers.

Case Study Four has strong staff safety policies, procedures and practices. They have implemented a range of practices to ensure workers are safe such as recording workers whereabouts and workers calling in.

Practice supervision is a priority within the organisation. As well as offering weekly supervision sessions, management have an 'open door policy' whereby workers can approach managers to discuss issues at any time.

Case Study Four stated that their capacity to deliver Family Start is becoming stretched due to the increasingly high needs and geographically dispersed families. This is impacting staff workload, with workers reporting that they regularly work 50 to 60 hours per week to undertake their visits and complete their administrative responsibilities.

It is impossible to complete all work within contracted hours. Building a relationship of trust takes time. It is not as simple as doing a visit and writing case notes. We see a lot of hunger and poverty issues, and people have compassion fatigue and burnout.

- Family Start worker

Aiga/fāмили described positive changes in their lives

These included increased confidence in parenting and knowledge of a range of parenting strategies.

Family Start is like climbing a ladder and giving another view of me looking after the kids. [Family Start worker] said you need to relax and think of the kids, not focus so much on when others need help. I've slowed down a bit and enjoy the kids more now.

- Family Start client

We just talk about the kids and parenting. She gives me advice, and then I practice what she tells me. I feel more confident now.

- Family Start client

Family Start workers outlined the changes they had observed in numerous aiga/fāмили who parented differently, joined community programmes, applied to study and explored employment opportunities.

Participant aiga/fāмили also reported increased access to a range of health and social services and the confidence to navigate these.

Case Study Four's Family Start workers knowledge around Pacific culture and being able to speak more than one language contribute to families' relationship their worker and have helped affect change.

Not all staff speak their mother tongue, but they all have experience and understanding of what it means to be Pasifika. They use this knowledge to work with families in a way that upholds their identify.

- Family Start manager

Strengths and weaknesses

Case Study Four's strengths are its well-established organisational structure and the respect in which it is held in its community. This provides aiga/fāмили with access and welcome into a range of complementary programmes.

Family Start workers are knowledgeable and committed to Family Start, assisting aiga/fāмили in a range of ways in addition to supporting parenting, from providing food items to advocacy. Trusting relationships are established with the whole aiga/fāмили through a talanoa process which placed the family at the centre and acknowledging all members wellbeing as supporting child wellbeing.

A challenge is that Case Study Four is working with increasingly high needs families (often multiple families will be experiencing crisis at the same time) while also trying to meet paperwork and other administration responsibilities.

CASE STUDY FIVE

Case Study Five is a kaupapa Māori provider that commenced delivering Family Start as part of the national expansion following the 2017 budget increase. The provider is located in an urban area.

Case Study Five's approach to the delivery of the Family Start programme is framed by kaupapa Māori principles

The service is whānau-centred where the aim is to work holistically with the whole whānau. To align the Family Start programme with a kaupapa Māori approach, kaimahi support the needs and aspirations of the whānau they work with. They provide clothing packs and food parcels to Family Start whānau.

[Family Start] helped us out with food and stuff. I didn't ask for it, but she just did it, made that decision for me... she knew I needed it.

- *Family Start whānau*

Family Start workers also help facilitate whānau engagement with child-centred activities such as Tumble Time by attending alongside them and assist whānau with transportation to appointments where needed. Such tautoko facilitates trust and motivation for whānau to work past times of crisis towards their goals.

The Family Start service is in the early years of its implementation. Because of this, the Family Start team noted there is potential to further develop their approach to delivering the Family Start programme to better reflect their organisational kaupapa. As a first step, kaimahi have been creating resources, such as recordings of oriori (lullabies), as a way to enhance the ability of the Family Start programme to better meet the needs of whānau.

One of our kaimahi got her sisters together to sing oriori, brought it to work to play, then emails it to whānau, sings with whānau. There needs to be more of this stuff.

- *Family Start supervisor*

Case Study Five has built up a network of strong collaborative relationships with other health and social service providers

This helps facilitate the provision of wraparound services for whānau who are part of the Family Start programme. The Family Start team is part of a number of inter-agency hui, such as the fortnightly vulnerable newborn hui and weekly meetings with Police and Oranga Tamariki. The Family Start supervisor and kaimahi share attendance at interagency hui as a way to help establish working relationships with key staff from these agencies.

The Family Start team also has substantial networks with staff in key agencies and across the community which they have brought with them from previous roles. Kaimahi are encouraged to continue to extend these networks by undertaking face-to-face visits to build positive working relationships.

Through this collaborative approach, Case Study Five is well aligned to other service providers and agencies in their rohe and we were told there was no overlap or duplication of services. Instead, referrers talked of the strong emphasis that both their service and that of Family Start have on working closely together to ensure continuity of care for whānau, where the services are complementary.

It works because we are singing from the same song sheet, and offer services to wrap support around mums and whānau.

- Referrer

Referrers are very confident in Case Study Five's Family Start programme

The referrers we interviewed said the Case Study Five Family Start programme was a much-needed service in the region and that having the ability to sight parents and tamariki in their homes was a valued aspect of the programme. Referrers felt that the Family Start programme is working well to improve parenting skills and address the contextual health and social factors which impinge on whānau abilities to best parent their children. Importantly, referrers noted that the Family Start programme has particular strength in identifying and improving the mental health and wellbeing of Family Start whānau.

Referrers noted that whānau are usually seen within five days of Case Study Five receiving a referral. In some instances, whānau reported that a Family Start kaimahi visited them the day after they had asked for help. Such service provision is building a positive reputation for the Case Study Five Family Start programme, which is seen as a responsive and reliable source of support for whānau.

I am extremely confident in referring people to Family Start. It is my go-to.

- Referrer

Case Study Five use a range of strategies to ensure referrers are aware of their Family Start programme. The Family Start team attends regular practice forums where complementary services are invited to talk about their services. Staff also attend expos and community events to promote the service to whānau. This “get out there and promote yourself” approach has worked to build interagency referrals.

