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Ministry for Children

FAMILY START EVALUATION

Capitalising on Big Data, Unpacking the Black Box: A Mixed Methods Approach

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Our Presentation Today

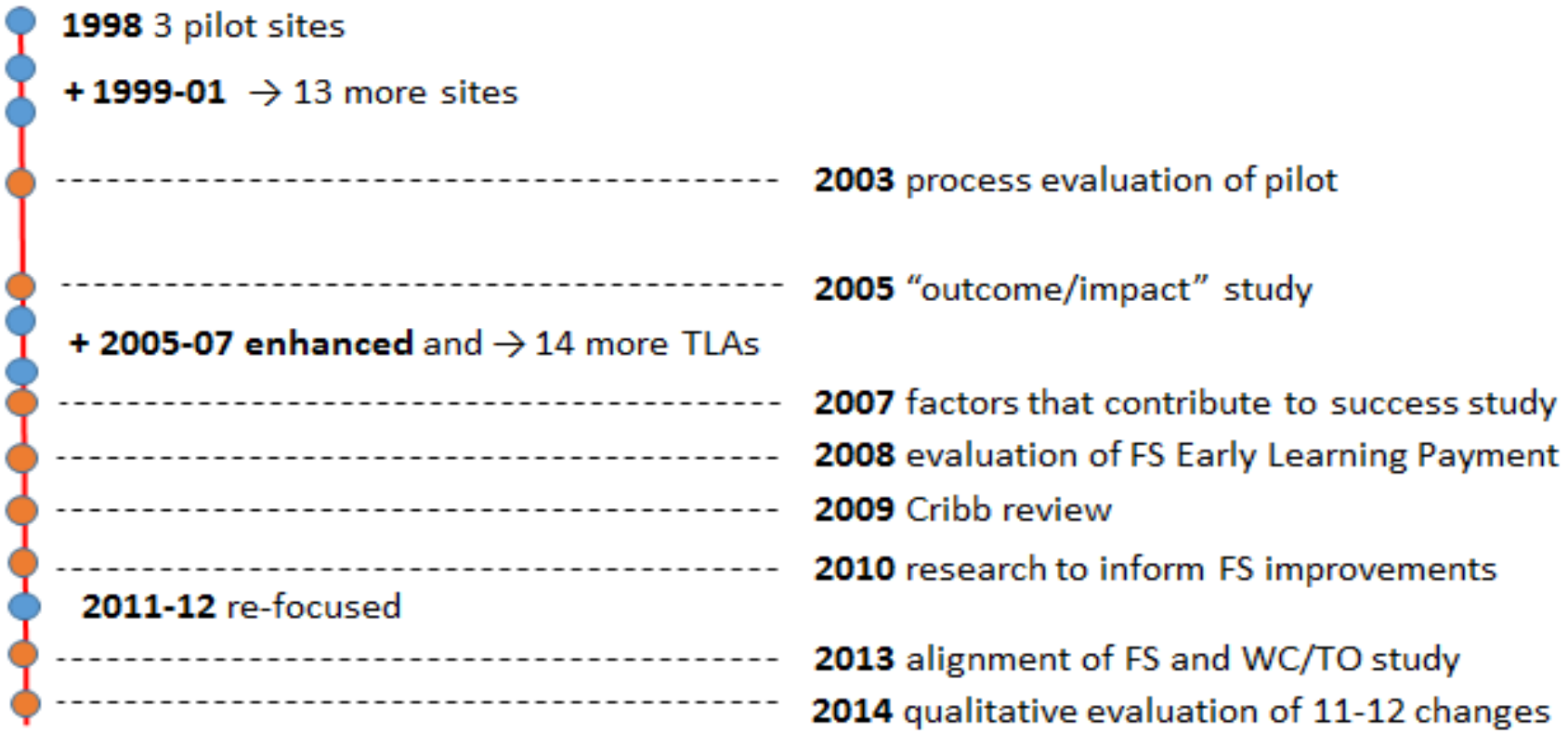
- History of Family Start
- Evaluation History
- Current juncture – evaluation rationale
    - Effectiveness - using the IDI
    - Understanding implementation

Understanding Family Start

- $47m (vote Vulnerable Children)
- 42 NGO service providers
- National coverage (6,700 families)

- Targeted
- Pre-natal until 5 years
- Home visits:
  - Delivery of core programme components (assessments, plans, chid safety tools)
  - Parenting advice and support
  - Child development advice
  - Access to specialist services

Evaluation History



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What do we know about Family Start?

