

Wrap Around a Little More

Prepared by
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Established by the
New Zealand government in 1995
to facilitate public policy dialogue
between New Zealand and
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- Ministry of Social Development
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- Oranga Tamariki – Ministry for Children
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Rachel Galanter

Remotely in Wellington, May 2020

EXECUTIVE SUMMARY

In 2020 New Zealand is simultaneously continuing its transformation of Oranga Tamariki—Ministry for Children (Oranga Tamariki) and moving ahead with a Child and Youth Wellbeing Strategy and accompanying programme of action. These efforts to improve the responsiveness of government in supporting children within their families, whānau and communities coincided with a new report from the Whānau Ora Commissioning Agency depicting current and past failures of child welfare efforts in New Zealand for whānau Māori. The report proposed a robust wrap-around model to meet the needs of tamariki and whānau. What will New Zealand do differently to achieve success in its current efforts to be the best place in the world for all its children and young people?

This report begins by providing background on the revision to the Oranga Tamariki operating model, discussing current responses to early signs of need and setting out the plan for strengthening the government's approach to early intervention to prevent the need for families' future involvement in the care, protection and youth justice systems. The methodology for this study included interviews with staff from Oranga Tamariki site offices and partner organisations, in addition to a review of related documents on processes, research, evaluations and legislation regarding Oranga Tamariki, universal services and early interventions.

This report identifies strengths, staff and system requirements that impact New Zealand's ability to address early signs of need. However, because of the time-limited nature of the research and the interruption resulting from the Covid-19 pandemic, a smaller self-selected pool of participants was interviewed than originally planned.

Further research on this topic may find additional themes or nuances.

The report culminates with three recommendations:

1. **Connect:** Provide funding and set caseload sizes for social workers and contracted providers to allow time for travel to clients, service provision outside business hours, nurturing relationships among agencies and professional development building communication skills related to engagement and motivation.
2. **Count:** Use the Oranga Tamariki Action Plan to systematise data measurement and then strengthen data collection and tracking across programmes, agencies and ministries.
3. **Co-develop:** Use the Oranga Tamariki Action Plan to develop a plan to address the gap in mental health and alcohol and drug support for families, co-developing the expanded services with community partners rather than seeking a stamp of approval after development.

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INTRODUCTION

The majority of reports of concern to Oranga Tamariki—Ministry for Children result in no further statutory involvement. Oranga Tamariki data from 30 April 2018 to 30 April 2020 exemplifies this trend—of 182,565 notifications, 47 per cent resulted in further action. Less than 1 per cent were referred to Strengthening Families (a structured interagency case conferencing system for the coordination of services to families/whānau), 4 per cent were connected to a partnered response (services for families/whānau funded by Oranga Tamariki but provided by a local non-governmental organisations), and in 82,692 cases—45 per cent of the reports—families were deemed to warrant no further action from Oranga Tamariki. However, more than one in five families (22 per cent) who were judged as needing no further statutory action had a new notification to Oranga Tamariki within a year. Early intervention is warranted to address needs that may improve with community support and otherwise may result in risk to children’s welfare. The capacity of New Zealand to respond effectively to early signs of need is enmeshed with the success of the Child and Youth Wellbeing Strategy (CYWS). If we can better understand New Zealand’s current responses to early signs of need, we can clarify how the Early Intervention function of the Oranga Tamariki operating model can remedy difficulties experienced by families and whānau so they do not escalate into a need for statutory response.

This study explores which current early interventions and universal services support the wellbeing of tamariki (children), rangatahi (youth) and their whānau (extended families) who need additional support. Some of the early interventions being used are funded by Oranga Tamariki (for example, Family Start, Social Workers in Schools), some are led by the Ministry of Education (for example, its Early Intervention Services), some are holistically supporting family goal achievement (that is, Whānau Ora), some are led by the Ministry of Health (that is, primary mental health and addiction support for children/adolescents, dyads, families and parents) and some help families create plans through a cross-agency response, such as Strengthening Families. In addition, new initiatives listed in the CYWS include the prototype nurse-led family partnership and early years violence prevention sites.

The Child Wellbeing Unit in the Department of the Prime Minister and Cabinet is working with Oranga Tamariki to lead cross-agency work to support iwi, Māori organisations and communities to develop sustainable, local approaches to prevention and early intervention as part of the next stage of policy work under the CYWS. The focus of this work is on preventing children and young people from entering the care, protection and youth justice systems. Oranga Tamariki uses the Intake, Assessments and Referrals (IAR) process to determine if children will proceed to statutory involvement or be connected to a less intensive intervention. When Oranga Tamariki receives a notification for tamariki at risk and thereafter decides that no further statutory action is needed, social workers may make referrals to support provided by a community group or other organisation. If the report progressed to an assessment but that assessment determined that the child is safe and no further Oranga Tamariki

intervention is needed, a social worker may provide additional referrals to early interventions or universal services. This report will address the question: what are the opportunities for New Zealand social sector agencies to address early need regarding child wellbeing after a notification where no further statutory action is taken by Oranga Tamariki?

That research question is answered through answering the following questions:

- What challenges do social workers face in making connections in this context?
- How effective are existing partnerships and resources at addressing early needs so children are not the subject of a future report of concern?
- How can social workers determine whether interventions have effectively addressed early needs?
- What gaps are there in the array?

This paper seeks to inform the development of the Oranga Tamariki early intervention function, including how Oranga Tamariki can best use the IAR process to make connections with multiple services across government agencies.

This paper also seeks to inform cross-agency responses such as the development of the Oranga Tamariki Action Plan, a statutory requirement under the Children's Act 2014. This plan must set out the steps that the collective children's agencies (the Ministries of Education, Health, Justice and Social Development; the New Zealand Police and Oranga Tamariki) will take together to achieve the outcomes set out in the CYWS. Oranga Tamariki has a legislative duty to coordinate the plan across agencies.

1 HE KUPU TAKA—TERMS

This report uses terms from te reo Māori as follows. Note that these terms may have a wider range of meanings in contexts other than this report.

Aotearoa	New Zealand
hapū	kinship group, subtribe
Harakeke	Parents for Parents, parents' support group
hui	gathering, meeting
iwi	kinship group, tribe
kaiārahi	counsellor, Whānau Ora navigator
kairaranga ā-whānau	a specialist Māori role in Oranga Tamariki: weaver of family connections
kawa	protocol, particularly for formal activities
kaupapa Māori	Māori approach, Māori customary practices, Māori institution, Māori philosophy—a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society
kura	school with kaupapa Māori or run by iwi
marae	courtyard—the open area in front of the whareni where formal greetings and discussions take place. Often used to include the complex of buildings around the marae
Oranga Tamariki	Ministry for Children
Pākehā	New Zealander of European descent
pepe	baby/infant
Poipoia te Mokopuna	a Māori parenting programme, aiming to support parents to nurture tamariki and their learning in the early years
puna kōhungahunga	a playgroup that focuses on learning te reo Māori using kaupapa Māori
rangatahi	youth, young people
rangatiratanga	sovereignty, self-determination
tangata whenua	people of the land

tamaiti/tamariki	child/children
Tamariki Ora	the Well Child programme: a series of free health visits for all New Zealand children
te ao Māori	Māori world/worldview
Te Puni Kōkiri	Ministry of Māori Development
te reo Māori	Māori language
Te Tiriti o Waitangi	the Treaty of Waitangi: the founding document of New Zealand
tikanga	correct procedure, custom, convention, protocol—the customary system of values and practices that has developed over time and is deeply embedded in the social context
tuituia	an Oranga Tamariki assessment tool completed for each tamaiti in consultation with other professionals
wānanga	conference/forum; important traditional cultural, historical and philosophical knowledge
whānau	extended family, family group
Whānau Ora	both the commissioning agencies and the service coordination they provide via local partners to holistically address the needs and aspirations of whānau
Whakapapa	genealogy, genealogical table, lineage, descent
whanaungatanga	relationship, kinship, sense of family connection—a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship.
Wharenui	meeting house, large house—the main building of a marae

2 BACKGROUND

Early Intervention and the Child and Youth Wellbeing Strategy

Oranga Tamariki is developing the early intervention function of its new operating model, to help tamariki and their whānau who show early signs of need, with an aim to prevent the need for their future involvement in the care, protection and youth justice system. To achieve this, Oranga Tamariki is working with other agencies to support iwi, Māori and communities develop sustainable, local approaches to early intervention. This aligns with New Zealand's first Child and Youth Wellbeing Strategy (CYWS). The CYWS lays the groundwork for a shared understanding of the needs and desires of children and young people. It sets a course for holistic government policy, shares a framework to improve child and youth wellbeing with the public, engages the public to foster community support, and creates accountability to improve wellbeing.

Three priorities underlie the CYWS:

- To reduce child poverty and mitigate the impacts of poverty and socio-economic disadvantage;
- To better support children and young people with greater needs with an initial focus on learning support and mental wellbeing;
- To better support those children and young people of interest to Oranga Tamariki and to address family and sexual violence.

Developing the early intervention function could serve as a key mechanism to achieve the goals of the CYWS; for instance:

- Early need may be a result of disadvantage, and prevention/early intervention could mitigate those impacts;
- Children with early needs may be in the initial phase of even greater needs, and prevention/early intervention could effectively stave off greater needs;
- Prevention/early intervention intends to reduce the risk to children and young people becoming of interest to Oranga Tamariki.