Having two Family Start providers in the area can be confusing for whānau

There is some confusion about the referral process among whānau because a Pākehā organisation also delivers the Family Start programme in the region. The confusion is exacerbated when whānau are referred while in a state of crisis and were receiving support from several services at the time of referral.

I just didn't know who [the Family Start person] was, and we were going through a shitty time.

- Family Start whānau

In one instance, a whānau contacted Case Study Five asking why their referral to Family Start was declined. They were not aware they had been referred to and declined entry into the other Family Start service. Case Study Five is aware that having two providers deliver the Family Start programme in the same region is a source of confusion for some whānau and actively work to differentiate the two Family Start services.

Case Study Five works exclusively with whānau with high needs.

Substandard housing and a lack of housing options leading to homelessness are significant issues for many whānau. Other issues include family violence, drug and alcohol addictions, income poverty, post-natal depression and social anxiety.

Case Study Five considered that they need more training tailored to the complex needs of the whānau they work with. Identified areas of training need were mental health and depression, the side-effects of not taking or mis-using medication, alcohol and drug use and gambling addiction.

The complex needs of whānau sometimes impedes their engagement, thereby impacting the rates of unplanned exits from the Case Study Five Family Start programme. For instance, many whānau are transient and often change phone numbers and contact details which leads to non-engagement as kaimahi are unable to contact the whānau.

Whānau have trusting relationships with their workers

Whānau are matched with kaimahi by the Family Start supervisor on the basis of kaimahi strengths and whānau needs. Whānau Māori are generally matched with kaimahi Māori where this is wanted by whānau. Care is also taken to ensure the kaimahi is not related to the whānau before a match is made to ensure whānau feel their engagement with the programme will be kept confidential. All of the whānau reported that they were happy with their Family Start kaimahi.

Yeah we clicked straight away. I feel like I'd known her for ages. She's honest and straight up.

- Family Start whānau

In general, whānau told us they had a trusting relationship with their Family Start kaimahi and felt comfortable to be open and honest with them. Sometimes this relationship had developed quickly and for others it had taken time. Trust was built on the strengths-based, non-judgemental approach of the kaimahi who made whānau feel safe, supported, listened to, affirmed and uplifted. Whānau told us their kaimahi were genuine, honest, helpful, responsive, knowledgeable, positive, encouraging and easy to understand.

I feel safe, she is someone I can trust. If I need help, she doesn't judge me.

- Family Start whānau

Whānau also told us that the service they receive from Family Start is consistent and reliable. Three of the whānau have had a change to their kaimahi over the course of being with Family Start and said the transition was seamless.

Case Study Five works with whānau to ensure they feel culturally safe

For some whānau, it's important they are paired with a Family Start kaimahi who also has whakapapa Māori.

She's really easy to understand. It's that Māori bond.

- Family Start whānau

These whānau especially appreciated the support for their cultural wellbeing these kaimahi were able to provide. For instance, kaimahi left reo and waiata resources with whānau, helped whānau create whakapapa trees and had helped whānau find kōhanga reo for their tamariki.

Such efforts were also important to Pākehā mothers of tamariki Māori who wanted to ensure they kept their tamariki connected with their whānau and culture.

For other whānau, the approach of the kaimahi was more important than ethnicity.

The Family Start team also talked of how some whānau Māori prefer a non-Māori Family Start kaimahi to ensure their confidentiality is protected in a town "where everyone is related to everyone".

Whānau reported that kaimahi were culturally competent and that they felt safe with them. The kaupapa approach of Case Study Five aims to ensure that every whānau receives a culturally safe and appropriate service, regardless of ethnicity. Within this approach, it is essential, for example, that a non-judgemental approach is used, that efforts are made to correctly pronounce names and that tikanga is understood and practiced.

Kaimahi work to tailor their approach to parenting after talking things through with whānau

Kaimahi noted that for some whānau, written resources worked well whereas other whānau preferred them to kōrero about a particular area of parenting. Where literacy issues impeded the ability of a whānau to understand the resources, they would take the time to inform whānau about the content of the resources.

The whānau we met with said that kaimahi were knowledgeable and encouraging – providing them with good information, advice and tips and sharing their own experiences of what worked. All of the whānau appreciated the opportunity to learn more about parenting, including affirming or refreshing what they already knew.

Just having someone else be supportive is really good, affirms that I'm doing right.

- Family Start whānau

The Family Start team identified gaps in the parenting resources they have access to

Case Study Five Family Start kaimahi have access to a number of resources to share with whānau to support their parenting. These include SKIP Whakatipu booklets, sticker charts, sleeping charts, Brainwave Trust resources and printouts from the online Parenting Resource. Kaimahi also draw on other sources of information, such as the health.org website to better provide whānau with

practical and useful information to meet their needs. All whānau reported using and valuing the resources provided by their Family Start kaimahi. One whānau had especially appreciated the children's books that had been given to their tamariki by kaimahi.

Identified gaps include information on the dietary needs for mother and baby and wider health issues which may impede mother's ability to best parent, such as depression. Another gap was in kaupapa Māori-based parenting resources which had led them to begin to develop some of their own resources to share with whānau – namely oriori (lullaby) recordings in te reo Māori.

We working to make the programme materials reflect that we are a kaupapa service and ensure that resources reflect the whānau. [We are] currently going through the strengths and needs assessment, to change titles to capture kaupapa Māori concepts.

- Family Start supervisor

Case Study Five said it was difficult to recruit and retain qualified and experienced staff

This is mainly because of the Family Start funding model which limits the salaries they are able to offer. They noted there was a shortage of quality social workers in the area in general, and their ability to recruit and retain them was exacerbated by the fact that other agencies, such as Oranga Tamariki, are able to offer significantly higher salaries for the same or similar roles (30 per cent higher). They also noted that to be able to recruit experienced staff with the required range of skills and backgrounds, and retain those already employed, additional funding to boost current salaries was required.