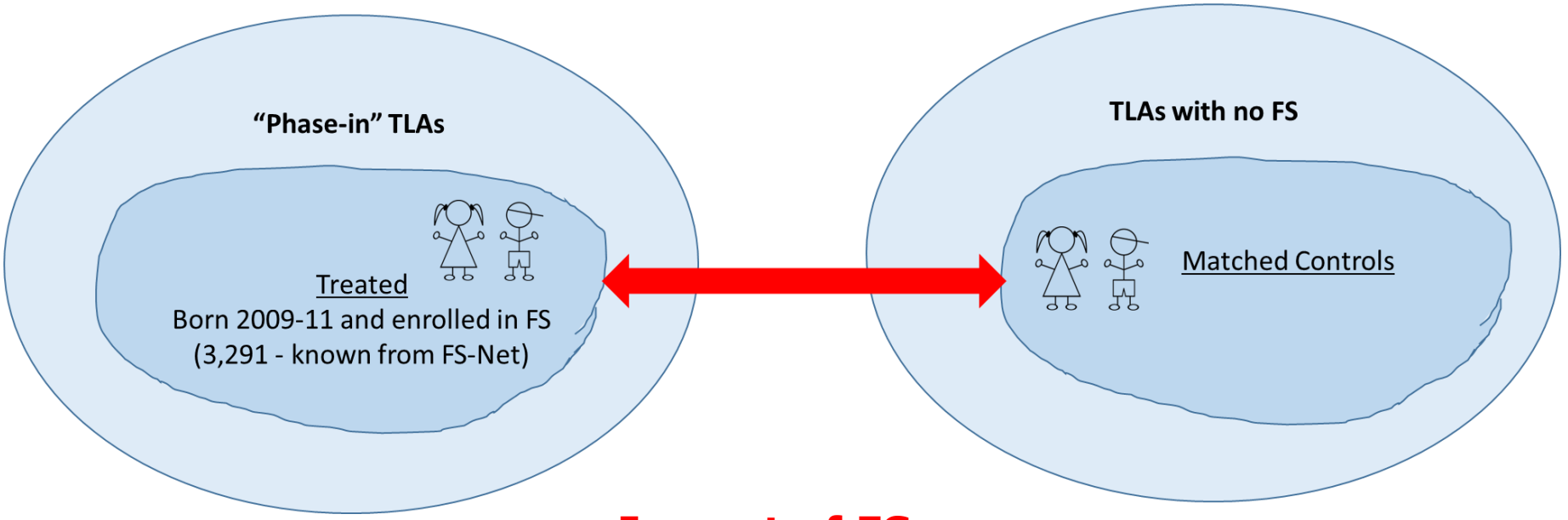
- By 2015 there had been a number of studies that showed that families valued the programme
- Prior Evaluations were not able to establish the effectiveness of the programme in improving outcomes

2016 study

- Used newly available linked research data from health/social services to estimate the difference FS made to outcomes for children and mothers
- Compared outcomes for children who received FS (born 2009-11) and children with similar characteristics who did not
- An area level study looked at outcomes for all high needs children in the areas that newly got FS in the mid 2000s

http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/evaluation/family-start-outcomes-study/index.html

2016 Study



Impact of FS =
difference in outcomes

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Findings

Mortality to age 2

- Evidence of ↓ mortality – especially SUDI and injury deaths
- ↓ mortality found overall and for both Māori and Pacific children
- Impact size was largest for Māori children
- ↓ mortality for Māori children found with **both** "by-Māori-for Māori" providers and "mainstream" providers
- We applied a range of tests to be sure that we were not capturing the effects of eg. health-led efforts to reduce SUDI

Engagement with Health & Education

- Overall results positive and suggest that FS was working to increase service engagement:
  - ↑ full immunisation at 1+ milestone up to age 2
  - ↑ ECE attendance at age 4
  - ↑ maternal use of mental health services in the first year post-birth (and for mothers of Māori babies, increased use of addiction services)
- However, we found a concerning ↓PHO enrolment at age 1 (but no difference at age 2)

Engagement with Health & Education

- ↑ immunisation and PHO enrolment for Māori children found with "by-Māori-for Māori" providers but not "mainstream" providers

- Does this reflect improved co-ordination of services where the same organisation provided Family Start and Well Child/Tamariki Ora or other health services?