The Child Wellbeing Unit in the Department of the Prime Minister and Cabinet and Oranga Tamariki are collaborating to define the new Early Intervention function of the Oranga Tamariki operating model. Engagement at a local level with interested parties, including local iwi and Māori led organisations, has been proposed as a critical first step.

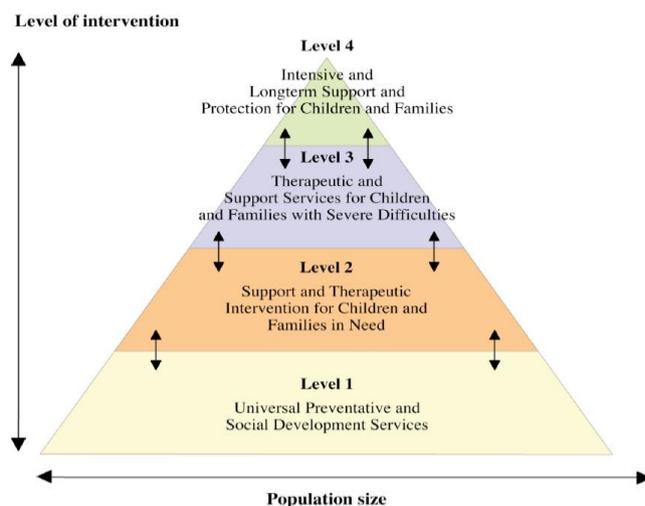
The New Oranga Tamariki Operating Model

Oranga Tamariki is currently in a process of transformation: “Oranga Tamariki is developing and implementing a new child-centred operating model to fundamentally transform the service response to New Zealand’s most at-risk children and young people.”¹

The predecessors of Oranga Tamariki focused on the provision of statutory care and protection of children and young people who were at significant risk of harm currently and into the future as a consequence of their family environment and/or their own complex needs, as well as young people who had offended or may offend.

In its previous incarnation as the Department of Child, Youth and Family Services,² the model best envisioned the agency’s function was the health intervention pyramid (Hardiker model) applied to child welfare: universal support across all government agencies at the base of the pyramid, with the widest population reach; prevention/early intervention at the next level for families with a specific need; children’s teams at the third level to coordinate services for families with multiple/complex needs; and statutory intervention for children needing care and protection at the top of the pyramid, alongside management of youth justice cases and residential facilities.

Figure 1: Levels of Intervention (based on the Hardiker model)



Source: Hardiker et al (1991) as used in Owens (2010), p.18

The new vision for Oranga Tamariki as the Ministry for Children has shifted: IAR is the spine and Early Intervention, Intensive Intervention, Care, Youth Justice and Transition are

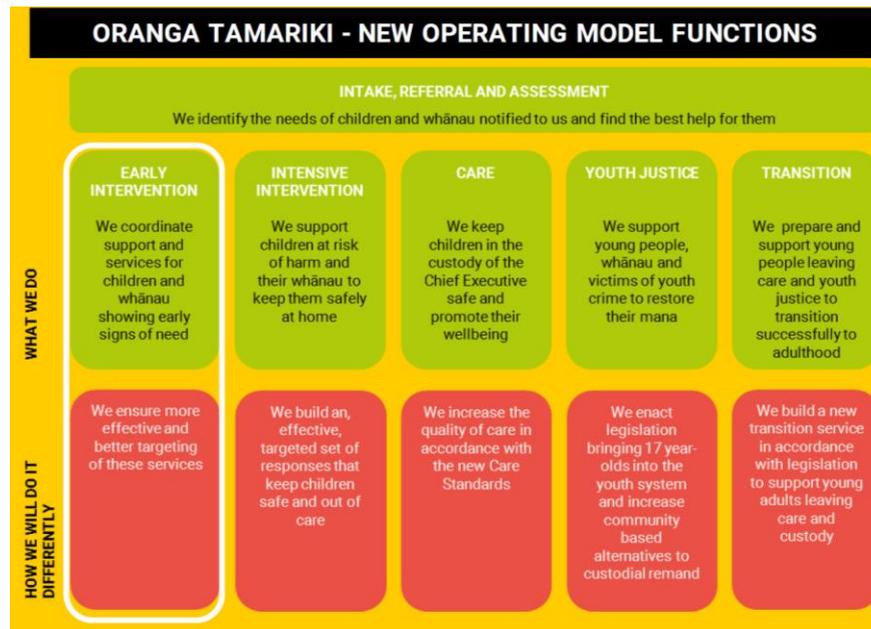
¹<https://www.orangatamariki.govt.nz/assets/Uploads/Publications/Cabinet-papers-and-RIS/Operating-model-July-2019-Cabinet-Papers/1.Overview-Minutes.pdf>

² The Department of Child, Youth and Family Services was restructured in 2006 and became the Child, Youth and Family division of the Ministry of Social Development. In 2017, the agency became its own Ministry (the Ministry for Vulnerable Children). In October 2017, the incoming Government changed the name of the Ministry to Oranga Tamariki—Ministry for Children, and broadened its child protection and youth justice functions to the wellbeing of all children.

the vertebrae. This broader scope and operational focus results from changes to the Oranga Tamariki Act 1989 that entered into force on 1 July 2019. It is not without controversy: some argue that Oranga Tamariki should have a limited role beyond its core care and protection functions.

The following image illustrates the new expanded focus of Oranga Tamariki, focusing on early intervention for all children showing early signs of need.

Figure 2: Oranga Tamariki’s Current Operating Model



Source: <https://www.orangatamariki.govt.nz/assets/Uploads/Outcomes-Framework/Outcomes-Framework.pdf>

Current Oranga Tamariki Responses to Early Signs of Need

In addition to Oranga Tamariki’s role via the IAR process to identify and connect tamariki and whānau to early intervention, the agency invests in non-government organisations (NGOs) to deliver prevention, early intervention and targeted support initiatives in local communities. Whānau may also connect with these and other resources without any involvement with Oranga Tamariki.

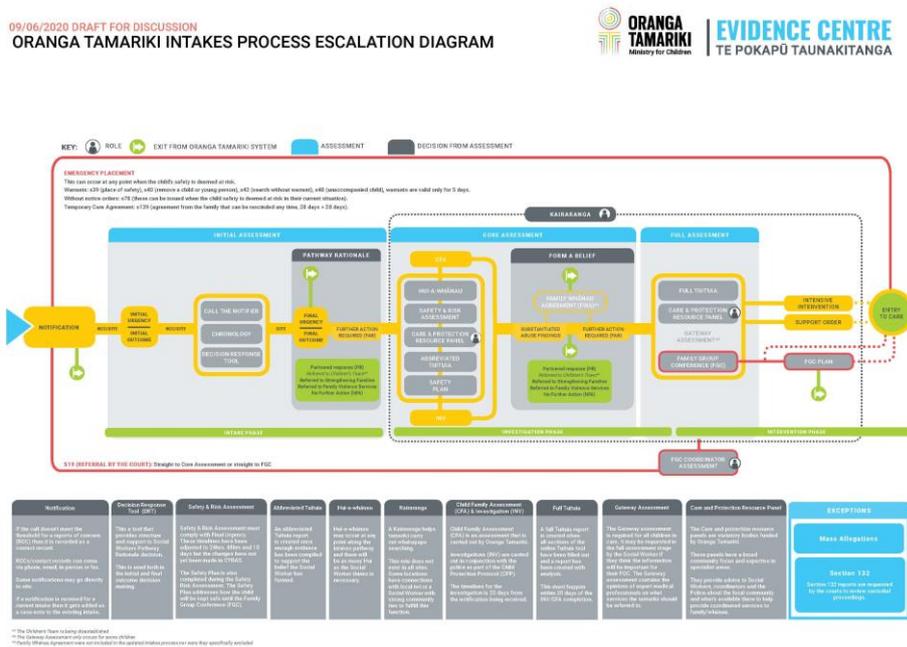
When Oranga Tamariki receives a notification for a tamaiti at risk and decides that no further statutory action is needed after the report of concern (under section 15 of the Oranga Tamariki Act 1989), social workers may make referrals to support provided by a community group or other local organisation. If the report progresses to an assessment, but it is determined that the tamaiti is safe and no further Oranga Tamariki intervention is needed, the social worker may provide additional referrals to early interventions or universal services (under section 17(2A)(c)). Also, in some cases Oranga Tamariki may ask for a family group

conference under a special circumstance (section 18AAA),³ to form a plan that includes early intervention.

An expert advisory group (EAG) established by the Minister for Social Development in 2015 to tackle the issue of improving the lives of vulnerable children⁴ found that no formalised process existed to deal with referrals to support services after notifications and assessment. This represented a missed opportunity to intervene early and prevent further harm to tamariki, and to track the progress of non-statutory interventions towards addressing their needs. The overhauled IAR process aims to address this gap.

When a report of concern for a tamaiti is received, it goes to a local Oranga Tamariki office or the National Call Centre, where, based on a decision response tool, a staff member decides whether to escalate the case. Oranga Tamariki intercedes when a social worker identifies serious harm or an immediate risk to the safety or security of a tamaiti. Of 83,333 reports in the year April 2019–March 2020, approximately half (41,673) were deemed to warrant further investigation: that is, a social worker recorded a referral to a universal or community service at the Intake phase using a ‘Partnered Response Referral’ or ‘Refer to Services’ code. 39,672 reports (48 per cent) received the code ‘No Further Action (for Oranga Tamariki)’. Currently, if a social worker identifies concerns for the longer-term wellbeing of the tamaiti and connects their whānau to another service/agency to address this, there is no system to track the progress of these interventions (that is, non-statutory interventions) as the EAG recommended.