The Family Start team identified difficulties in meeting their contracted expectations

This was particularly in relation to achieving the required number of home visits. Part of this is related to time and the challenge of managing caseloads of high needs whānau who are often in crisis while also building and maintaining relationships with other services and agencies – and alongside the need to often access additional services and basic resources for whānau such as clothing for their tamariki.

Another aspect is related to the requirement to complete home-based visits. We were told that many whānau who are part of the Case Study Five Family Start programme experience frequent periods of crisis which sometimes makes the requirement for home visits problematic, including when whānau are transient due to homelessness or domestic violence. As such, the Family Start team told us there is a need to review and revise the requirement of parent-child visits to take place in whānau homes to better align the programme with their high-needs and complex contexts. They suggested that, where required, home visits could instead take place, and be counted as taking place, at community facilities such as childcare centres or marae.

A further issue that impacts on home visits is that kaimahi are required to share a limited number of work vehicles which they often found difficult to work around.

Whānau have greater confidence in their parenting abilities as a result of their engagement with the Family Start programme

Many said they also have a greater interest in their tamariki, understanding that more attention and stimulation is beneficial for their development. Whānau are making time to take their tamariki to activities such as Toddler Time, swimming and enrolling them in ECE. They also talked

about how they now engage with their older children's schooling to help monitor and manage their behaviour and reported being more active in their children's education in general.

I had no confidence when I moved here five years ago.... I feel like I'm alive again. My baby has a mum who wants to be around him now.

- Family Start whānau

Through engagement with the Family Start programme, whānau said they better understand how to keep their home environments safe for the wellbeing of their tamariki and most have safety plans in place which they utilise to keep their tamariki safe. As a result, whānau talked of how they have distanced themselves from those who may cause them and their tamariki harm and how they have addressed domestic violence or unhealthy relationships in the home. Whānau also talked of how they were now better able to manage their own behaviour when around their tamariki.

Whānau reported better health awareness and literacy from their engagement with the Family Start programme

Whānau reported knowing more about the dietary and dental needs of their tamariki. They use the sticker charts provided by kaimahi to encourage their tamariki to go to bed on time and eat vegetables, with rewards for good behaviour.

With the support of their kaimahi, whānau were attending to their children's health checks even in times of crisis. Whānau had also taken steps to get their tamariki immunised, including some whānau who were previously hesitant about immunisation.

Engagement in the Family Start programme also gives many whānau a sense of positivity about their short- and long-term futures. Many whānau had a short-term goal to keep their homes safe and settle their children following a period of crisis. Long-term, many of the whānau had plans to take up (further) study in pursuit of a (new) career. Others were already studying at the time of interview.

I'm studying social work. The goal is for the kids to have a future where I can support them, and where they aren't going day to day struggling. [Family Start worker] continually checks in about my study and encourages me.

- Family Start whānau

Whānau said the support and new learnings received from their Family Start kaimahi had helped motivate them to plan for a positive future for themselves and their tamariki and to have confidence it was achievable.

Strengths and weaknesses

The Case Study Five Family Start programme is making an important and significant contribution to the wellbeing of the whānau who engage with it. Case Study Five as a provider of the Family Start programme is working well because they:

- Use a kaupapa Māori approach to service provision;
- Offer multiple health and social services and have the ability to refer whānau to other trusted services;
- Take a strongly collaborative approach both with their Family Start team, the organisation as a whole and with other referring providers and agencies in the community; and

- Employ a diverse mix of highly qualified, skilled, experienced and compassionate Family Start kaimahi.

A number of challenges for the Family Start programme at Case Study Five were also identified. These included: the lack of referrals from Oranga Tamariki; the age-based eligibility criteria that prevents some whānau from being able to enrol in the programme; the lack of kaupapa Māori-based parenting resources to share with whānau; the lack of funding to recruit and retain experienced kaimahi; the lack of initial and ongoing training and professional development support; the lack of Family Start work vehicles; and the requirement for whānau visits to be home-based.

APPENDIX B: BRIDGING CULTURAL PERSPECTIVES APPROACH

The evaluation was implemented through the Bridging Cultural Perspectives approach²³ which is comprised of two models: He Awa Whiria (the Braided Rivers) and Negotiated Spaces.

He Awa Whiria provides the framework for knowledge creation. The approach was developed by Professor Angus Macfarlane (Macfarlane, 2009)²⁴ in an attempt to reconcile Western science with kaupapa Māori perspectives. He Awa Whiria provides two separate streams of knowledge – Māori and Pākehā – each stream of equal strength, with information about what is valued, and to what degree. In He Awa Whiria, the knowledge streams spend more time apart than together. When they converge on the riverbed, the space created is one of learning, not assimilation.

Negotiated Spaces provides the dialogue tool for exchanging knowledge across two streams (Māori and Western science). The Negotiated Space is a mandated, deliberately depoliticised space that provides room for engagement and knowledge exchange. It is ‘neutral’ yet requires an acknowledgement of the shared histories of both parties and a commitment to ongoing relationships. Implicit to the Negotiated Space is balancing the desire to uphold distinctive cultural knowledge spaces with an openness to innovation and change.

The Bridging Cultural Perspectives approach and these two models provide a process by which these distinct systems of knowledge can meet and connect in an effective, respectful, and productive manner.

Along with applying these models, a Pasifika knowledge stream²⁵ was also woven into the evaluation process to produce findings based in each of the three knowledge streams: Māori, Pasifika and Pākehā.

How the approach worked

In implementing the evaluation, each knowledge stream had a kaitiaki (caretaker) who had overall responsibility and accountability for data collection and analysis under each knowledge stream.

The process evaluation was guided by a shared evaluation framework (see Appendix C), including overarching key evaluation questions (KEQs), criteria and performance indicators across the three knowledge streams. Data collection instruments such as interview guides were developed to gather data under these KEQs and criteria. These were reviewed by the kaitiaki of each knowledge stream, and adapted as required, to ensure that the questions were asked in a way that was appropriate to the three worldviews.