CYF contact and hospitalisation for maltreatment-related injuries to age 2

- We found ↑ contact with CYF for FS children compared to matched controls

- Unable to detect any impact on hospitalisation for maltreatment-related injury or marker injuries

Questions raised

Findings highlight the difficulty with using administrative data to try to measure whether maltreatment of children is reduced

- Does FS just bring forward contact with CYF that would eventually occur in any case?
- Is increased early contact with CYF preventive, ie working to reduce harm in the longer-term?
- Does FS encourage families to seek hospital care so not seeing a reduction in injury that is really occurring as a result of FS?

Where has linked data helped

- Linked data has the power to surprise
- Informed Investment decisions:
  - Programme expansion
  - Extension of the Early Learning Payment
- Service Design
  - E.g. should programme focus on first time parents?
- Guides strategic relationships
- Motivating and informative for front-line
- Business intelligence about client group, reach etc.

FS Cohort Description

	Treated Group
Supported by a benefit soon after birth	73%
Single mother	68%
Mother on benefit long term in last 5 years	46%
Mother served a sentence in last 5 years	15%
Father served a sentence in last 5 years	33%
Mother used addiction service in last 5 years	8%
Mother used mental health service in last 5 years	18%
Mother had contact with CYF before age 18	37%
Mother smoked at time of delivery	38%
Father recorded on birth registration	82%
Other children in family known to CYF in last 5 years	29%

What do we still need to know about Family Start?

- Outcomes over a longer period of childhood
- The effects of expansion – do the findings hold for the newly served areas?

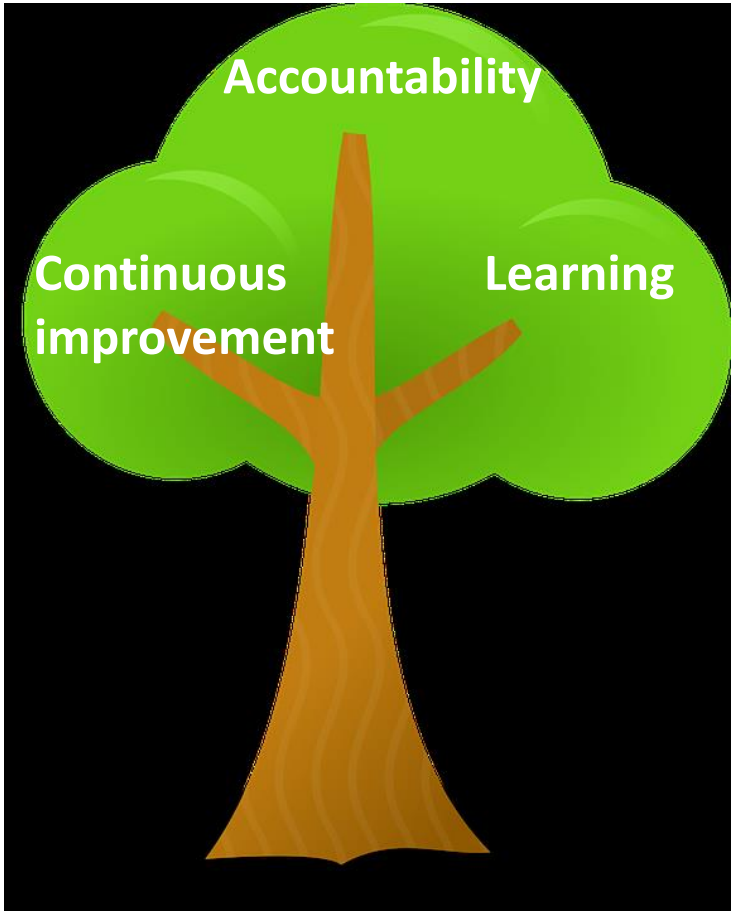
What do we still need to know about Family Start?

- What parents and caregivers thought of the effectiveness of Family Start
- How providers can be supported to maximise their chances of contributing to positive impacts for tamariki
- More in-depth understanding of how the programme works holistically is sought – particularly for whānau Māori

What has changed?