Figure 3: Draft IAR Process Flow Chart



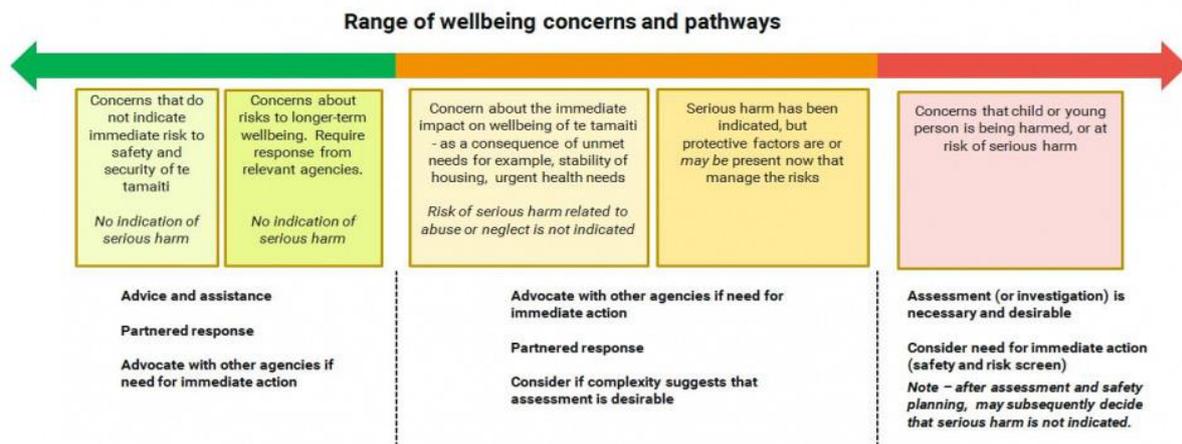
Note: This process diagram provides an example only, and is not an official representation of the process. The Intakes process has undergone changes, which are reflected in this diagram, but are still being reviewed.

³ Section 18AAA specifies where the Chief Executive may make a family group conference available in certain circumstances where a tamaiti is not in need of care and protection but would benefit from a plan to help them.

⁴ Modernising Child, Youth and Family Panel (2016), pp.42 and 160

Oranga Tamariki aims to use both advocacy and partnered response to reduce the risk of harm to tamariki, to support their whānau, and improve their overall wellbeing. The Early Intervention framework envisions a green zone of concerns that do not indicate immediate risk, where there is no indication of serious harm and no additional statutory response would be called for.

Figure 4: Determining when Early Intervention is the Appropriate Response



Source: <https://practice.orangatamariki.govt.nz/our-work/intake/intake-decision-response-tool/using-the-intake-decision-response-tool/>

Developing Sustainable, Local Approaches to Early Intervention

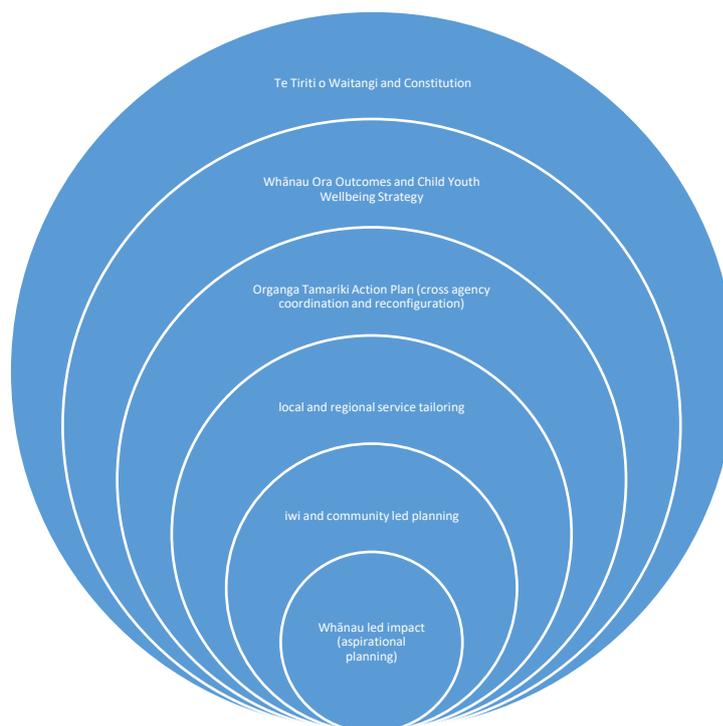
Although there are numerous programmes available to address early need, families continue to have to navigate multiple systems to find the appropriate supports identified in the 2015 EAG⁵ report. Oranga Tamariki was established to ensure that tamariki and whānau get the services they need when and where they need them. By ensuring that the early intervention function of the new operating model is effective and efficient, Oranga Tamariki can better support tamariki and their whānau who show early signs of need.

The Children’s Act 2014 required the development of an action plan to address situations in which no one agency has the overall accountability for what happens to children and young people at risk. The first Oranga Tamariki Action Plan is currently in development.

The current draft Early Intervention framework starts with a whānau-led process whereby whānau are supported to solve crises and realise their aspirations, thereby restoring their rangatiratanga. The framework envisages that iwi and communities will respond to needs, inform local and regional service delivery, and collaborate to address wellbeing and risk. Oranga Tamariki will coordinate policy and service delivery for tamariki and rangatahi who are at risk of coming into care. The overall strategy involves creating policies that shift practice and assign resources as needed.

⁵ Modernising Child, Youth and Family Panel (2016), pp.64, 127 and 128

Figure 5: Draft Early Intervention Framework



Source: Oranga Tamariki Evidence Centre (internal document), creators Donna Caddie and Penny Gault

3 PURPOSE AND OBJECTIVES

This report will address the question: what are the opportunities for New Zealand social sector agencies to address early need regarding child wellbeing after a notification where no further statutory action is taken by Oranga Tamariki?

That research question is answered through answering the following questions:

- What challenges do social workers face in making connections in this context?
- How effective are existing partnerships and resources at addressing early needs so children are not the subject of a future report of concern?
- How can social workers determine whether interventions have effectively addressed early needs?
- What gaps are there in the array?

4 METHODOLOGY

Making use of case studies of selected Oranga Tamariki sites and community partners and a review of intakes processes, handbooks, protocols, standards, budgets, strategies, evidence briefs, annual reports implementation research, evaluation reports and legislation, this research strives to:

- Understand the drivers, successes, effectiveness and barriers of existing early intervention partnerships;
- Identify ideas and opportunities for an increased focus on early intervention activity as part of the Intake, Assessments and Referrals (IAR) process for notifications that do not require escalation.

Research Objectives and Questions

The evidence objectives for this research included determining the following:

- Referral processes—How do social workers refer on to early interventions?
 - At what point in the IAR process do connections occur?
 - What criteria do social workers apply to determine what services are needed?
 - Where and how are these referrals and their outcomes recorded?
- Services to address early need:
 - What services are available, and how does that vary from one community to another?
 - What are barriers to accessing services?
- Relationships and communication—What type of coordination is needed to support comprehensive early intervention?
 - What role do social workers play in early intervention?
 - What resources do social workers need to be able to broker services?
 - What else impacts coordination among ministries, departments and partners?

Research Project Design

The research project consisted of two phases: a review of documentation and interviews. The review of intakes processes, handbooks, protocols, standards, budgets, strategies, evidence briefs, annual reports implementation research, evaluation reports and legislation provided a broad understanding of the structure, goals, successes and barriers of the current early intervention array. For multiple reasons, interviews targeted communities who had participated in the 2018–2019 IAR prototyping. First, the interviews aimed to obtain a representative sample of people with a capacity to participate: the sites in question had been selected based on their location, size, social/cultural diversity, support from kairaranga ā-whānau, capacity and capability, ability to commit and current involvement in other trials/testing/changes. Secondly, they aimed to elicit the clearest insight into the new implementation of IAR; these sites had the most experience with the revised protocol. Thirdly, they aimed to control for the ongoing changes to the IAR process and social worker caseloads by focusing solely on communities who had been part of the initial implementation of the new prototype.

Data Collection

Data collection consisted of face-to-face in-person or virtual interviews with social workers and programme managers using semi-structured questionnaires. Appendix 1 presents a list of the interview questions. Providers of services—universal, non-government organisation (NGO) early intervention providers, and other private sector providers—were included in the research to acknowledge the critical part they play within the IAR process. Table 1 details methods of data collection.

Table 1: Methods of Data Collection

Data Source	Description
Documentation	Intakes processes, handbooks, protocols, standards, budgets, strategies, evidence briefs, annual reports implementation research, evaluation reports and legislation
Existing monitoring data	Data from the point of a notification through to an alternative action of early intervention or some other activity
Interviews at Oranga Tamariki sites	Face-to-face in-person or virtual in-depth qualitative interviews with Oranga Tamariki site social workers or advisors involved in processes, decision making and service brokering
Interviews with NGO providers	Face-to-face in-person or virtual in-depth qualitative interviews with NGO providers, especially iwi-based and Māori-focused providers, in the site areas, to obtain their perspectives on how they interface with Oranga Tamariki

Research Sites

The research sites, listed in Table 2, with one exception, were a subset of those communities who participated in a prototyping of a new IAR process in November 2018 and a variation to the assessment process in April 2019. Sites were recruited through invitations from the project manager of the Intake and Early Assessment Project and regional managers of Partnering for Outcomes. Sites that had participated in the IAR prototyping but were also part of an Intensive Intervention development effort taking place simultaneously were not invited, to prevent overtaxing staff.

