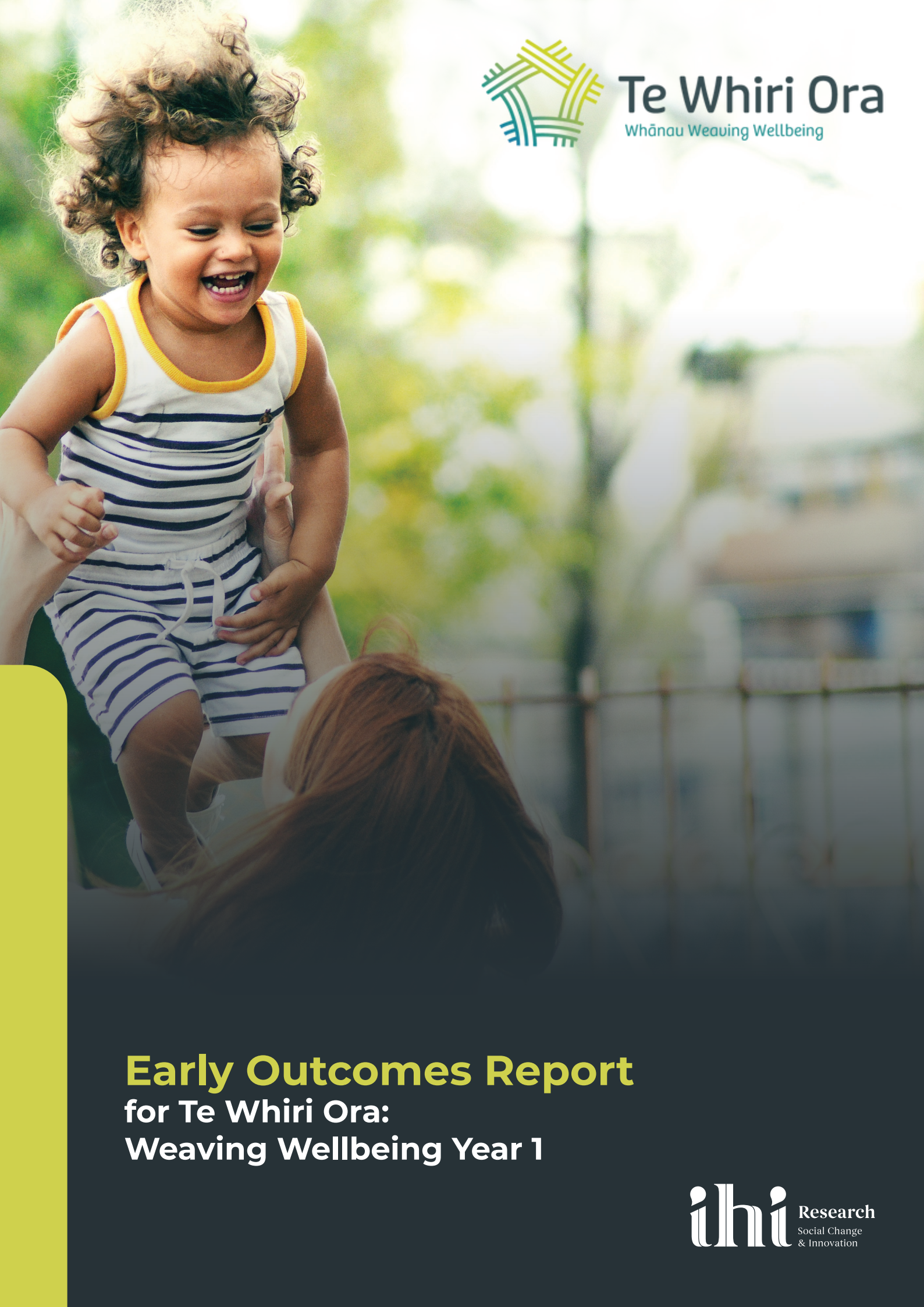# Te Whiri Ora
Whānau Weaving Wellbeing

Early Outcomes Report
for Te Whiri Ora:
Weaving Wellbeing Year 1

ihi Research
Social Change & Innovation

Ihi Research wishes to acknowledge the whānau and stakeholders who gave their time and wisdom to inform this report.

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Contents

Executive summary

Te Whiri Ora is a new, unique support service within the Canterbury area. The service is based on Te Tiriti o Waitangi. It is governed by Right Service Right Time (RSRT) which is comprised of thirteen local agencies, two kaupapa Māori providers (Purapura Whetu Trust, He Waka Tapu) and eleven tau iwi providers (Barnardos, Christchurch Methodist Mission, Presbyterian Support Upper South Island, Early Start, Stand for Children, START, Christchurch Resettlement Services, Wellbeing North Canterbury, Pegasus Health, Oranga Tamariki and St John of God Waipuna).

Te Whiri Ora supports whānau, tamariki and rangatahi as they navigate multiple agencies and services in order to meet their needs and aspirations. Kaiwhiri[1] within Te Whiri Ora work with whānau to collectively create a strong support network and ensure that a sometimes-complex range of needs are being met.