- Current and future FS – do the estimated impacts still hold?
  - Now tighter targeting – more vulnerable
  - New education resource
  - National coverage

Evaluation uses/Purpose



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Mixed methods – rich picture

- Quantitative stream – quasi experimental design using IDI
- Qualitative stream – case studies, journals, implementation
- Te Ao Māori world view
- Pasifika world view

Holistic synthesised conclusions

- Evidence streams that bounce off each other
- Co-construction of meaning/insights
- Braiding the streams
- Creating the space for dialogue/ new understanding to arise

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UNDERSTANDING WHAT WORKS FOR TAMARIKI

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

Our web page:
https://www.orangatamariki.govt.nz/news/category/research

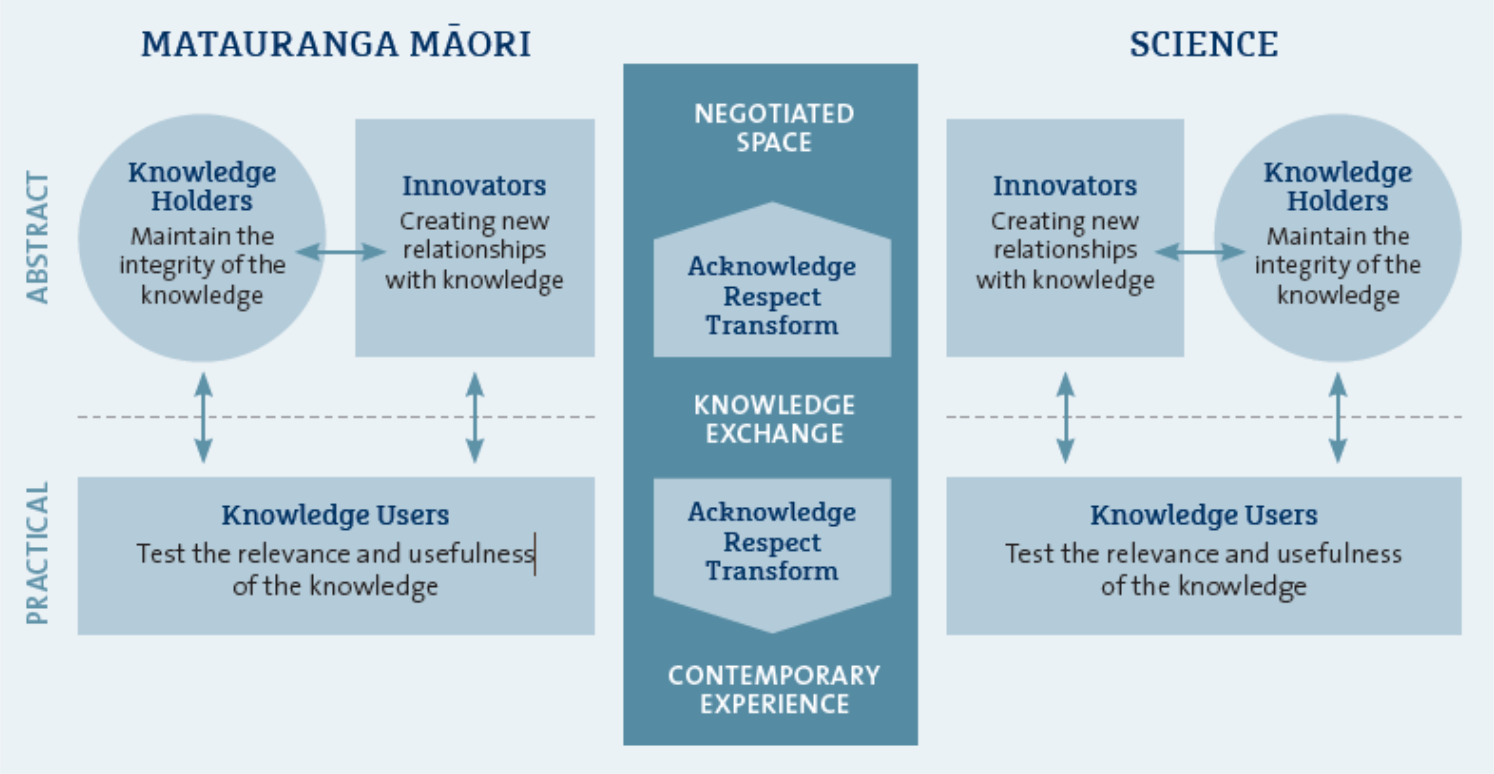
Our email: research@ot.govt.nz

Additional Slides

Findings: Mortality Effect Size

- 0.6 - 1.6 fewer post neonatal SUDI deaths per 1,000 FS children overall
- 1.5 - 4.3 fewer Māori post neonatal SUDI deaths per 1,000 Māori FS children
- Smaller reductions in injury deaths in the first 2 years of life

Negotiated spaces conceptual model



Source: Hudson, M., Roberts, M., Smith, L., Tiakiwai, S.-J., & Hemi, M. (2012). The art of dialogue with indigenous communities in the new biotechnology world. *New Genetics and Society, 31(1),* 11-24.