Interviews were scheduled for March and April 2020, during which New Zealand was at level 4 (the highest alert level) of its Covid-19 response. The Operations Department of Oranga Tamariki did not share information on the project with its social workers or site managers who they felt needed to prioritise work on preparing for and responding to the pandemic and its impact on tamariki and whānau. However, two Oranga Tamariki sites did participate. At one of the sites, two staff members participated in the interview. Thus, the majority of participants were community partners.

At each site, a respondent participated in one interview lasting 90–120 minutes. Written notes on the interviews were provided back to the interviewees so they could make additions and corrections to the information they had given.

Table 2: Participating Sites

Group	Sites
Oranga Tamariki sites	Palmerston North, Porirua

Community partners	Dunedin (Strengthening Families coordinator), Tauranga (manager of NGO), Horowhenua (clinical manager at NGO), Kaikohe (general manager of NGO)
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Interviewees reported a total of 130 years of experience; the least experienced had five years in the field and the most experienced had 40. In interviews with partner agencies, interviewees reported that between 8 and 60 per cent of their referrals were from Oranga Tamariki; one agency reported that 85 per cent of its clients were currently or previously involved with Oranga Tamariki.

5 FINDINGS

The findings of this research fall broadly into three categories based on thematic analysis: strengths of the current early intervention array, staff needs and systemic needs.

Strengths of the Current Array

Strengths of the current early intervention array were identified in interviews and through review of handbooks, protocols, standards, strategies, annual reports implementation research and evaluation reports. In addition to universal services provided early in children’s lives to meet basic needs, New Zealand has an extensive range of programmes to address other needs.

Universal Services

Universal services include paid family leave, a lead maternity carer/midwife, Tamariki Ora, a 24-hour parenting advice line and the SKIP (Strategies with Kids Information for Parents) website. New Zealand provides 22 weeks of paid parental leave; this aims to promote strong attachments between parents and children. Strong parent–child bonds can mitigate the risk caused by adverse childhood events, buffering children from risks to their overall health and wellbeing caused by toxic stress and trauma. New Zealand is adding weeks to this allowance: it will increase paid parental leave to 26 weeks starting in July 2020. All families in New Zealand are entitled to a lead maternity carer (typically a midwife) who provides prenatal care, helps with the birth and provides follow-up care weekly until the infant is six weeks old. Families are then transitioned to the Tamariki Ora Well Child programme. This includes five visits in the first year, followed by three additional visits before age four and a half. The visits include assessments of the child’s growth/development as well as interventions to help the family (for example, support with smoking cessation, discussion of the impact of family violence on babies and information on community resources). The Tamariki Ora nurse provides education about the benefits of breastfeeding, immunisation and safe sleeping; parenting tips; and injury prevention information. Families can access further information at any time via a parenting advice line and the SKIP website.

Even so, 28 per cent of infants in New Zealand do not receive all of their core Well Child/Tamariki Ora contacts and visits in their first year, according to the latest

available figures (March 2016).⁶ More than half of Māori babies and a third of Pacific babies do not complete core contact one.⁷ For families with multiple and complex needs, these visits may be forgotten in the chaos of unmet needs, dismissed as less important than another commitment, or just logistically hard to attend.

Multiple Components of the Current Early Intervention Array

Local non-government organisations (NGOs) identified numerous local components to the early intervention array, in addition to general social work, Whānau Ora, Family Start and Social Workers in Schools, which were available in all the communities. Table 3 summarises these local examples.

Table 3: Existing Local Additional Services Addressing Early Need Identified in Interviews

Category of Services	Examples
To build parents'/guardians' ability to be responsive and nurturing	Brain development instruction, in-home family support, play therapy, young mums alone support group, dads' programme, grandparents group, family programmes, STAND community group (play therapy and whānau intervention in home and school), Incredible Years (parenting groups), HIPPY (home-based parenting intervention for parents of pre-schoolers), Mother and Pepi Support (phone support, homevisits, educational programs), Poipoia te Mokopuna (Māori parenting), Harakeke (parent support group), weekend respite
To address the issues caused by financial insecurity	Food banks, budgeting services, financial mentoring, Money Mates (financial education)
To address mental health and substance abuse issues	Child and Adolescent Mental Health service, family mental health services, addictions programme, adventure development (for young people at low to moderate risk of addictions), youth specialty mental health, in-house mental health with youth specialty services, Functional Family Therapy (evidence based therapy model), trauma counselling
To address family harm	Family harm prevention services, Living Without Violence (counselling and groups), counselling, trauma counselling
To assess for and address children's developmental challenges	Cognitive assessments, learning service coordinators, resource teachers for behaviour, learning specialists, support for families with neurodiversity and autism, support in home for adults and children with physical disabilities
To build connection to culture and address specific cultural needs	Puna Kōhungahunga (Māori language play group), marae experiences, refugee resettlement support, Pasifika Power Up (culturally based education about parenting, financial management, and community resources)

⁶ <https://www.health.govt.nz/system/files/documents/publications/indicators-wcto-quality-improvement-framework-march16-aug16.pdf>

⁷ <https://www.health.govt.nz/system/files/documents/publications/well-child-tamariki-ora-programme-quality-reviews-jul14.pdf>

To support children’s and youth social-emotional needs and skill development	Grief groups, youth groups, Youth Workers in Secondary Schools, buddy programme, Growing Taller (youth social skills education)
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The interventions listed here rarely involved formal research or evaluations to assess effectiveness. However, four interventions that address early need offered throughout most of New Zealand have recently been researched or evaluated—Whānau Ora in 2016, 2018 and 2019; Family Start in 2016, 2019, and 2020; Social Workers in Schools in 2017, 2018, and 2020; and Strengthening Families in 2020. Discussion of these interventions, and recent assessment of them, follows.

Whānau Ora

Whānau Ora works to holistically improve the wellbeing of individuals in the context of their whānau by addressing economic, cultural, social and environmental factors. Whānau Ora services start by asking whānau and families what they want to achieve for themselves, and then provide flexible individualised support for whānau and families to help them move beyond a crisis into identifying and achieving medium- and long-term goals for sustained change.⁸

Three sources provide information on the ability of Whānau Ora to address early need: a 2016 formative evaluation, a 2018 full review and the 2019 annual report of the Whānau Ora Commissioning Agency.

Te Puni Kōkiri’s *Formative Evaluation of the Whānau Ora Commissioning Agency Model* found that there had been strong input from families in developing the model, and that the service was well networked within communities.⁹

The 2018 review of Whānau Ora, by an independent panel, found that demand for services exceeded resources, but that whānau had demonstrated progress on goals as a result of Whānau Ora’s interventions: “In all areas we visited and across all monitoring reports we reviewed, we have seen whānau progress toward achieving their self-identified priorities”.¹⁰ Specific goals related to addressing children’s early needs that Whānau Ora had achieved included increased parental skills and strategies to nurture and provide for children; whānau addressing violence, addiction, substance abuse and risk of self-harm through increased uptake of affordable and culturally appropriate support services; an increased number of tamariki from vulnerable whānau attending school on a regular basis; evidence of strong and supportive relationships between partners; and whānau developing nurturing environments

⁸ <https://www.tpk.govt.nz/en/whakamahia/whanau-ora/about-whanau-ora>

⁹ Te Puni Kōkiri (2016), p.15

¹⁰ Independent Whānau Ora Review Panel (2018), p.6

that provided for their physical, emotional, spiritual and mental wellbeing.¹¹ Whānau Ora navigators help whānau address their capacity to meet the needs of their children.

The more recent 2019 Whānau Ora Commissioning Agency Annual Report reported varying levels of success, as Table 5 shows. The Whānau Ora Direct component reported strong outcomes, while the Collective Impact component reported limited success. These differing outcomes may be due to different resources in regions, navigator skills or other goals simultaneously selected by the families. However, the overall success of Whānau Ora direct speaks to the effectiveness of the model as a means of addressing family needs holistically.

Table 4: Whānau Ora 2019 Outcomes Related to Families’ Capacities to Address Children’s Wellbeing

Component Reporting	Goal	Percent of Families who Selected the Goal who Achieved the Goal
Whānau Ora Direct ¹²	Improved family and social health	86%
	Improved household relationships	94%
Kaiārahi Navigators ¹³	Improved family and social health	42%
	Improved household relationships	42%
	Increased parenting knowledge and skills	43%
Collective Impact ¹⁴	Improved family and social health	17%
	Improved household relationships	17%
	Increased parenting knowledge and skills	0%

Family Start

Family Start is a government-funded home visiting programme that addresses early need. It focuses on improving children’s growth and health, learning and relationships, family circumstances, environment and safety. It helps families/whānau who are struggling with challenges or problems that may make it harder for them to care for their baby or young child.¹⁵ A 2020 evaluation by Allen+Clarke found that the programme successfully aligns with delivery expectations, builds trusting relationships with whānau/families and helps them to achieve their goals.¹⁶ The programme prioritises teen parents and risk factors such as family harm, mental health issues and substance use. The evaluation recommended reducing caseloads, to give Family Start providers additional time to respond to whānau /families with multiple and complex needs, to build relationships before shifting into goal-oriented work and to address the time it takes to adapt existing tools and resources to suit kaupapa Māori or a Pasifika approach.¹⁷ However, to achieve this and keep serving as many families as the programme currently does would require additional resources.