In particular, this new support service aims to address the significant challenges impacting on vulnerable tamariki, rangatahi and whānau with complex needs and multiple issues. Service fragmentation is a considerable barrier for whānau who need timely access to appropriate supports. Previous research has found cross-agency investment in services is needed to improve outcomes for vulnerable tamariki and whānau (Oranga Tamariki Evidence Centre, 2019). Many whānau with complex issues, often distrust mainstream health and social service agencies due to negative past experiences (Office of the Children's Commissioner, 2020; Waitangi Tribunal, 2021). Services for tamariki, rangatahi and whānau with multiple issues need to be whānau-centred, culturally sustaining and strengths-based, delivered through a localised and regionally collaborative response (Oranga Tamariki Evidence Centre, 2019).

[1] Kaiwhiri is the name given to the key workers for whānau/families engaged with Te Whiri Ora services

Ihi Research was contracted to undertake a co-designed developmental evaluation[2] of Te Whiri Ora, however, Oranga Tamariki funding for Te Whiri Ora was suddenly reduced in 2022. As a result, the first year of the evaluation was refocussed and this report details the early outcomes of Te Whiri Ora, as well as the key enablers and barriers to improvement.

The evaluation was guided by the following questions:

- How well, and in what ways has Te Whiri Ora worked to achieve its aims?

- What impact is Te Whiri Ora having? For whom? And under what set of conditions?

- What are the enablers and barriers to improvement?

- What key learnings emerge to strengthen whānau-led services?

Te Whiri Ora was one year into implementation at the time of this evaluation. A number of key lessons have been learnt during the past 12 months, and the evaluation highlights a range of positive impacts for whānau and other stakeholders. Results demonstrate considerable evidence of early outcomes, particularly the satisfaction and optimism for the future of whānau with high and complex needs. Evidence highlights that Te Whiri Ora is working with tamariki, rangatahi and whānau with diverse situations, and immediate pressing needs. Addressing children's behaviour, emotional needs and at-risk behaviours and ensuring parental support, are common priorities.

As a result of working alongside the kaiwhiri, whānau described a number of positive impacts including,

- increased whānau hope and optimism for their futures,

- increased whānau faith and trust in Te Whiri Ora,

- improved coordination of services/ communication between services,

- whānau having positive experiences with services and professionals,

- evidence of kaiwhiri supporting whānau to build their own capabilities by walking alongside them and,

- evidence of the reduction of 'complexity' in whānau lives.

Analysis of stakeholder interviews also emphasised optimism about the new coordinating approach and that there were more honest, supportive and coordinated meetings involving whānau/families.

Whānau who were interviewed, identified aspects of the service which enabled change including,

- whānau-led processes and trusting relationships with kaiwhiri,

- kaiwhiri clinical strengths-based approach advocating for whānau,

- brokering power for whānau with professionals where whānau feel disrespected or disregarded and,

- kaiwhiri organisation and coordination of services, resulting in decreased stress for whānau and streamlined access to services.

Trusting relationships established with the kaiwhiri was a key enabler. This is significant, as evidence highlighted how distrusting and frustrated whānau were, given their past experience of social service and health agencies. These whānau will be highly vulnerable if funding is cut and Te Whiri Ora service is diminished in any way. Interview analysis highlighted that whānau and the stakeholders who supported them had been let down by multiple government agencies over time, and their frustration at not being respected or listened to was clearly evident.

Finally, whānau identified aspects where the service could improve,

- more speed and action – more regular meetings, increase community knowledge of Te Whiri Ora and its service and,

- increased visibility and advertisement of Te Whiri Ora.

[2] For a full description of the methodology please refer to Appendix 1.

While results emphasise the early outcomes achieved through Te Whiri Ora as a relatively new service, evidence demonstrates that more targeted action is needed to ensure an equitable approach for populations at risk.

The issue of equity highlights some ambiguity and variability related to the theory of change underpinning Te Whiri Ora and its implementation, in particular its commitment to a Te Tiriti o Waitangi approach. To some extent, working through ambiguity is to be expected when a new service is developed by Māori and tau iwi organisations (Savage et al., 2020). However, some interviewed stakeholders expressed concern about a lack of evidence regarding equitable impacts. The low referral numbers were a particular concern. There was also ambiguity in relation to kaiwhiri practice, given the new, innovative approach. Some kaiwhiri believed their practice had changed quite a bit, while others did not. The model of kaiwhiri practice needs to be further defined.

There is a lack of evidence that the service is sufficiently engaging Māori and Pacific tamariki and whānau. Some identified barriers, such as a lack of support from other agencies are outside of Te Whiri Ora's control. However, an important aim of Te Whiri Ora is ensuring an equitable approach to reduce disparities for populations at risk. This requires stronger governance based on a commitment to Te Tiriti o Waitangi, as well as the creation of an equity plan to ensure Māori and Pacific are able to access the service at equitable, rather than demographic rates.

The following recommendations have emerged from this evaluation.

Recommendation 1: Continue and increase the funding available to Te Whiri Ora

Early evidence indicates the impact of the service for whānau/families and their tamariki/children is considerable. These outcomes have been confirmed by stakeholders from schools and health services, who reiterate the frustration they have had engaging services for these whānau prior to Te Whiri Ora.

Recommendation 2: Create a clear theory of change around equity with measurable targets (short and long-term outcomes) that demonstrate clear links to Te Tiriti o Waitangi principles.