²³ Superu (2018). Bridging Cultural Perspectives. Available at:

<https://thehub.sia.govt.nz/resources/bridging-cultural-perspectives/>

²⁴ Macfarlane, A. (2009). *Collaborative Action Research Network: Keynote address*. CARN Symposium. University of Canterbury.

²⁵ The Pasifika knowledge stream comprises the cultural beliefs and world views of at least seven ethnic groups. These worldviews and beliefs can be considered together through the concept of Fofola e fala kae talanoa e kāinga, a metaphor of which one underlying meaning is an invitation to family members to come together and talanoa – to talk (Ministry of Social Development, 2012. *Nga vaka o kāiga tapu. A Pacific Conceptual Framework to address family violence in New Zealand*. Wellington, New Zealand: Ministry of Social Development). Multiple mats can be rolled out simultaneously relating to both different ethnic groups and different parts of evaluation.

While the five case studies (see section 3.1.3) were designed to follow a shared methodology, such as engaging with similar stakeholders in each case (e.g., whānau/families, providers), the evaluation team under each stream conducted the data collection in a way that suited different groups of evaluation participants. For example, evaluators in the Māori-centred case studies participated in a mihi whakatau with case study providers, and evaluators in the Pasifika case study engaged in talanoa with the Family Start provider prior to undertaking the formal data collection.

Data collected under each stream (particularly the case studies) were analysed and written up separately, led by the team members from each stream. Cultural knowledge and understandings were taken as given. For example, kaupapa Māori and Pasifika terms and concepts were not explained or translated into English during the analysis and case study reporting process.

The process evaluation team held a full day analysis workshop, during which members of each stream came together to share their findings from the case studies, and consider data from the other data collection mechanisms (see section 1.4). The workshop was led by an independent kaupapa Māori researcher.

The workshop focused on first looking across the three streams and identifying areas of convergence of findings. Each stream was then individually considered to identify any unique findings for each stream. The role of the other teams in this discussion was to ask questions, seek clarification of areas of uncertainty, and challenge each stream on the evidence behind their conclusions – but the worldviews, priorities and values of each stream were taken as given.

This report has been written collaboratively, with each of the three kaitiaki taking responsibility for a section (supported by other team members). Where findings converged, these are reported at the synthesised level. Specific findings for a knowledge stream are described separately.

The full report has been peer reviewed by each kaitiaki to ensure it accurately reflects the worldviews and findings related to each stream. The report has also been reviewed by the independent kaupapa Māori researcher to ensure it captures the agreed findings developed through the He Awa Whiria analysis workshop.

Throughout the evaluation, the full (process and impact) evaluation team came together at agreed “touch points” during the Family Start programme evaluation as a way of operationalising Bridging Cultural Perspectives. The purpose and objectives of the touch points are to share updates on the progress of the different knowledge streams, reflect on the He Awa Whiria process, and discuss any issues, challenges and successes in applying the approach. Two touch point meetings have been held to date, with a further three planned for the remainder of the evaluation.

APPENDIX C: FAMILY START PROGRAMME EVALUATION CRITERIA FRAMEWORK

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process Evaluation	Impact evaluation
1. How well is the Family Start programme delivering its service for vulnerable children and their whānau?					
ALIGNMENT (A)					
A1. How closely does the delivery of the Family Start programme match the intended design?					
A1.1 Has any variation of the delivery from the design improved or inhibited the achievement of the desired outcomes?					
A2. How well are programme activities, resources and systems aligned to achieving the desired outcomes of the Family Start programme?					
ALIGNMENT (A)	Programme delivery matches intended design in a manner that balances fidelity with responsiveness to participants' needs.	<ol style="list-style-type: none"> The programme design provides for an effective service that enables Family Start providers to meet participants' needs. Family Start providers deliver programmes which demonstrate fidelity to the intended design. Where Family Start providers' delivery has varied from intended design providers offer evidence that this will meet participant needs. 	<ol style="list-style-type: none"> Document review Review of monitoring data Interviews with Oranga Tamariki and Family Start providers E-diaries 	✓	
	Programme activities, resources and systems are aligned with the desired outcomes of the Family Start programme.	<ol style="list-style-type: none"> Family Start providers can demonstrate how the activities, resources and systems implemented align with the desired outcomes of the programme. 	<ol style="list-style-type: none"> Document review Interviews with Family Start providers and Oranga Tamariki 	✓	

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process Evaluation	Impact evaluation
			3. E-diaries		
	The Family Start programme is aligned with other services, such as Whānau Ora and Strengthening Families, to achieve the desired outcomes of the Family Start programme.	1. Family Start providers identify and make connections between the programme and other complementary services.	1. Document review 2. Interviews with Family Start providers and other service providers 3. E-diaries	✓	
2. Other service providers report that the Family Start programme is aligned with and complements their services.					
3. Family Start providers' connections to other programmes contribute to achieving desired outcomes.					
REACH (R)					
R1. To what extent is the Family Start programme reaching groups experiencing disadvantage, including (and not limited to):					
<ul style="list-style-type: none"> • Whānau Māori? • Pasifika families? • Rural and isolated families? 					
REACH (R)	The Family Start programme has established systems to identify and access the target population.	1. Family Start providers have strategies and systems to identify eligible whānau and ensure they are aware of the programme.	1. Document review 2. Interviews with Family Start providers, referrers and whānau		
		2. Family Start providers can demonstrate that their strategies and systems are successful in reaching the target population.			