¹¹ Ibid. p.122

¹² Whānau Ora Commissioning Agency (2019) p.26

¹³ Ibid. p.32

¹⁴ Ibid p.42

¹⁵ <https://www.orangatamariki.govt.nz/assets/Uploads/Family-Start/Family-Start-brochure.pdf>

¹⁶ Allen+Clarke (2020), p.62

¹⁷ Ibid. p.63

Social Workers in Schools

Social Workers in Schools (SWiS) is a government-funded community social work service provided in most English- and Māori-medium decile 1–3 primary and intermediate schools. SWiS social workers work in school communities to support individual children and their whānau. They may also provide programmes to selected groups of children and to schools. Children and their whānau take part in SWiS voluntarily.¹⁸ SWiS has recently undergone a multi-part review that included a review of the relevant national and international literature and previous evaluations, case studies and hui wānanga. As the Family Start evaluation had done, the SWiS review found that the programme would benefit from more resources, especially given the complex needs involved and the time required for relationship building. The review report found that SWiS social workers build trusting relationships that result in tamariki feeling more settled and happier. Through contact with social workers in this context, tamariki learn to manage their emotions and their relationships with parents, siblings and whānau. Their improved emotional wellbeing appears to lead to more positive learning experiences at kura/school.¹⁹

Strengthening Families

Strengthening Families is a principles-based structured national framework for interagency case conferencing for the coordination of services to families/whānau. The focus of the framework has been on early intervention for most of its history. The current operating model is different in different areas, although it has ten core components.²⁰ A recent report on Strengthening Families found that, generally, interviewees had very positive opinions about the extent to which the interagency case conferences benefit families. Of the 1098 families who engaged in Strengthening Families in 2018/19, 643 had some, most or all of their planned actions completed according to the coordinators' records.²¹ The report also noted that many Strengthening Families Coordinators and Local Management Organization representatives talked about cases becoming more complex; some areas saw their local programme as delivering early intervention, while others were more focused on either less or more intensive cases. No information is collected on the outcomes of families/whānau engaging with Strengthening Families beyond their involvement with the process.

The Current Array and the Child and Youth Wellbeing Strategy

In the interviews, NGOs reported that their programmes were well attended and effective; multiple services had waiting lists for participation due to strong demand. The scope of these local services, alongside Whānau Ora, Family Start, SWiS and Strengthening Families, appears to align well with the six components of the (CYWS) framework, which aim to ensure that children and young people:

¹⁸ Education Review Office Te Tari Arotake Mātauranga (2019a), p.5

¹⁹ Oranga Tamariki Evidence Centre (2020a), p.8

²⁰ Oranga Tamariki Evidence Centre (2020c), p.3

²¹ Ibid. p.42

- Are loved, safe and nurtured;
- Have what they need;
- Are happy and healthy;
- Are learning and developing;
- Are accepted, respected and connected;
- Are involved and empowered.

Additional programmes will be piloted or expanded as part of the CYWS programme of action, including a prototype nurse-led family partnership for families who do not engage with the current Well Child Tamariki Ora service, an expansion of the Pregnancy and Parenting Service, and expanded access to and choice of primary mental health and addiction support services.²² The current array of services, along with the anticipated additions, provides a strong range of supports for child and youth wellbeing.

Staff Needs

Two categories of staff needs were identified across the interviews and the review of reports, evaluation and research. The first is time for staff to engage with each other to build relationships across agencies. The second is for professional development related to specific communication skills.

Time to Nurture Relationships between Agencies in Alignment with Whanaungatanga

Both Oranga Tamariki and community partners identified in interviews that they associated success with spending time on nurturing relationships. Comments typically mentioned currently investing time in relationships as a remedy to past issues:

“For a little over two years NGO partners have come together to support, design and facilitate [new programme] after the site self-reflected on the relationship issues with community providers.” (Oranga Tamariki advisor)

This investment of time in relationships was seen as an ongoing need:

“[We] have a good relationship with iwi, which we are still strengthening with doing what we say we will do. [We have regular] meetings between ourselves, the site manager and iwi to create natural organic pathways as individuals, with direct contact being made when required. This always needs attention and is ongoing.” (Oranga Tamariki advisor)

This investment in relationship building was seen as particularly important for new social workers. As one supervising social worker said:

“New social workers don’t have connections. ... Social workers need time to go spend time with NGOs.” (Oranga Tamariki social work supervisor)

²² Department of the Prime Minister and Cabinet (2019a), pp.16–17

Time building relationships was seen as essential to develop trust:

“Although [Oranga Tamariki staff] are representatives of the Crown, they need to relate to people as people. The way you are as a person matters, and individuals get to know and trust you. You need time; you can’t rush it.” (Oranga Tamariki advisor)

These comments align with recent reports on SWiS, Family Start, Whānau Ora and the IAR process.

For example, an Education Review Office report on the SWiS programme said of a school social worker that “the relationship that she’s been able to build within the community and within the staff, allows all that other stuff to happen effectively.”²³ The Family Start evaluation found from case study evidence that organisations that attend interagency forums are doing better at reaching targets, although they acknowledged that staff found it difficult to take time away from serving families to attend such forums.²⁴ Similarly, Te Puni Kōkiri’s formative evaluation of the Whānau Ora commissioning agency model found that Whānau Ora could be strengthened and enhanced in a number of ways, one of them being “maintaining a focus on relationships”.²⁵ These findings all align with the lessons learned in the context of the new IAR process. An early insight into what was needed to support IAR Prototype II, where the National Contact Centre took on primary responsibility for the first step in the IAR process, was “Time will be need to build trust between Contact Centre and sites”; an identified next step reflected the same thought: “building positive relationships with stakeholders takes time.”²⁶

The importance of time for relationship building across agencies in order to build trust and achieve success is clear. However, for many staff who directly work with families and whānau, taking time away from that work, given the high level of need, can be challenging. Aiming to structure positions with smaller caseloads and secure funding that allows time for relationship building, not only with clients but also with other agencies, is repeatedly identified as important, especially in the context of work with people who have a distrust of government agencies.

Professional Development Need Related to Communication Skills

In addition to allowing time for relationship building, staff need some specific communication skills to facilitate their engagement with both community partners and clients. As one NGO manager said, “beneficiaries are often suspicious of government-funded organisations.” Staff need a subset of communication skills that cultivate engagement and motivation, to help clients to proceed in the face of their trepidation. Other members of the community know which sites have staff with this skill set:

²³ Education Review Office Te Tari Arotake Mātauranga (2019a), p.11

²⁴ Allen+Clarke (2019), p.14

²⁵ Te Puni Kōkiri (2016), p.87

²⁶ Oranga Tamariki Evidence Centre (2019), p.17

“Individual providers get reputation. The issue is mostly the ability to engage people. ...” (Oranga Tamariki social work supervisor)

This is seen as true for Oranga Tamariki staff as well as staff at NGOs:

“[Social workers] have to be really good motivators—telling the family this is a warning, opening the door. [They have to be an] exceptional motivator with community partners as well—able to communicate risk and what needs to happen succinctly and respectfully.” (Oranga Tamariki advisor)

It is not enough for staff to follow a set of prescribed steps; the way they communicate is seen as key. One NGO coordinator who had been coaching in a family systems approach said, “It would be helpful for workers to have more training in a therapeutic approach.” She believed that “a bit more engagement with whānau in slightly different ways would be effective; [social workers would] need less intensive caseloads but they’d probably get better outcomes.”

These comments mirror themes in publications discussed above: the Whānau Ora Commissioning Agency report as well as the Family Start process evaluation (2020) and Strengthening Families research study (2020) reports.

The Whānau Ora Commissioning Agency issued a Māori-led Inquiry into Oranga Tamariki to address historic and recent issues experienced by Māori when receiving services to protect them from child maltreatment. Action point 1 (D) in the report calls for further requirements for social workers to “prove their ability and competency to work with whānau in a mana enhancing way.” Acknowledging that some social workers have this skill set already, the desire is to identify effective social workers who can act as practice leaders and mentors and promote best practice for working with whānau.²⁷ In action point 3, number 8, the need for further professional development is reiterated; the point calls for the development of a culturally and *technically* competent workforce who can navigate whānau through the system and across multiple domains of wellbeing.²⁸

An ability to engage and motivate whānau is key to helping them achieve wellbeing. The need for social workers to have strong interpersonal communication skills, to connect with families and motivate them to develop their capability to provide safe responsive environments for their children, is built into the Family Start staff development model. The Family Start competency framework includes four competencies related to working with others: building relationships, interpersonal communication, managing conflict and teamwork. Staff work towards progressing through multiple levels of competency. For example, a staff member at level 3 in interpersonal communication “uses a range of techniques and strategies to help people with strongly held views to consider alternative points of view, communicates vision/possibilities to people in a way that promotes

²⁷ Kaiwai, Allport, Herd, Mane, Ford, Leahy, Varona and Kipa (2020), p.69

²⁸ Ibid. p.71

enthusiasm and commitment for taking up opportunities.”²⁹ These skills are essential for success, given that “Family Start providers are working with more high needs whānau/families ... These high needs whānau/families are challenging to keep engaged ... just under half of all exits are unplanned”, and the portion of unplanned exits has increased slightly since 2017.³⁰ The review suggests enhancing the consistency and comprehensiveness of initial and ongoing training for Family Start workers, with a “focus on clinical aspects of the role”³¹ in order to build up staff members’ ability to meet the needs of whānau. The recent research on Strengthening Families also identified that, when family engagement was limited, this would impact negatively on the overall effectiveness of the interagency case consultation process.³² Engaging, building trust and motivating whānau are skills that staff of both Oranga Tamariki and community partners need to have to be effective in their roles. These are communication skills that can be learned in a professional development setting.