Te Whiri Ora has a working theory of change; however, it does not yet provide sufficient planning with set equity targets. There is also no mention of Te Tiriti o Waitangi despite the governance group's commitment to it, so it is not clear how Te Tiriti principles are used to ensure equitable approaches and outcomes. It is important to clarify the equity outcomes which Te Whiri Ora wish to obtain and how these can be measured and tracked over time. Without having measurable targets and a clear theory of action around this, it is unclear how the service can evaluate whether it is reaching its equity outcomes. There is an emphasised need to ensure that kaupapa Māori agencies and frameworks are considered, heard and implemented to ensure Te Whiri Ora governance group's commitment is upheld.

Recommendation 3: Create an outcome monitoring framework to determine the outcomes for whānau and their tamariki over time.

There is evidence from this evaluation that working with Te Whiri Ora is raising the capability of whānau to be self-determining and reducing the complexity in their lives. There is an opportunity to demonstrate how the intervention directly addresses equity issues for priority whānau and their tamariki. We recommend the evaluation team and kaiwhiri develop and implement an outcome monitoring framework that is implemented in Year 2. In addition, the evaluation team will re-visit the whānau/families interviewed for this evaluation in Year 2 to ascertain long-term and sustainable impact.

Recommendation 4: Reduce variability and ambiguity around the role and practice of kaiwhiri – create guidelines around service.

During the past year, kaiwhiri have been evolving the practice and pathway for Te Whiri Ora clients. There is evidence from the evaluation that the way in which the kaiwhiri work varies across the service. This is possibly further entrenched by working for different organisations that have different philosophies and approaches to service delivery. There are aspects of practice that are working well including referrals, allocations, additional cultural and clinical supervision, and peer support. In order to clearly articulate what the service is offering and how it is different to other services – there is an opportunity to further define the framework and achieve more consistency across the kaiwhiri.

Introduction

Te Whiri Ora: Weaving Wellbeing is a new service developed by 'Right Service Right Time³' across the Canterbury area, developed with a range of cross sector stakeholders including whānau. This new service replaced the Canterbury Children's Team (Canterbury Clinical Network, 2022).

Children's Teams were established following the 'White Paper for Vulnerable Children' (Ministry of Social Development, 2012) and were implemented across Aotearoa with oversight managed by Oranga Tamariki. Statistics underpinning the White Paper emphasised the need to better support vulnerable tamariki at risk of abuse and neglect. Children's Teams were designed to support tamariki and whānau who had complex needs but who did not meet the requirements for statutory care and protection services. Whānau engagement with the Children's Team was voluntary, and the Children's Team model relied on an integrated approach, with the aim of involving health, education, and social sectors to better support whānau. Collaboration between multiple government agencies, community members and non-government organisations (NGOs) underpinned the model with a Lead Professional working with whānau to identify

their needs, develop a single plan of action, and broker access to required services (Oranga Tamariki Evidence Centre, 2019).

An evaluation of the Children's Team approach highlighted "transformative" experiences for whānau, and a key enabler of change was the supportive relationship with the Lead Professional (Oranga Tamariki Evidence Centre, 2019, p. 12). However, there were significant structural barriers that inhibited its success. There was limited local community engagement, as development and implementation of the Children's Team model were largely driven at a national level. Contracting arrangements did not support collaboration and there was a need for "cross-sector contract flexibility and integration" (Oranga Tamariki Evidence Centre, 2019, p. 18). A transition to more regionally based, community-based approaches was recommended.

² Right Service Right Time is a collaboration of over 40 non-government social service providers in the Canterbury area.

In April 2021, 'Right Service Right Time' was awarded the contract for the coordination of whānau services as part of Oranga Tamariki's transition of the 'Children's Team' to regional, community-based providers. Right Service Right Time co-designed Te Whiri Ora with new principles of operating, a service pathway and a practice framework. This co-design process involved input from whānau and multiple-sector agencies and multiple-disciplinary professionals from across the Canterbury region including those from Ashburton and North Canterbury. The Right Service Right Time partnership which is responsible for governing the Te Whiri Ora co-ordination services is comprised of thirteen agencies (two kaupapa Māori providers (Purapura Whetu Trust, He Waka Tapu) and eleven tau iwi providers (Barnardos, Christchurch Methodist Mission, Presbyterian Support Upper South Island, Early Start, Stand for Children, START, Christchurch Resettlement Services, Wellbeing North Canterbury, Pegasus Health, Oranga Tamariki and St John of God Waipuna).

Te Whiri Ora aims to adhere to Te Tiriti o Waitangi and coordinate services in ways that enable agencies to work more effectively with Māori and non-Māori tamariki, rangatahi and whānau in ways that enable them to achieve their aspirations and goals (Te Whiri Ora, 2021a). Kaiwhiri (key workers) are employed to implement Te Whiri Ora. They are hosted by four agencies including: Barnardos, Presbyterian Support Upper South Island, Purapura Whetu Trust and St John of God Waipuna. Presbyterian Support Upper South Island has employed a kaiwhiri to work in the Ashburton and Selwyn districts and St John of God Waipuna has employed a dedicated kaiwhiri to work in the North Canterbury district.

Ihi Research was initially contracted to undertake a co-designed developmental evaluation[4], however, Oranga Tamariki funding for Te Whiri Ora was suddenly reduced in 2022. This report details the early outcomes of Te Whiri Ora, as well as the key enablers and barriers to improvement. In particular, the evaluation findings highlight specific opportunities to strengthen whānau-led services through Te Whiri Ora.

[4] For a full description of the methodology please refer to Appendix 1.