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process Evaluation	Impact evaluation
	Referral mechanisms are working effectively to reach the target populations.	<ol style="list-style-type: none"> 1. Family Start providers have developed effective referral pathways to reach the target population, which are straightforward and uncomplicated with no unnecessary barriers. 2. Referrers are aware of the Family Start programme and its inclusion criteria. 3. Referrers report that they are confident to refer their clients to the programme. 4. Referrals meet the eligibility criteria and are accepted into the programme. 	<ol style="list-style-type: none"> 1. Document review 2. Interviews with Family Start providers, referrers and the Family Start Executive 3. E-diaries 	✓	
	The Family Start programme is reaching its target populations.	<ol style="list-style-type: none"> 1. Providers implement effective strategies to reach target whānau that are appropriate to their region, its issues, and its population demographics. 2. Family Start providers are achieving anticipated participant enrolment volumes. 3. Enrolments are comprised of the target groups (Māori, Pasifika, rural and isolated families). 4. Planned exit volumes meet contracted expectations. 5. Family Start providers can identify reasons why unplanned exits occur and implement strategies for mitigating these. 	<ol style="list-style-type: none"> 1. Document review 2. Review of monitoring data 3. Interviews with Family Start providers 4. E-diaries 	✓	

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process Evaluation	Impact evaluation
EFFECTIVENESS (E)					
<p>E1. How well is the Family Start programme working for:</p> <ul style="list-style-type: none"> • Māori as Māori? • Pasifika as Pasifika? • Other families' experiencing disadvantage? <p>E2. How well is the Family Start programme's expansion to new sites working?</p>					
EFFECTIVENESS (E)	Whānau have a sense of ownership and 'buy in' to the Family Start programme.	1. Whānau have an accurate understanding about the goals of the programme and why they are involved.	1. Document review 2. Review of monitoring data 3. Interviews with whānau	✓	
		2. Whānau have a Child Family Plan in place, were involved in its development, and are making progress on it.			
EFFECTIVENESS (E)	Whānau receive effective support from the programme.	1. Whānau are matched to a Family Start worker with skills that are appropriate to their needs, circumstances and preferences.	1. Document review 2. Review of monitoring data 3. Interviews with whānau	✓	
		2. Whānau report the service is culturally competent.			
		3. Whānau receive home visits in a consistent manner.			
		4. Whānau confidentiality is protected.			

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process Evaluation	Impact evaluation
	Whānau have access to effective parenting tools and resources	1. Whānau report being provided with effective, appropriate and useful resources that they use to support their parenting.	1. Document review 2. Interviews with whānau and NGOs 3. Online parenting tool web traffic		
		2. Whānau report that the programme's online parenting tool has helped them learn how to improve their parenting skills and practices.			
		3. There is high/increased use of the online parenting tool by Family Start workers and whānau.			
	Whānau can exit and transfer between providers effectively.	1. Whānau who relocate to another area transfer to a new programme quickly (within 10 days).	1. Document review 2. Review of monitoring data 3. Interviews with whānau and Family Start providers	✓	
		2. Whānau and Family Start providers report the programme exit was documented and agreed to with the Family Start worker.			
	Family Start workers receive effective training and support.	1. Family Start workers receive initial and ongoing training to enable them to undertake their role effectively.	1. Document review 2. Interviews with Family Start workers and providers 3. E-diaries	✓	
		2. Family Start workers are provided a safe working environment.			
		3. Family Start workers have access to effective practice supervision.			
	Family Start workers deliver the service effectively.	1. Family Start workers and clients develop positive, trusting relationships.	1. Document review	✓	

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process Evaluation	Impact evaluation
		2. Family Start workers use a strength-based child development and parent education model. 3. Family Start workers accurately identify specific issues (e.g., cumulative harm, patterns of maltreatment). 4. Family Start workers respond appropriately to the identified issues.	2. Review of monitoring data 3. Interviews with Family Start workers and providers 4. E-diaries		
	Family Start providers have the capacity and capability to deliver the programme.	1. Family Start providers are meeting their contractual obligations with Oranga Tamariki. 2. Family Start providers recruit and retain the appropriate capacity and capability to deliver contracted services. 3. Family Start providers and workers report they can complete all work efficiently and within contracted hours (including paperwork).	1. Review of monitoring data 2. Interviews with Family Start providers and Oranga Tamariki 3. E-diaries	✓	
	Programme infrastructure supports providers to deliver an effective service.	1. Funding for the programme is adequate to cover the cost of effective service provision. 2. Oranga Tamariki provides timely, consistent access to resources and systems to support effective service delivery.	1. Document review 2. Review of monitoring data 3. Interviews with Family Start	✓	

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process Evaluation	Impact evaluation
		3. Family Start providers report resources and systems are reliable, easy to use, appropriate, (for different ethnicities, geographic locations), accessible, IT compatible, and fit for purpose.	providers and Oranga Tamariki		
	Flexibility and innovation have a role in supporting desired programme outcomes.	<ol style="list-style-type: none"> 1. Family Start providers test and implement flexibility and innovation to achieve programme delivery goals. 2. Family Start providers develop innovative strategies to respond to problems that arise. 3. Oranga Tamariki encourages providers to test and implement flexibility and innovation to enhance programme delivery. 4. Innovative and flexible practices contribute to the achievement of programme outcomes and impacts. 	<ol style="list-style-type: none"> 1. Document review 2. Interviews with Family Start providers, workers and Oranga Tamariki 3. E-diaries 	✓	
	Family Start providers are aware of, understand and action Oranga Tamariki expectations.	<ol style="list-style-type: none"> 1. Oranga Tamariki clearly defines and communicates its service expectations to Family Start providers (e.g., number of whānau enrolled, funding, FSNet). 2. Family Start providers are consulted regarding any programme changes. 3. Oranga Tamariki communicates any programme changes in a timely and effective manner. 	<ol style="list-style-type: none"> 1. Document review 2. Interviews with Family Start providers and Oranga Tamariki 	✓	

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process Evaluation	Impact evaluation
		4. Family Start providers implement programme changes in a timely and effective manner.			
	The expansion of the programme achieves similar outcomes to established programmes.	1. New Family Start programmes achieve similar performance, or are on a trajectory to achieving similar performance, on the alignment, reach and effectiveness criteria as established pre-expansion programmes.	1. Document review 2. Review of monitoring data 3. Interviews with whānau, Family Start providers and Oranga Tamariki 4. E-diaries	✓	