Systemic Needs

From the interviews and relevant documents, four system-level needs were identified: better data management, better accessibility of services, a response to a specific gap in the service array and the co-development of culturally appropriate services. These were repeatedly cited as vital to addressing early needs.

Data Reporting, Collection and Tracking

Interviews with Oranga Tamariki staff highlighted a lack of clarity regarding data collection when there was a report of concern with a decision not to proceed into a statutory intervention. When reported in the Care and Protection, Youth Justice, Residential and Adoption Services case management system (CYRAS), it could be coded as “Refer to Services”, “Partnered Response” or “No Further Action”. This lack of consistency makes it difficult to track what types of interventions families use and which interventions result in fewer new reports. Even when a referral is made later in the process, Oranga Tamariki staff reported “no outcomes from referrals are received” or “it varies if the provider gives updates.” If a family/whānau was to have a new report of concern:

“you would go back for families that had a complete tuituia and follow up with past referrals, but there is no process.” (Oranga Tamariki social work supervisor)

“Old reports of concern are looked at as part of the intake process, but [I’m] not sure if they can see past referrals or the outcomes of past services.” (Oranga Tamariki advisor)

Currently it is time intensive for social workers to track the past participation and outcomes of individuals who have interacted with services. Because services usage data is not

²⁹ Oranga Tamariki (2019b), p.95

³⁰ Allen+Clarke (2020), p.14

³¹ Ibid. p.17

³² Oranga Tamariki Evidence Centre (2020c), p.44

collected, there is no capability to track how participation in services impact child wellbeing or the effectiveness of an intervention at preventing future reports of concern.

In 2015 the Office of the Children’s Commissioner “recommended using data to drive improved outcomes—track and record the results on any interventions, use data to drive improved outcomes for children.”³³ New Zealand’s Integrated Data Infrastructure (IDI) is a large research database that holds microdata about people and households. It has the capacity to track and record results of interventions across disciplines. The data in the IDI is collected from surveys, government agencies and NGOs and covers education, income, benefits, migration, justice and health.³⁴ The EAG also identified the need to have all providers gather client-level data across the whole sector and use the IDI to track impacts.³⁵ This charge was reiterated in the recent inquiry by the Whānau Ora Commissioning Agency into Oranga Tamariki. Action point 2(H) is to “implement better data, monitoring and tracking systems including a registry of tamariki/whānau in contact with Oranga Tamariki, improve transparency”, and point 2(K) calls for “agencies and their workers [to be] directly accountable to and measured by positive outcomes for tamariki and whānau”.³⁶ CYRAS is intended to be a case management tool, but the IDI has the capability to track interventions and outcomes. However, the IDI will not measure the impact of early intervention if it can only collect data on children who have interactions with Oranga Tamariki. Programmes like SWiS, Family Start, Whānau Ora, Strengthening Families and the early intervention array are all measuring their successes, but are not collecting data on participation or outcomes in ways that will allow the data to be entered into the IDI or allow analysts to see the impact of layering early intervention efforts. For example, SWiS collects data on the Youth Workers in Secondary Schools (YWiSS) and Multi Agency Support Services in Secondary Schools (MASSiSS) through the Strengths and Difficulties Questionnaire (SDQ) Reporting Template, but these data are not entered into the IDI. Even if the SDQ data on clients served were put in the IDI, the report collects only qualitative data on universal or small-group early intervention efforts outside the social workers’ more clinical caseload.³⁷ Across the 1098 families who engaged in Strengthening Families over 2018/19, 643 had some, most or all of their planned actions completed, according to coordinators’ records. However, no information was collected on the outcomes of these or other families/whānau beyond their engagement with Strengthening Families.³⁸ As part of the new CYWS, the Department of the Prime Minister and Cabinet (2019) reports that “a universal health and development contact framework is being developed across Health and Education. This will provide an integrated measurement

³³ Children’s Commissioner Manaakitia Ā Tātou Tamariki (2015), p.57

³⁴ <https://www.stats.govt.nz/integrated-data/integrated-data-infrastructure/>

³⁵ Modernising Child, Youth and Family Panel (2016), pp.119–120

³⁶ Kaiwai, Allport, Herd, Mane, Ford, Leahy, Varona and Kipa (2020), p.70

³⁷ Oranga Tamariki (2020b)

³⁸ Oranga Tamariki Evidence Centre (2020c), p.42

and assessment schedule from conception to 24 years of age. Understanding children and young people’s mental wellbeing throughout their schooling will be a critical component of the assessment and measurement work.”³⁹ This framework should be able to be utilised not just by the Ministries of Health and Education but also Oranga Tamariki, so that no matter which ministry funds an early intervention service, consistent data is being collected about participation and outcomes to measure which interventions and combinations of interventions are beneficial to children’s wellbeing.

Accessibility Issues

Families who live with chronic stress caused by poverty and lack of resources are at higher risk than their well-resourced counterparts. The mental energy that goes into addressing poverty leads to difficulty with decision making, and makes it more difficult for parents to be responsive to children’s needs.⁴⁰ Interviewees identified that transportation and services only being provided during business hours were barriers to families participating.

“Always having to pick into a prescribed program during business hours. ... Hours, transport and space can be difficult.” (NGO coordinator)

“[Families need] help outside 8:30–5 pm. Home based is important because some families can’t get to programmes—logistically (because of transportation, child care).” (Oranga Tamariki social work supervisor)

Issues related to accessibility were identified in every community.

Lack of Mental Health Options for Family Dynamics and Trauma

The biggest gap in the early intervention array is a lack of mental health services. Every interviewee identified that the mental health services families need are not available. Such services would focus on, for example, early childhood trauma, parents’ issues and family therapy for children with challenging behavior and unstable situations.

Multiple interviewees made comments about needing mental health services focused on parent-child interactions:

“The biggest gap is in mental health: mental health for early childhood trauma The criteria to access Child Adolescent and Family Service⁴¹ are very high There is a need for play therapy and support for early trauma, a need for in-home family therapy early in life.” (Oranga Tamariki advisor)

These comments mirror the findings of Brainwave Trust Aotearoa in their “The early years last forever” materials. The findings from this research demonstrate that the way parents respond to emotions and behaviours influences the way a baby learns to handle their own

³⁹ Department of the Prime Minister and Cabinet (2019b), p.66

⁴⁰ Mani, Mullainathan, Shafir, Zhao (2013), pp. 976–980

⁴¹ Community-based mental health assessment, treatment and education for individuals and families

emotions and behaviour,⁴² and “a child who is anxious or scared of the people around them is at greater risk of building a brain that finds it hard to learn, hard to control anger and hard to get along with others.”⁴³ Interventions that work with parents on their responses to young children can make a significant difference to a child’s social-emotional development.

Brainwave Trust Aotearoa also notes:

“An adult’s ability to respond to an infant will be influenced by the way [parents] were parented. ... If parents are aware that their own family were unable to provide good care for them, it is perfectly possible to make changes for their children. ... If past experiences are making parenting or care-giving difficult, it can be useful to seek appropriate professional help.”⁴⁴

However, that appropriate professional help is currently very hard to access. This issue was identified as an unmet community need almost a decade ago in a Ministry of Health report on the need for perinatal and infant mental health services in New Zealand. That report identified that most child and adolescent mental health services focused on children and adolescents, and not parent-infant dynamics.⁴⁵ This aligns with a comment from an interview for this research: “the system focuses on access for individuals, not for families.”

In addition to the need for services for young children and their caregivers, there is a need for mental health and alcohol and drug counselling for parents that provides treatment in the context of their role as caregivers. The issue of parental mental health needs came up both in the interviews and in reports on Strengthening Families and Whānau Ora:

“There are not enough mental health services; not enough services focused on relationship between parents in the home.” (NGO manager)

Interviewees also reported specific concerns about access to “addiction services specific to parents” and “alcohol and drug services specifically for parents.” Documents reviewing Strengthening Families and Whānau Ora both identified a need for treatment support for parents. In the research on Strengthening Families, coordinators reported that mental health was among the most frequently identified parent/caregiver needs.⁴⁶ The Independent Whānau Ora Review Panel found that navigators were pulled into a clinical role because appropriate community services were not available.⁴⁷ Whakapapa trauma, intergeneration transference and trauma related to uplifts have resulted in the need for support to address mental health, including trauma counselling, alcohol and drug treatment, and parenting skill coaching.⁴⁸

⁴² Nelson (2018), p.8

⁴³ Ibid. p.3

⁴⁴ Ibid. p.14

⁴⁵ Ministry of Health (2011)

⁴⁶ Oranga Tamariki Evidence Centre (2020c), p.43

⁴⁷ Independent Whānau Ora Review Panel (2018), p.7

⁴⁸ Kaiwai, Allport, Herd, Mane, Ford, Leahy, Varona and Kipa (2020), p.63

For children who have experienced trauma and exhibit challenging behavior but who do not have a clinical diagnosis:

“Mental health [is] very difficult to get access [to], especially in their homes and communities ... transportation is an issue—[there is a need for] specifically family therapy.” (NGO coordinator)

“[There is a] lack of services to address stress related to poverty, and mental health for ... complex issues.” (NGO manager)

Ultimately, children’s behavior cannot improve in a vacuum. Services that address family dynamics that cause or reinforce children’s negative behaviour can sustainably address needs in a way individual services cannot.