Background

Health and social services play a vital role in the wellbeing of tamariki and whānau (Oranga Tamariki, 2022; The Productivity Commission, 2015a). However, such services operate in "administrative silos" with standalone agencies for health, education, housing, justice and social welfare (Heatley, 2016, p. 58). This is a significant barrier to providing effective support for whānau who are in vulnerable situations, with high and complex needs (Oranga Tamariki, 2022; Heatley, 2016; The Productivity Commission, 2015a).

There is now an urgent need for collaborative actions that are guided by the voices and needs of tamariki, rangatahi and their whānau (Oranga Tamariki, 2022). More effective collaborative actions are now needed and should provide "short-term practical steps", "develop evidence-based" stories of need; meet children's and young people's needs and develop whānau resilience. This will be achieved through "community-led, regionally enabled, centrally supported prevention" (Oranga Tamariki, 2022, p. 7).

The importance of effective early intervention on the life outcomes of tamariki/children cannot be understated. A recent report into youth offending in New Zealand identified the importance of early effective intervention

for children on life outcomes and offending behaviour. Reil et al. (2022, p. 4) describes child welfare and child offending proceedings as 'full of missed opportunities to effectively support the wellbeing of children and families.' In their words, "Shortages of resources across child welfare and education led to high thresholds for assistance, meaning only a very small proportion of children and whānau were reported as receiving the support they needed. When intervention was planned, stakeholders said that engagement by child welfare professionals was often poor and inconsistent, exacerbating difficulties." (Reil et al., 2022. p. 4).

In a review of early intervention services, the Oranga Tamariki Evidence Centre (2020) noted that effective early intervention does not take

place in a vacuum. Local access to other services, whether they be universal, targeted universal, preventative or intensive support, is critically important (Oranga Tamariki Evidence Centre, 2020, p. 7). Research clearly identifies localised, coordinated collaborative intervention for tamariki/children and their whānau as pivotal to addressing poor and inequitable intergenerational outcomes. (Reil et al., 2022; Oranga Tamariki Evidence Centre, 2020, Oranga Tamariki, 2022).

Whānau who meet such criteria are often diverse, with complex and changing circumstances. Services and approaches need to be responsive, as whānau have different needs and capacities/resources (Heatley, 2016). They can each face a different situation in dealing with the system. For those with high needs, they may need help with employment, housing, income, health, education and justice to name a few. The capacity of whānau to deal with multiple agencies can also relate to resources (time, cultural capital etc) that enhance or inhibit their ability to coordinate

multiple agencies to get the support they need. Using a Johari window Heatley highlights how whānau capacity can be determined as low or high and their needs can be categorised as such as well (2016). For example, for whānau with low (straight-forward) needs but high capacity (access to resources), they can coordinate services for themselves. Similarly, those with high capacity but complex needs, still have the capacity to coordinate services to meet their needs.

Whānau with low capacity and low complexity of need, are still likely to require assistance to access services. However, clients with low capacity and high complex needs are very unlikely to be able to navigate multiple agencies successfully in ways that will address their needs. Heatley's (2016) emphasis on the interaction of 'complexity of need' and 'capacity' is demonstrated in the following figure. Heatley argues there is a need for coordinating support services to engage and cater for whānau who have the highest complex needs and lowest capacity.
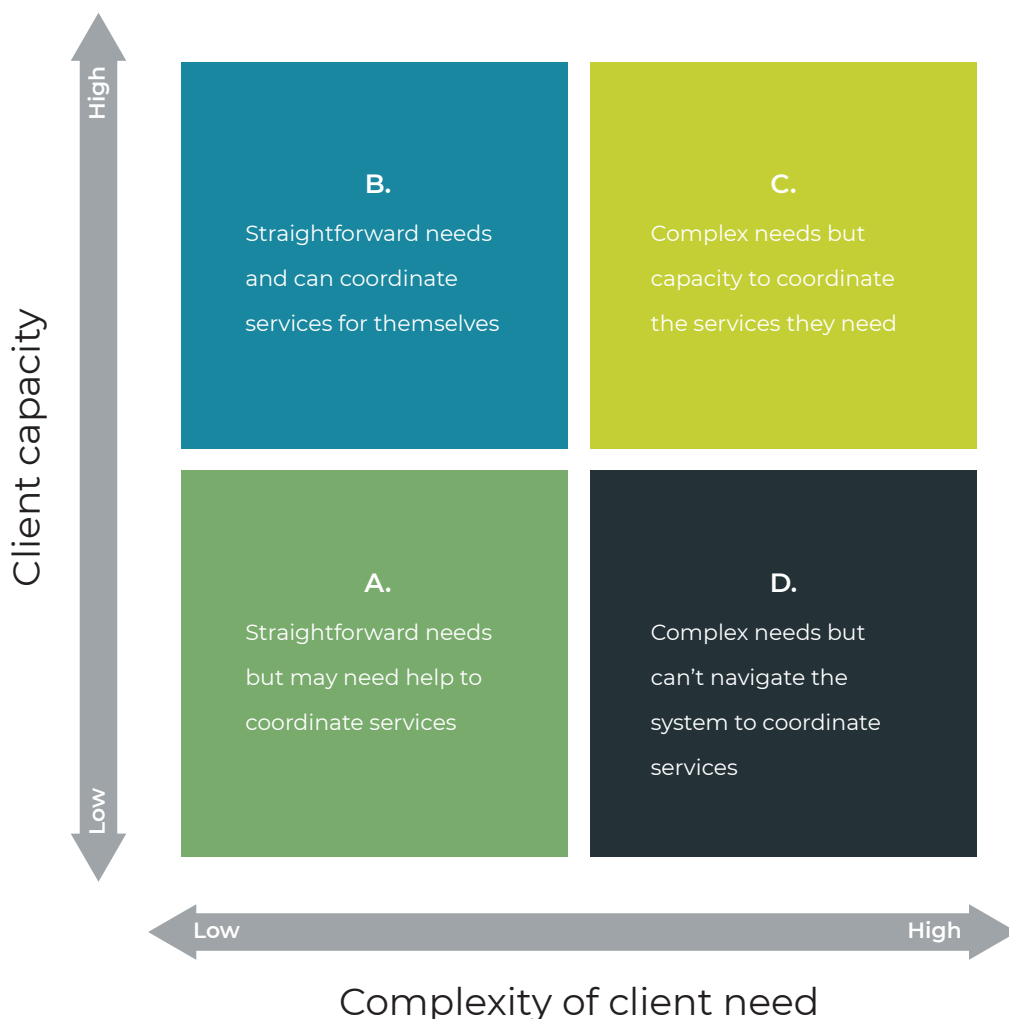