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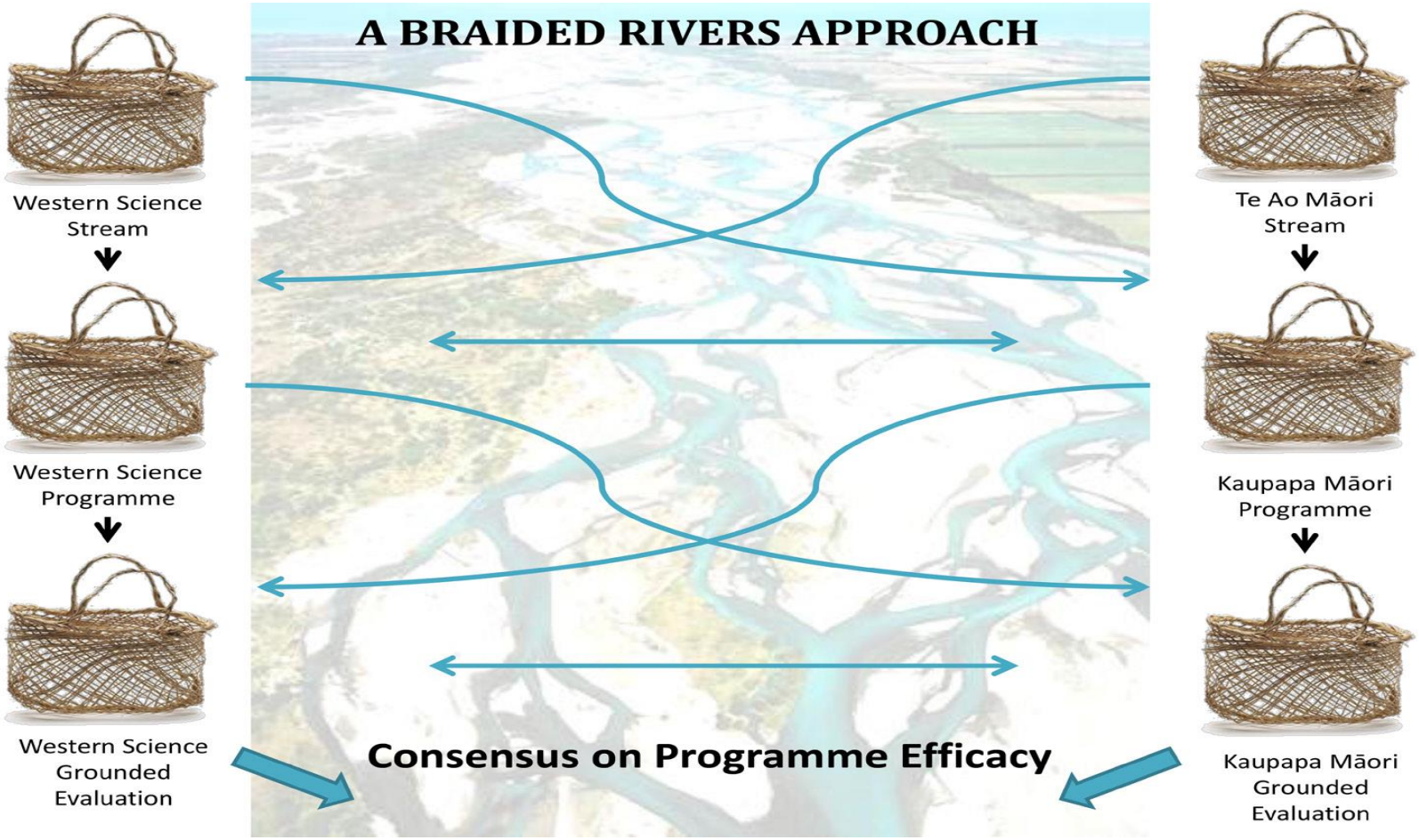

Source: Ministry of Social Development. (2015). In A. Macfarlane, S. Macfarlane, & G. Gillon, *Sociocultural realities: Exploring new horizons.* Christchurch: Canterbury University Press.