The issue of adding capacity to address children’s mental wellbeing in the context of families is mentioned in the new CYWS, which identifies the need for a transformation of the mental health and addiction approach to focus on improving the mental wellbeing of children and young people.⁴⁹ The CYWS also proposes new programmes for parents, families and communities to enable them to support children’s learning, development and wellbeing:⁵⁰

“There is evidence that promotion, prevention, and early intervention can have substantial benefits for wellbeing. Holistic approaches that aim to improve the mental wellbeing of children and young people, which include family and whānau, are important. ... Initiatives with a specific focus on children and young people include: greater access and choice of primary mental health and addiction support ... greater support for parents with mental health and addition needs ... resources to enhance the resilience and mental wellbeing of [school-aged] children.”⁵¹

There is consensus on the need to transform the system to better meet the mental wellbeing of children by addressing it in the context of family systems. The current lack of such supports was mentioned in all the interviews.

Provision of Resources to Māori, Pasifika, Asian and Refugee Communities to Develop and Provide Effective Services

One iwi social service manager reported, “we have good relationships [because] the relationship is iwi–Crown based on Treaty of Waitangi principles.” This comment mirrors concepts in Treaty-based protections related to child welfare where Te Tiriti o Waitangi (the Treaty of Waitangi) makes clear the essential nature of connections among tangata whenua to the wider collective.⁵² Adherence to the Treaty is important both because it is a constitutional

⁴⁹ Department of the Prime Minister and Cabinet (2019b), p.70

⁵⁰ Ibid. p.62

⁵¹ Ibid. p.66

⁵² Achmad (2020), pp.40–42

obligation of the Crown and in recognition of historic violations.⁵³ The Human Rights Commission found in 2018 that Crown breaches of the Treaty continue to cause Māori to suffer social, cultural and economic loss—Māori have lower life expectancy, higher rates of health conditions, increased rates of disability and higher rates of incarceration and children in care.⁵⁴ Between the 1950s and the 1980s, over 100,000 New Zealand children and adults were put into group care. More than half of these children were Māori; some state homes reported that 80 per cent of their residents were Māori.⁵⁵

Working with iwi in particular and Māori in general as Treaty partners is now government policy. Section 7AA of the Oranga Tamariki Act imposes a duty on the chief executive of Oranga Tamariki to recognise and provide a practical commitment to the principles of the Treaty of Waitangi. Accordingly, Oranga Tamariki has developed three quality assurance standards that directly address this duty: standards one, two, and five.

“1. We uphold and protect Māori rights and interests: The following rights and interests are safeguarded.

- a) The right of tamariki Māori to be connected to their culture and whakapapa
- b) Enabling whānau, hapū, and iwi to exercise their right to make decisions over their lands, resources, and people (including tamariki)
- c) Actively protecting the use of te reo Māori and the application of tikanga and kawa

“2. We hear and act on the voices of Māori. The views and experiences of tamariki Māori and whānau, hapū, iwi or Māori organisations have been used to inform policies, practices, and services

...

“5. We value the Māori evidence base: Māori knowledge, Māori data and models, Māori-led research and evaluations are valid. We use this to inform our evidence base alongside other models and evidence.”⁵⁶

Comments in interviews demonstrated an awareness of the importance of upholding these standards and a concern that sometimes others have not taken this importance to heart:

“You need to move forward to purposeful partnership. You can’t design something and bring it to them and ask for involvement at the end. You need to go in with a need and work together. [We] see this lesson needing to be relearned again and again.”
(Oranga Tamariki advisor)

Good communication results in awareness of each other’s efforts and intentions. Cooperation involves coordination, including through sharing resources and responding to systemic issues

⁵³ Kaiwai, Allport, Herd, Mane, Ford, Leahy, Varona and Kipa (2020) pp.41–59

⁵⁴ Human Rights Commission (2018), p.8

⁵⁵ Ibid. p.14

⁵⁶ Oranga Tamariki (2019c)

together. But the principles of Te Tiriti o Waitangi require a deeper level of integrated effort, full collaboration, between government agencies and iwi:

“In an ideal world we would be working as one. Worldviews are going to be obviously different and so too the processes for engagement. All indigenous peoples face similar issues with policy and legislation because it’s the tools of the coloniser. There’s a much bigger picture here than the working relationship with our colleagues from Oranga Tamariki.” (NGO manager)

The impact on services of worldview is affirmed in the report *Social Workers in Schools: Tamariki and whānau experience of the Social Workers in Schools in Kura Kaupapa Māori and Kura-ā-iwi, and English-Medium Schools*. The report identified a key difference between the kaupapa Māori findings compared with the “other knowledge” (using non-Māori or ‘Western’ methods) research. For example, where conventional Western research focuses on child behavioural problems, according to kaupapa Māori, problems are seen as originating not with tamariki behavior but with the whole community, reflected in their tamariki. The SWiS practice in kura is firmly based in te ao Māori (the Māori way), incorporating kaupapa Māori approaches, the tikanga of the kura and te reo.⁵⁷ Without true collaborative work, the success for tamariki Māori may be limited, because the interventions will not truly incorporate a Māori worldview.

Although supports for Pasifika, Asian and refugee communities are not governed by the Treaty of Waitangi, these communities are also vulnerable due to socio-economic disparities, difficulty accessing services and finding resources.⁵⁸ If reflecting a culture’s worldview in services is the key to accessibility and effectiveness, then collaborating with Pasifika, Asian, and refugee communities is essential to supporting the wellbeing of children in those communities. Additionally, families may reflect multiple cultures and heritages and by collaborating with multiple communities, Māori who are part of those families are represented in the co-development process.

Across interviews, a consistent theme emerged of the need to support communities having a role in developing and providing services.

“There is need for support of them developing what it is that they are doing. Having the resource to develop the service in the way most effective for their community.”
(NGO coordinator)

Services developed and provided by Pākehā but adapted for other populations were not seen as favourably as those designed with and delivered by the people needing services.

“On the main services aren’t fitting, but there is no other option. They are not as holistic/strengths based as would be ideal. Some organisations are better than others.”
(Oranga Tamariki advisor)

A community partner clarified that this was not just about NGOs:

⁵⁷ Education Review Office Te Tari Arotake Mātauranga (2019b), p.41

⁵⁸ Human Rights Commission (2018) pp.10–11.

“Oranga Tamariki holds on to things that iwi could do better. They don’t engage enough with getting families involved. If they involved community supports/iwi at the point of notification, they could avoid statutory involvement and resolve situations before uplift. Oranga Tamariki pushes [NGOs] to be an ambulance at the bottom of the hill and get help finding placements for children already in care instead of focusing on preventing children from coming in to care.” (NGO manager)

When iwi social services had a role in development and provision, community partners were enthusiastic:

“Our work with Oranga Tamariki is considered as a forerunner to extending working relationships with a view to iwi managing services from Oranga Tamariki for its own peoples.” (NGO manager)

Partners acknowledged that there would be challenges in this work:

“The top 5% of referrals are going to be in the hard basket for NGOs/iwi for the most part. However, with a bit of training and resourcing they should cope with and manage this type of context. Training, qualifications and resourcing are the go here.” (NGO manager)

These comments align with findings in the SWiS research report, the Whānau Ora Commissioning Agency inquiry, the Oranga Tamariki 2019 Budget plan and the Strengthening Families research report. The SWiS research report found that practice models drawn from te ao Māori effectively support SWiS workers to build relationships and support whānau.⁵⁹ Culturally aligned services are more effective at achieving results. The Whānau Ora Commissioning Agency inquiry into Oranga Tamariki saw as essential the establishment of services developed by and for Māori focused on early intervention and prevention, with a culturally competent workforce providing services across multiple domains of wellbeing.⁶⁰ The 2019 Oranga Tamariki budget identified this method as the way it intended to work alongside partners. “Partnership means more than just contractual arrangements, and our partners will be involved from the very beginning—working alongside us to design and shape these new services.”⁶¹ That philosophy is reflected in the fact that new Intensive Intervention services are being delivered alongside iwi and Māori organisations and the new whānau care partnerships with iwi and Māori organisations are providing wrap-around models for the development and support of whānau caregivers.⁶² Other interagency efforts, like Strengthening Families, are simultaneously working to move beyond communication and cooperation into deeper collaborations.⁶³

⁵⁹ Oranga Tamariki Evidence Centre (2020b), p.19

⁶⁰ Kaiwai, Allport, Herd, Mane, Ford, Leahy, Varona and Kipa (2020), p.71

⁶¹ Oranga Tamariki (2019a), p.10

⁶² Ibid. p.9

⁶³ Oranga Tamariki Evidence Centre (2020c), p.30

6 CONCLUSION

This report is limited in its transferability, because of the small number of interviews it involved. However, it serves as a reminder that Aotearoa New Zealand has engaged in many extensive community input processes over the past decade that identified needs that those interviewed indicate have still not been addressed. Continued inertia indicates that awareness of the issues is not sufficient; New Zealand needs to identify and overcome the barriers to change. In addition to the recent reformulation of Oranga Tamariki, the government has introduced a Child and Youth Wellbeing Strategy (CYWS) to improve upon its ability to help all children be safe, happy and healthy. The new Early Intervention component of Oranga Tamariki and the new CYWS both provide the country with opportunities to address programmatic, staff and systemic needs reiterated in this report.