Figure 1: Social services clients face different situations
Source: Heatley (2016, p. 59)

Whilst highlighting the diversity of whānau circumstances and the need for more responsive coordinating approaches, Heatley's (2016) analysis does not address the importance of culturally sustaining approaches. The most recent Oranga Tamariki Action Plan states that tamariki Māori, Pacific children and those with a disability are priority groups, as they are most at risk of inequitable health and wellbeing outcomes (Oranga Tamariki, 2022). Many Pacific children "also whakapapa to Māori iwi" (Oranga Tamariki, 2022, p. 5). Child poverty statistics emphasise that Pacific children are experiencing considerable inequities, related to their basic living needs when compared to their non-Pacific peers. Recent research emphasises that within these "priority populations" of children and young people, around "10 to 25 percent" also have a disability (Oranga Tamariki, 2022, p. 5).

For whānau Māori and Pacific families, health and wellbeing is holistic as well as intergenerational and best evidence emphasises that strong cultural connections are a prerequisite to good health (Ministry of Health, 2022; New Zealand Health and Disability System Review, 2020; Durie, 2020; Te Puni Kōkiri, 2018).

Inequitable health and wellbeing outcomes for whānau Māori are particularly troubling, despite the signing of Te Tiriti o Waitangi in 1840 (Ministry of Health, 2022; Pihama et al., 2019; Waitangi Tribunal Report, 2019; Reid et al., 2017; Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1988). Colonisation, assimilation and systemic structural racism have resulted in whānau Māori deprivation, marginalisation and psychosocial harms (Walker, 2022; Savage et al., 2021; Watene et al., 2017). Whānau are the primary social unit and the cornerstone of Māori society contributing to the expansion, health and wellbeing of hapū and iwi; a social unit that has been destabilised and disenfranchised as a direct result of successive governments policies (Savage et al., 2021). Whānau Māori and Pacific families can find themselves in vulnerable situations due to the discrimination and racism they experience when dealing with mainstream health and social service agencies (Oranga Tamariki, 2022; Stanley & de Froideville, 2020). They have long experienced the 'done to' intervention logic, that outside agencies (and their representative providers) know best how to 'fix' them (McMeeking, 2020). "Fixing people" leads to a focus on narrowly defined "problems" and limits

the range of legitimate solutions" (Productivity Commission, 2015b, p. 4).

Whānau-centred and whānau-led services delivered locally, have proven effective for improving the health and wellbeing of culturally diverse families (Te Puni Kōkiri, 2018; Savage et al., 2020; Savage et al., 2017; Boulton & Gifford, 2014). For whānau Māori, research has demonstrated the critical importance and impact of whānau-led or centred approaches being tied to their knowledge of, and relationships with, the communities they serve. Whanaungatanga (the relationship between the key worker and the whānau) is a key enabler of change, along with a strengths-based, participatory approach that enables whānau to realise their own aspirations and address their needs (McMeeking, 2020; Te Puni Kōkiri, 2018; Productivity Commission, 2015b; Savage et al., 2017; Robertson, et al., 2013). Whānau-centred programmes need to be inclusive of those who can best support families to meet their hauora goals and aspirations (Savage et al., 2020). Effective partnerships between kaupapa Māori organisations and mainstream primary care providers, ensuring a balance between cultural and clinical approaches, have proven most successful in providing whānau-centred health care and enhanced hauora outcomes (Savage et al., 2020).

Effective partnerships that adhere to Te Tiriti are particularly important for collaborative efforts (Oranga Tamariki, 2022). Despite the success of whānau-centred approaches, particularly for Māori, there is a need to protect kaupapa Māori models of whānau practice, underpinned by mātauranga Māori and the Māori organisations that deliver them. There is a real danger that non-Māori organisations adopt whānau-led programmes, that "have no culturally authentic service design and delivery" and do not work for Māori (Ministry of Health, 2022, p. 24).