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process evaluation	Impact evaluation
2. To what extent is the Family Start programme achieving programme outcomes and impacts for vulnerable children and their whānau?					
IMPACT (I) I1. To what extent is the Family Start programme making a difference for: <ul style="list-style-type: none"> • Whānau Māori? • Pasifika families? • Other families’ experiencing disadvantage? 					
IMPACT (I)	Participation in the programme reduces child maltreatment and leads to a safe environment for vulnerable children.	<ol style="list-style-type: none"> 1. Oranga Tamariki (previously Child Youth and Family) notifications for both children and their primary caregiver reduce.²⁶ 2. Child hospitalisations for abuse-related injuries reduce. 3. Police reports of whānau violence reduce. 4. Whānau and Family Start providers report an increase in knowledge and ability to keep children safe. 	<ol style="list-style-type: none"> 1. IDI/FSNet linked data 2. Interviews with whānau, Family Start providers, Family Start Executive and national stakeholders 3. E-diaries 	✓	✓

²⁶ Note that outcome measures 1-3 may increase in the short-term as a result of “safe guarding bias”, which may create a misleading picture in terms of child and whānau outcomes after enrolment in Family Start. The impact evaluation report will provide further explanation of this bias and how it will be mitigated in the evaluation.

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process evaluation	Impact evaluation
		5. Whānau and Family Start providers report that children live in a physically and emotionally safe environment and any home safety issues are addressed early.			
	Participation in the programme results in improved parenting skills and practices.	1. Whānau and Family Start providers report increased knowledge of children’s physical developmental needs (e.g., nutrition, oral health, immunisations and health checks).	1. Document review 2. Interviews with whānau and Family Start providers 3. E-diaries	✓	
		2. Whānau and Family Start providers report increased confidence and ability to provide emotionally warm, sensitive, consistent and competent childcare.			
		3. Family Start workers document noticeable and sustainable improvement over time in positive parenting practices.			
	Participation in the programme results in higher engagement with health, education and social services.	1. Whānau report they are confident to access and engage with health and social services.	1. Interviews with whānau, Family Start providers and Family Start workers 2. IDI/FSNet linked data	✓	✓
		2. Whānau and child PHO enrolment increases.			
		3. Participation in early childhood education (ECE) increases.			
		4. Family Start providers and workers report increases in number of whānau referrals to other health, education and social services.			

Evaluation criteria	Desired achievements	Performance indicators	Information sources	Process evaluation	Impact evaluation
	Participation in the programme results in improvements in whānau circumstance.	1. Whānau report setting and achieving goals to improve their whānau circumstances.	1. Document review 2. Interviews Family Start providers and whānau 3. IDI/FSNet linked data	✓	✓
		2. Whānau employment rates increase and household income increases.			
		3. Whānau report they are more optimistic about the future for their children and whānau.			
	Participation in the programme improves the physical, emotional and mental health of children and whānau.	1. Whānau report that they are aware of and are addressing their children's physical, emotional and mental health needs.	1. Interviews with whānau 2. IDI/FSNet linked data	✓	✓
		2. Specific child health outcomes improve. ²⁷			
	Participation in the programme improves connections to formal and informal supports/whānau/hapu/iwi.	1. Whānau report increased ability to identify supportive whānau members and the confidence to access them.	1. Interviews with whānau, other service providers and community leaders	✓	
2. Whānau report increased involvement in sport/clubs/church/other community groups, hapu and iwi.					

²⁷ Child vaccination rates increase; children are at a healthy weight, including birth weight; reductions in child mortality are observed; child and whānau mental health service use reduces; antibiotic dispensing to children reduces; increase in mothers breastfeeding at 2 weeks; children show improved dental, eye and ear health at B4 School Check; increase in children and whānau living in smoke-free homes.

APPENDIX D: EVALUATION RUBRIC

The rubric below establishes the standards against which the Family Start programme was evaluated. Information collected from the process evaluations was assessed using this rubric to arrive at evaluative judgements or conclusions about the programme in relation to each criterion and indicators.

Table 1: Evaluation rubric for the Family Start programme evaluation

Criteria	Exceeding expectations	Meeting expectations	Meeting some expectations	Not meeting expectations
GENERIC PERFORMANCE STANDARDS	<ul style="list-style-type: none"> • Very good or excellent performance against all indicators. • No substantive challenges. Some clear examples of exemplary performance. 	<ul style="list-style-type: none"> • Good performance overall. • May have some challenges which are easily rectified. 	<ul style="list-style-type: none"> • Fair performance. • Some positive achievements. • Some serious, but addressable challenges on a few aspects. • Heading in the right direction. 	<ul style="list-style-type: none"> • Clear evidence of unsatisfactory functioning. • Serious challenges on crucial aspects. • Not meeting expected outcomes.
ALIGNMENT	<ul style="list-style-type: none"> • Very strong evidence of alignment between programme design, activities, delivery and outcomes. • Strong balance between programme fidelity and responsiveness. • Clear examples of alignment between the programme and other services in achieving programme outcomes. 	<ul style="list-style-type: none"> • Evidence of alignment between programme design, activities, delivery and outcomes with some small exceptions that could be improved with minor amendments. • Acceptable balance between programme fidelity and programme responsiveness, and acceptable alignment between the programme and other services in 	<ul style="list-style-type: none"> • Some evidence of alignment between programme design, activities, delivery and outcomes with many exceptions that require amendments. • Some balance between programme fidelity and programme responsiveness, and some alignment between the programme and other 	<ul style="list-style-type: none"> • Minimal evidence of alignment between programme design, activities, delivery and outcomes with major amendments required. • Programme fidelity is not balanced with programme responsiveness, and the programme and other services are not working together to achieve programme outcomes.