This report explored the question: what are the opportunities for New Zealand social sector agencies to address early need regarding child wellbeing after a notification where no further statutory action is taken by Oranga Tamariki?

New Zealand already has a strong array of universal supports and interventions that address early need that could be utilised when a referral does not require statutory action. Recent research and evaluations of pieces of the array indicate that more resources would be needed to sustain and expand positive impacts; staff report being stretched thin with their existing workloads due to the multiple and complex needs of children and whānau. When staff consider they do not have enough time, they may not engage in some practices that would make them more effective, like networking with other agencies and professional development.

Relationships and communication are key to staff success; more time and skill-building support for these purposes need to be incorporated into Oranga Tamariki's expectations for its own staff and into its understandings and contracts with external partners. Strong connections between Oranga Tamariki and its community partners are essential, to ensure that everyone is familiar with the best fit for families' needs. Communication skills related to a therapeutic approach, engagement and motivation are important drivers of success. For families with no statutory requirement to obtain services, the ability of Oranga Tamariki social workers and providers to engage them and motivate them to follow through on referrals are crucial. Moreover, accessibility must be addressed in future expansions of services; families with limited resources who need interventions must be able to access them. Ease of access may determine participation for families who need help but are not statutorily required to obtain it. The current level of resourcing will not allow staff to see the same level of clients, participate in relationship-building, engage in professional development to build specific communication skills, and address accessibility. To prevent spending resources on statutory interventions, resources need to be expended to develop elements of the array that help families avoid future reports of concern.

The system will not be able to truly judge the success of all the current changes without a clearer plan for collecting and tracking data across government agencies. Using a consistent measure of child wellbeing across programmes, government agencies, and ministries will allow Oranga Tamariki to better assess the wellbeing of families who have new reports of

concern, the effectiveness of the resources families are utilising, and the synergistic impact of layered supports on children’s wellbeing. The Ministries of Health and Education are leading work on such a measure as part of the CYWS. Other ministries and iwi participation in the development of this is vital to ensure it is culturally relevant and can be systematically administered, with data entered into the IDI. Addressing the privacy and ethical considerations of adding new measurement into the IDI is fundamental to this change. The current system makes it difficult for an Oranga Tamariki social worker to track if the interventions that they arrange for families who do not require statutory intervention address the presenting concern.

When Oranga Tamariki is referring children and their whānau to community-based social services, they need to know that the programmes will fit both the presenting problem and the worldview of the whānau. As missing services are identified, co-developing services instead of coming with a proposal ready for a stamp of approval will fulfill responsibilities to Treaty partners and result in more culturally fitting services. This is already happening with the development of Intensive Interventions in response to children involved with Oranga Tamariki. Currently, one gap in the array of services is family-oriented services for mental health and drug and alcohol issues. Co-development would be best practice, to remedy the lack of services simultaneously addressing family dynamics and coping with trauma.

7 RECOMMENDATIONS

The following recommendations reflect the responsibility Oranga Tamariki has to not only set its own priorities but also “indicate how the chief executives of the children’s agencies will work together to improve the wellbeing of the core populations of interest.”⁶⁴ The Office of the Children’s Commissioner developed Oranga Tamariki out of Child Youth and Family Services and empowered it to set explicit expectations for other government agencies.⁶⁵

To improve the ability of New Zealand to address children’s needs via early interventions for families who do not require statutory intervention:

1. Connect: Provide funding and set caseload sizes for social workers and contracted providers to allow time for travel to clients, service provision outside business hours, nurturing relationships among agencies and professional development building communication skills related to engagement and motivation.
2. Count: Use the Oranga Tamariki Action Plan to systematise data measurement and then strengthen data collection and tracking across programmes, agencies and ministries.

⁶⁴ See the Children’s Act 2014 and Children’s Amendment Act 2018

⁶⁵ Children’s Commissioner Manaakitia Ā Tātou Tamariki (2015), p.57

3. Co-develop: Use the Oranga Tamariki Action Plan to develop a plan to address the gap in mental health and alcohol and drug support for families, co-developing the expanded services with community partners rather than seeking a stamp of approval after development.

These recommendations mirror action steps and recommendations set out within multiple reports from the past decade that have not yet been realised. During the initial months of the Covid-19 pandemic, New Zealand demonstrated its ability for government agencies to work together and share data to successfully address a crisis. Can that capacity be channelled into addressing early intervention needs? How does New Zealand build on the innovation and success that has already happened? How does New Zealand lead collaboratively with community leaders who have deeper insight into what is needed and what works?

New Zealand can look over its shoulder, knowing that it has done much more than other countries to be a good place for children and young people. Or it can look ahead at the backs of countries that are outpacing its efforts and focus on catching up. Is the goal to not be last, or is it to be the best place for children and young people?

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APPENDIX 1:

Semi-structured questionnaire schedule for Oranga Tamariki sites and community partners.

Oranga Tamariki staff/site manager questionnaire guide

Identity/Role:

1. Tell me about you—how did you come to do this work?
2. What role do you have in the early intervention space (support for children and whānau showing early signs of need)?
3. How does your site/agency engage with and broker services with early intervention providers and community partners in the local community or communities you support?
4. What kinds of services does your site help children and their caregivers connect with?
5. What were the needs of those children and their caregivers?
6. What do [social workers/site managers] need in terms of resources to be able to broker services?
7. Who do you think is the best person for the role of brokering services?

IAR Process:

1. At what stages of the IAR process does your site make connections and referrals to early interventions and other supports?
2. What process, tools or guideline do staff use to assess for early signs of need?
3. How much time do social workers spend on assessing these needs, making the connections and documenting the connections (either per client or per week)?

Data Collection:

1. Where do you record assessments of early needs (CYRAS, other form)?
2. Where are referrals recorded and how (CYRAS, other form)?
3. Where do you record data on the outcomes of those referrals?
4. If a family/whānau was to have a new report of concern, is there a way to check back on past referrals? Can you access the outcomes of that service?

Partnership Strengths and Barriers:

1. What services that address early needs are available in your area/the areas where the families you work with live?
2. From your perspective, are those services fitting for tamariki and whānau Māori?
3. Describe the rapport your site has with local iwi and Māori partners and service providers.
4. What is required to build rapport with iwi/Māori partners, service providers and community members?
5. Describe the barriers to accessing services for children and their family/ whānau:
 - lack of awareness
 - lack of local services
 - limited capacity
 - lack of fit for the issues
 - lack of fit for culture (Māori, Pasifika, migrant/refugee)
 - other issues.
6. Describe how your site assesses the quality of work of early intervention partners.

Coordination:

1. What are/should be the expectations around information sharing with providers?
2. What information do you share with providers and how do you go about that?
3. What are services families need that are lacking in your community/local communities of families you work with [Ascertain if the early intervention array varies by region/where the holes in the array are]?
4. Describe what robust wrap-around support would look like to you.
[Prompt examples: Whānau Ora Commissioning Agency report advocates: housing, legal advice, financial support, mental health, trauma counselling, alcohol and drug issues, parenting, numeracy and literacy supports, and other needed help]
5. If a local partner were to decide to provide additional services that are currently lacking, what do you think they would need to do that?
 - funding
 - building awareness of service (describe)
 - 24/7 help or crisis line
 - accommodation (describe)
 - qualified workforce/candidates for positions (describe)
 - professional training for staff (describe)
 - support engaging families—families are reluctant to get support that they need
 - other issues.
6. Describe how you think government agencies, public services and NGO providers could work better together to provide comprehensive early intervention.

Community Partners/NGO Providers Questionnaire Guide

Identity/Role

1. Tell me about you—how did you come to do this work?
2. Tell me about your agency: You offer so many services that support families and promote child wellbeing. How are those programmes going (capacity/enrolment, how

it's working—outcomes/family satisfaction, funding, staff recruitment/retention, other issues)?

Partnership Strengths and Barriers

1. Annually, how many of the people your agency works with are referred to you by Oranga Tamariki (number and percent)?
2. How do you currently interact with Oranga Tamariki?
3. In an ideal world how would you interact with Oranga Tamariki ?
4. How do you engage with the community overall?
5. What barriers exist to your agency being able to connect families/whānau to services for those who need them:
 - lack of awareness
 - lack of local services
 - limited capacity
 - lack of fit for the issues faced by children and their families/whānau
 - lack of cultural fit for Māori, Pasifika, Asian, migrant/refugee families
 - issues with referrals
 - other issues.

Coordination

1. What are/should be the expectations around information sharing?
2. What are services families need that other agencies provide locally?
3. What are services families need that are lacking in your community?
4. Describe what robust wrap-around support looks like to you.
[Prompt examples: Whānau Ora Commissioning Agency report advocates: housing, legal advice, financial support, mental health, trauma counselling, alcohol and drug issues, parenting, numeracy and literacy supports, and other needed help]
5. If you or a local partner were to decide to provide additional services that are currently lacking, what would you need?
 - funding
 - building awareness of service (describe)
 - 24/7 help or crisis line
 - new accommodation (describe)
 - qualified workforce/candidates for positions (describe)
 - professional training for staff (describe)
 - support engaging families—families are reluctant to get support that they need
 - other issues.
6. Describe how you think government agencies, public services and other NGO providers could work better together to provide comprehensive early intervention in your community (support for children and whānau showing early signs of need)?