Effective models of whānau-centred practice fuse together cultural expertise with clinical approaches (Savage et al., 2020). Collaboration between Māori and non-Māori agencies and organisations in the area of primary health has emphasised the need for collective governance underpinned by adherence to Te Tiriti, a shared vision, core values and relational trust to guide whānau-centred care and that there is a clear model of kaimahi (worker) practice (Savage et al., 2020). Major barriers of effective care for

whānau Māori include a lack of a clear definition/ model of whānau-centred primary health care. Interestingly, Savage et al. (2020) analysis revealed a plethora of terms used to describe approaches such as whānau-led, whānau-centred, Treaty of Waitangi based primary health care provision, community-centred, culturally safe health care provision, culturally responsive health care provision, culturally appropriate and culturally aligned health care provision. The lack of a clear definition (and model) of whānau-centred primary health care with obvious indicators of practice was a significant barrier (Savage et al., 2020). Power imbalances in representation at the governance level and between clinical and cultural approaches also emerged as a significant barrier, even when there were shared agreements in place to guide governance and kaimahi practices (ibid).

Summary

Innovative collaborative approaches are now needed between kaupapa Māori and tau iwi organisations at a local level to co-design a clear model of service practice that meet the needs of Māori and non-Māori whānau and can be monitored and evaluated over time. Te Whiri Ora has been designed as an innovative approach to address the issues raised in previous research and ensure more equitable support for whānau/ families and their tamariki/children (Oranga Tamariki, 2022; Oranga Tamariki Evidence Centre, 2019). The following section describes the focus of this evaluation: to determine the aims of Te Whiri Ora and evaluate how well it is working to achieve its aims.

Key evaluation focus

This annual report, as part of a larger three-year development evaluation, was guided by the following questions:

01 How well, and in what ways has Te Whiri Ora worked to achieve its aims?

02 What impact is Te Whiri Ora having, for whom, and under what set of conditions?

03 What are the enablers and barriers to improvement?

04 What key learnings emerge to strengthen whānau-led services?

Description of Te Whiri Ora and its aims

Te Whiri Ora is a service that supports whānau (tamariki and rangatahi) to achieve their aspirations by accessing appropriate services and ensuring accountability of those services. Individuals, whānau and professionals can make referrals. It is important that whānau agree to the service, prior to engagement and a signed consent form is provided. Kaiwhiri (key workers) make contact with referees, acknowledging the request for service within 48 hours and getting in touch with the referrer within two weeks of the initial request. Initial contact is also made with whānau so kaiwhiri can make an initial home visit with the referrer (Te Whiri Ora, 2021a).

Theory of Change

Te Whiri Ora has a working Theory of Change (see figure 1) to guide implementation and monitoring/ evaluation activities. Its stated mission is "to implement a single-door pathway that supports tamariki, rangatahi and their whānau presenting with multiple issues and requiring an integrated response from more than one agency, and to facilitate multiple opportunities that support tamariki, rangatahi and their whānau to achieve their full potential". This is necessary to overcome key barriers and challenges facing tamariki, rangatahi and their whānau, described as:

- Service fragmentation: Multiple services managing discrete needs of tamariki, rangatahi and their whānau without coordination

- Whānau telling their stories multiple times

- Whānau didn't know where to start

- Whānau had to travel all over the city for services

- Whānau had to wait too long to access services

- High likelihood of intergenerational consequences to tamariki development, education and community contribution

An updated 2022 document states Te Whiri Ora aims as:

- Prioritising an equitable and timely response for Māori and Pacific tamariki and whānau to **address disparities**[5].

- Designing a response which places tamariki, rangatahi and **whānau** in the **centre** and supports them to have a strong voice in identifying their hopes and support needs.

- Creating an environment where there is **transparency** with whānau regarding when, how and with whom their **information** is being **shared** or discussed.

- **Removing barriers** to a coordinated response by shifting away from criteria, thresholds and by using everyday language.

- **Responding** to the **varied** and unique **area needs** identified across the Canterbury

[5] The words in bold, were referenced as such in the document supplied to Ihi Research.

region, including Ashburton, Selwyn, Waimakariri and Hurunui as well as Christchurch City (Te Whiri Ora, 2022).

Importantly, the theory of change has specific immediate and long-term outcomes that can be monitored and evaluated. This ensures it is a living document that can be tested and refined over time. However, it is not clear how 'equitable outcomes' to 'address disparities' are measured. There is no baseline data that would enable the tracking of such outcomes, and no 'equity' targets have been set. Immediate outcomes appear for 'all' tamariki, rangatahi and whānau and are identified as:

- Increased ability to communicate the needs of their whānau

- Increased informed decisions about services, resources, and opportunities for their whānau

- Improved timely access to quality, skilled and trusted services to address their unique needs

- Whānau have better and more consistent access to services

- Whānau experience less storytelling

- Improved connection and support from neighbours and the community

- Increased mastery, sense of control and optimism

- Increased knowledge and confidence in ability to provide care for tamariki, rangatahi and self.

Other immediate outcomes for whānau include:

- Achievement of goals

- Decreased psychosocial stress of whānau

- Positive social-emotional skills (including social relationships)

- Increased resource and capacity for coping, and problem-solving

- Percent of whānau who report that early coordination services have helped them:

    - Know their rights

    - Effectively communicate their needs

    - Improve their wellbeing.