		achieving programme outcomes.	services in achieving programme outcomes.	
REACH	<ul style="list-style-type: none"> • The programme is reaching the target population through clear identification of these groups, well-functioning referral pathways, and very strong adherence to best practice referral guidelines. • Nearly all of those referred enrol in and complete the programme. 	<ul style="list-style-type: none"> • The programme is mostly reaching the target population. • Some minor amendments are suggested to strengthen identification of these groups, referral pathways and adherence to referral guidelines. • Nearly all of those referred enrol in and complete the programme. 	<ul style="list-style-type: none"> • The programme is reaching some of the target population, but weaknesses exist in identification of these groups and referral pathways and require amendments. • There is some adherence to referral guidelines and lower than expected rates of enrolment and completion is observed. 	<ul style="list-style-type: none"> • The programme is not reaching the target population. • Major amendments are required to enhance identification of these groups. • Referral pathways are not well-functioning and there is minimal adherence to referral guidelines. • Of those referred, many do not enrol or complete the programme.
EFFECTIVENESS	<ul style="list-style-type: none"> • The programme is highly effective. • Whānau are invested in the programme and are receiving effective support and resources that meet their needs. • The Family Start infrastructure supports Family Start providers and workers to best meet their needs. • Flexibility and innovation have a major role in 	<ul style="list-style-type: none"> • The programme is largely effective. • Whānau are generally invested in the programme and are receiving support and resources that meet most of their needs. • The Family Start infrastructure supports Family Start providers and workers and is meeting their needs. • Flexibility and innovation have a moderate role in 	<ul style="list-style-type: none"> • The programme's effectiveness is mixed, with weaknesses evident. • Whānau investment in the programme requires strengthening, and the support and resources they are receiving are meeting some but not all of their needs. • The Family Start infrastructure supports some but not all providers' and workers' needs. 	<ul style="list-style-type: none"> • The programme is ineffective. • Many whānau are not invested in the programme and report that their needs are not being met. • The Family Start infrastructure is not effectively supporting Family Start providers and workers, and is not meeting their needs. • Flexibility and innovation have no role in supporting

	<p>supporting and contributing to desired programme outcomes.</p> <ul style="list-style-type: none"> • Expansion sites are achieving similar outcomes to established programmes. • No improvements are needed to strengthen the programme's effectiveness. 	<p>supporting and contributing to desired programme outcomes.</p> <ul style="list-style-type: none"> • Expansion sites are generally achieving similar outcomes to established programmes with minor exceptions. • The programme's effectiveness could be strengthened with minor amendments. 	<ul style="list-style-type: none"> • Flexibility and innovation have a minor role in supporting and contributing to desired programme outcomes. • Expansion sites are not achieving similar outcomes to established programmes and require modifications. • The programme requires change in key areas to enhance its' effectiveness. 	<p>and contributing to desired programme outcomes.</p> <ul style="list-style-type: none"> • Expansion sites require major improvements to begin achieving similar outcomes to established programmes. • Major changes are required to enhance the programme's effectiveness.
IMPACT	<ul style="list-style-type: none"> • The programme is making a major and positive difference for whānau. • Strong evidence exists that the programme is contributing to a safe environment for vulnerable children, and to their mental and physical health. • The programme is improving whānau connections skills, circumstances and well-being. • No improvements for enhancing impact are required. 	<ul style="list-style-type: none"> • The programme is making a positive difference for whānau. • The programme is contributing to a safe environment for vulnerable children, and to their mental and physical health. • The programme is improving whānau connections, skills, circumstances and well-being. • Some small improvements are suggested to enhance programme impact. 	<ul style="list-style-type: none"> • The programme is making some difference for whānau. • Changes are required to improve safe environments for vulnerable children, enhance their mental and physical health, and further improve whānau connections, skills, circumstances and well-being. 	<ul style="list-style-type: none"> • The programme is making little or no difference for vulnerable children and their whānau. • Substantial changes are required to improve safe environments for vulnerable children, enhance their mental and physical health, and further improve whānau connections, skills, circumstances and well-being.

APPENDIX E: DETAILED EVALUATION QUESTIONS

The following table lists the KEQs and set of sub-questions that were explored, along with the evaluation criteria that were examined to determine the effectiveness of the programme.

Criteria	KEQs and sub-questions
3. How well is the Family Start programme delivering its service for vulnerable children and their whānau?	
ALIGNMENT (A)	<p>A1. How closely does the delivery of the Family Start programme match the intended design?</p> <p>A1.1 Has any variation of the delivery from the design improved or inhibited the achievement of the desired outcomes?</p> <p>A2. How well are programme activities, resources and systems aligned to achieving the desired outcomes of the Family Start programme?</p>
REACH (R)	<p>R1. To what extent is the Family Start programme reaching groups experiencing disadvantage, including (but not limited to):</p> <ul style="list-style-type: none"> • Whānau Māori? • Pasifika families? • Rural and isolated families?
EFFECTIVENESS (E)	<p>E1. How well is the Family Start programme working for:</p> <ul style="list-style-type: none"> • Māori as Māori? • Pasifika as Pasifika? • Other families' experiencing disadvantage? <p>E2. How well is the Family Start programme's expansion to new sites working?</p>
4. To what extent is the Family Start programme achieving programme outcomes and impacts for vulnerable children and their whānau? ²⁸	
IMPACT (I)	<p>I1. To what extent is the Family Start programme achieving its expected outcomes and impact for:</p> <ul style="list-style-type: none"> • Whānau Māori? • Pasifika families? • Other families experiencing disadvantage?

²⁸ "Vulnerable" children include any child in New Zealand whose wellbeing is at significant risk of harm now or into the future. See also <https://www.orangatamariki.govt.nz/about-us/overview/>.