Immediate outcomes are also identified for professionals and include:

- Follow through on team decisions

- Less fragmentation and duplication

- Easier and timely access to services

- Support strategies that 'fit'

- Support strategies based on strengths

- Whānau-centred integrated service delivery

- Agencies and professionals are coordinated

Long-term outcomes are also identified (for all whānau) and include:

- Loved and nurtured

- Have what they need

- Happy and healthy

- Learning and developing

- Respected and connected

- Involved and empowered

It is not clear how these outcomes are currently monitored and reviewed within the service.

Inputs	Activities	Outputs	Immediate Outcomes	Intermediate Outcomes	Long-Term Outcomes[6]
· Co-design with stakeholders, particularly whānau · Value-based service · Whānau-led pathway · Evidence-based practice models · Funding · Engaged tamariki and whānau · RSRT Governance Group · Well-trained and capable kaiwhiri/coordinators · Panel with whānau-centred practice · Stakeholder engagement, awareness and alliancing · Common agreement on how data is collected, stored, shared, collated and presented · Evaluation	**Process** Kaiwhiri have a relational, high-trust relationship with whānau Integrated, whānau-centred coordination designed around and negotiated with whānau Decisions are informed by diverse family and community strengths and lived experiences Coordination brokers from existing service system with priority access Key Workers walk alongside whānau as they engage, disengage and reengage Whānau choice to engage a cross-sector panel to guide practice Whānau-driven time to self-reliance **Help Giving** Provide unbiased and complete information/access to informal and formal resources and supports that are flexible and responsive Provide relational support that is positive, non-judgemental,	· High uptake of RFS with whānau and other stakeholders · Participation in whānau and tamariki focussed support · All agencies interacting in a coordinated manner with whānau · Increased number of whānau with plan goals addressed	**Tamariki, Rangatahi and Whānau** · Increased ability to communicate the needs of their whānau · Increased informed decisions about services, resources, and opportunities for their whānau · Improved timely access to quality, skilled and trusted services to address their unique needs · Whānau have better and more consistent access to services · Whānau experience less storytelling · Improved connection and support from neighbours and the community · Increased mastery, sense of control and optimism · Increased knowledge and confidence in ability to provide care	· Achievement of goals · Decreased psychosocial stress of whānau · Positive social-emotional skills (including social relationships) · Increased resource and capacity for coping, and problem-solving · Percent of whānau who report that early coordination services have helped them: - Know their rights - Effectively communicate their needs - Improve their wellbeing	Loved and nurtured Have what they need Happy and healthy Learning and developing Respected and connected Involved and empowered

Figure 2 Te Whiri Ora Theory of Change

Inputs	Activities	Outputs	Immediate Outcomes	Intermediate Outcomes	Long-Term Outcomes[6]
	partners with whānau and embodies a belief in whānau abilities, individuality and method of coping **Collaboration** Creation of communication among the team which includes whānau, the whānau support network, and service providers Partners coordinate to provide high-quality, easy access to services Partners focus on smooth transitions for whānau between services **Administration** Administrative duties completed including, scheduling of meetings, data entry, implement evaluation forms Professional development - specific training recommendations exist for all involved in the delivery of Te Whiri Ora		to tamariki, rangatahi and self **Professionals** Follow through on team decisions • Less fragmentation and duplication • Easier and timely access to services • Support strategies that 'fit' • Support strategies based on strengths • Whānau-centred integrated service delivery • Agencies and professionals are coordinated		

Key service components and activities/processes

Te Whiri Ora has several key components and activities/processes. These include:

- A Governance Group

- Four host agencies

- Key Staff

- A Practice Framework to guide the work of kaiwhiri

The Governance Group

According to Te Whiri Ora's website, "The Right Service Right Time Governance Group is responsible for setting the strategic direction for the collaboration; developing policies; building relationships with stakeholders; managing risk and opportunities; and being accountable for the financial and non-financial performance of the collaboration." (Te Whiri Ora, (2021b, p. 1).

There are 13 members from a range of different organisations including Purapura Whetu, He Waka Tapu, Barnardos, Christchurch Methodist Mission, Presbyterian Support Upper South Island, Early Start and St John of God Waipuna. Other governance representatives are from Oranga Tamariki regional offices, Christchurch Resettlement Services, STAND Children's Services, START and Wellbeing North Canterbury, Pegasus Health. Documents supplied to Ihi Research emphasise the Governance Group's commitment to Te Tiriti o Waitangi, although it is not clear how it ensures equitable representation and decision-making given there are only two kaupapa Māori organisations involved. There is no mention of Te Tiriti based principles or practices within the Theory of Change. Previous research into whānau-centred services has highlighted specific challenges, despite collaborating agencies wanting to develop partnerships based on Te Tiriti

o Waitangi (Savage et al., 2020). Power imbalances in representation at the governance level and between clinical and cultural approaches have emerged as significant barriers, even when there were shared agreements in place to guide governance and kaimahi practices (ibid). There is an emphasised need to ensure that kaupapa Māori agencies and frameworks are considered and heard to ensure the Governances Group's commitment is upheld.

Key staff

Te Whiri Ora's website identifies six key staff (two Clinical Leads and four kaiwhiri). The practice of key workers is described as whānau-led and a strengths-based approach, which includes incorporation of kaupapa Māori practice frameworks.