Criteria	KEQs and sub-questions
5.	How can the Family Start programme be optimised to ensure positive outcomes for children and their whānau?
	<p>L&I1. What are the key strengths and weaknesses of the Family Start programme for:</p> <ul style="list-style-type: none"> • Whānau Māori? • Pasifika families? • Other families experiencing disadvantage? <p>L&I2. What changes could be made to the Family Start programme to maximise the positive impacts for:</p> <ul style="list-style-type: none"> • Whānau Māori? • Pasifika families? • Other families' experiencing disadvantage? <p>L&I3. What changes could be made to the Family Start programme to best support providers working with:</p> <ul style="list-style-type: none"> • Whānau Māori? • Pasifika families? • Other families' experiencing disadvantage?

Note. "L&I" in KEQ3 refers to the learning and improvement focus of the KEQs and its sub-questions.

APPENDIX F: EVALUATION METHODS

Review of contextual documents

Oranga Tamariki provided the evaluation team with 41 documents for the contextual review. This included previous Family Start evaluation reports, Oranga Tamariki presentations about Family Start, programme design documentation such as the programme manual and budget bid documents, and Family Start provider documentation, such as outcome agreements and programme consent forms.

The document review ensured the evaluation team had a good understanding of the background and context of the programme and assisted with development of standards and criteria for the evaluation.

Key informant interviews

We conducted interviews with 23 representatives from a range of national-level organisations with an interest in the design, delivery, management and/or outcomes of the programme. The interviews collected primary data relating to perceptions of the programme's effectiveness and impact. The interviews included:

- Oranga Tamariki personnel (n=11);
- other government departments, including the Ministry of Health, Ministry of Social Development, and Ministry of Education and Department of Corrections (n=9);
- non-government organisations contracted to undertake programme resource development (n=2); and
- a representative from the Family Start Executive (n=1).

The interviews were semi-structured, based on a suite of interview guides tailored to the various roles of the people to be interviewed. To ensure evaluative rigour, each question in every interview guide was developed in relation to one or more of the KEQs. In keeping with our interpretive methodological stance, we developed open rather than closed questions.

Interviews were carried out by two members of the evaluation team: an interviewer and a note-taker. Key informants were interviewed either individually, in pairs, or in some instances in small groups. Informed consent was obtained prior to the start of each interview.

Case studies

Family Start is delivered by 43 service providers across New Zealand. The evaluation team undertook case studies at five of these providers to explore the delivery of the programme. This included:

- three Māori-led case studies;
- one Pasifika case study; and
- one Pākehā case study.

These cases studies focused on provider, worker, referrer and client experiences of Family Start. The number of case study interviews conducted is outlined in Table 2.

Table 2: Family Start evaluation case study participants

	Case study 1	Case study 2	Case study 3	Case study 4	Case study 5	Total
Managers and supervisors	3	4	2	3	3	15
Workers	5	4	2	8	6	25
Referrers	4	3	3	2	4	16
Client whānau/families	8	6	7	9	7	37
Total	20	17	14	22	20	93

Whānau, family, aiga and fāмили interviews

Incorporating the perspectives of Family Start clients was an important component of this evaluation. Because Family Start whānau can be considered vulnerable, it was important that the proposed methods of engagement be reviewed by an ethics committee. An ethics application was lodged with the New Zealand Ethics Committee, who agreed that “the project meets appropriate ethical standards for social research”.

For the case study client interviews, Family Start providers recruited whānau/families to participate in the evaluation on behalf of *Allen + Clarke*. The selection criteria for participation ensured that a diverse group of whānau/families took part, including those who had been on the programme for different periods of time (e.g., less than six months, over six months, over one year), lived in rural and urban settings, and had differing types of need and intensity of home visits. Family Start providers identified whānau that fit within these subgroups and invited them to participate. Evaluation participants reflect those who accepted the invitation.

A potential limitation of this approach was that, although Family Start service providers were asked to identify clients with a range of experiences, there was a chance that service providers might only approach clients with whom they had established a positive relationship. In practice, we found that the service providers arranged for the evaluation team to meet with a varied sample of whānau/families who reflected a range of experiences.

Whānau/family interviews were semi-structured around a set of questions based on the evaluation criteria. Interviewees were given a copy of interview notes and invited to provide feedback to ensure the data accurately reflected their responses.

E-diaries

We invited Family Start workers to take part in an electronic diary activity to record their personal observations and reflections on Family Start and collect feedback on issues as they arose. Eleven workers participated in the e-diaries.

The e-diary activity ran from late April to the end of July 2019. Participants provided their demographic details and informed consent through a preliminary 'survey' prior to being provided with access to the e-diary portal.

The e-diary was administered through SurveyMonkey, an online information collection tool. Participants were asked to make fortnightly diary entries. The e-diary activity asked three questions at a time, which were refreshed every two weeks. The questions were designed to align with the evaluation criteria and KEQs, and asked workers to comment on aspects of their role (for example, 'How are you finding your caseload at the moment?') as well as specific issues that occurred during the course of the evaluation (for example, exploring worker experiences of assisting clients to access the Early Learning Payment). None of the questions were assigned a 'mandatory' status, enabling diarists to omit any question posed that they did not wish to address.

Analysis of Family Start monitoring data

The evaluation team accessed Family Start monitoring data to contribute to the assessment of programme processes. The data were sourced from the centralised data repository (FSNet), with the data request managed by Oranga Tamariki and provided to the evaluation team.

Data received primarily related to programme outputs relevant to the evaluation criteria and KEQs, including annual programme enrolments, planned and unplanned exits, frequency of home visits and adherence to the suggested average workload ratio. The data included in this report cover the period between 1 June 2017 and 31 May 2019 to align with the evaluation scope and time period following the programme's Budget 2016 expansion – the design and delivery of the programme prior to 2017 was out of scope.

These data have been used primarily to triangulate qualitative data to provide complete information on the effectiveness of Family Start delivery. The data were analysed using descriptive statistics and are presented using figures and tables. This information is supported by narrative text describing the results and implications for the evaluation findings.