The practice of kaiwhiri

A Practice Framework has been created to guide the work of kaiwhiri. This framework is underpinned by a range of theories; however, the overarching theory is Professor Mason Durie's Te Whare Tapa Whā with four key components 'Taha Whānau, Taha Hinengaro, Taha Wairua and Taha Tinana'. The practice of kaiwhiri is also underpinned by ecological systems theory that considers micro, meso and macro influences and interactions.

Kaiwhiri undertake N.A.R assessments with whānau based on:

- Ngākau Whakaute – Respectful heart

- Aromatawai – Assessment

- Reo – Voice

The aim is that kaiwhiri will establish and maintain relational, high-trust relationships with whānau.

It is essential for kaiwhiri to come with a respectful heart to undertake an assessment using whānau voice (Te Whiri Ora, 2021b). The purpose of the N.A.R assessment is to assist whānau to identify their strengths and concerns related to each of the components of Te Whare Tapa Whā in their quest for overall hauora. The kaiwhiri uses the assessment to "interweave the strengths, systems and solution focussed theories to have a deeper understanding of what support … Te Whiri Ora are able to connect whānau to" (Te Whiri Ora Powerpoint, NAR Practice Framework).

Numbers and characteristics of clients involved

Te Whiri Ora records state that 77 whānau/families with 172 tamariki/children (249 distinct people) have engaged/or are engaging in the service between 1 Nov 2021 - 1 Oct 2022. Table 1 below provides information on their primary ethnicity.

Analysis of client records indicates considerable variability in the engagement of particular ethnic groups. Most clients are New Zealand European (62.2%). An important aim of Te Whiri Ora is to achieve 'an equitable and timely response for Māori and Pacific tamariki and whānau to address disparities.' Currently, Māori make up around 15% of Te Whiri Ora's clients (with Māori and New Zealand Māori included together) which is above the representative proportion of Māori living within Canterbury (9.5%[6]). However, numerous studies have emphasised inequitable health and wellbeing outcomes for Māori when compared with New Zealand European and Pākehā. Targeted and responsive practice is an essential part of abiding by Te Tiriti ō Waitangi, with persistent health and social inequities evident between Māori and other people within New Zealand. Pacific clients are also significantly underrepresented in client records, with only two participants[7]. Although Te Whiri Ora is a relatively new service, client records indicate much more needs to be done to ensure an equitable approach to address disparities for Māori and Pacific tamariki and whānau.

Other information about client issues and strengths, gathered through referrals are included in the following table. This information was provided through the Paua database.

Primary Ethnicity	Number	%
NZ European	155	62.2
Māori	36	14.5
NZE/Māori	20	8
NZ Pākehā	7	2.8
Chinese	4	1.6
English	3	1.2
South African	2	0.8
NZ Māori	2	0.8
Cook Is Māori	1	0.4
European	1	0.4
Samoan	1	0.4
Unspecified	17	6.8
Total	249	100.0

Table 1 Client primary ethinicity

[6] Taken from 2018 Census
[7] Pacific made up 3.3% of Greater Christchurch population in 2018.

Client Issues and Strengths (Identified in referrals for 77 whānau – 1st Nov 2021 - 1st Oct 2022)	
Children	**Adults**
Child behavioural/emotional needs (39.0%)	Parenting support (27.3 %)
Child risk behaviours (27.3%)	Adult trauma (20.8 %)
Child trauma (23.4 %)	Adult risk behaviours (13.0 %)
Child learning and development (22.1%)	Adult grief, loss and change (11.7%)
Child grief, loss and change (18.2)	Adult cognitive issues (7.8%)
Child cognitive issues (13%)	Adult physical health (6.5%)
Child with disability (10.4%)	Adult learning and development (1.3%)
Child physical health (10.4%)	
General Support	
Isolation (11.7%	
Housing (5.2%)	
Impact of COVID-19 (3.9%)	
Identity (2.6%)	
Strengths	
Strength-Resiliency (23.4%)	
Strength-Living environment (18.2%)	
Strength-Educational setting (16.9%)	
Strength-Community life (9.1%)	
Strength-Natural supports (6.5%)	
Strength-Financial stability (6.5%)	
Strength-Interpersonal/social connectedness (3.9%)	
Strength-Talents and interests (3.9%)	
Strength-Cultural identity (1.3%)	

Table 2 Client issues and strengths

Data provided in Table 2, indicates that children's issues featured more strongly than adults, although there were common categories. The most identified issue for children was 'child behavioural/emotional needs' (39.0%). For adults, it was 'parenting support' (27.3 %). Child learning and development (22.1%) and child cognitive issues (13%) were also identified in the data. Risk behaviours also featured, for children (27.3%) and for adults (13.0 %). Trauma was another common category, for adults (20.8 %) and children (23.4 %). Isolation was the most identified 'general issue' (11.7%), whilst the key strength for clients was resiliency (23.4%).

Within the 77 whānau/families referred, 64 identified the main caregiver as female, and 11 as male, with two not specifying gender. Of the 177 children, 97 were male (56%) and 71 female (41%) and four children where gender was not specified.

Location

Table 3 indicates the region within Canterbury/ Waitaha where the whānau/families accessing services are located. The majority are from the wider metro Christchurch area.

Region	Families
Metro Christchurch	47
Selwyn	18
North Canterbury	7
Ashburton	5

Table 3 Location of whānau/families

Referral source

Data indicates that nearly a quarter of referrals were from health organisations, this includes GP referrals, Child Health Services, PHO, CDHB, and the Electronic Request Management System (ERMS). Nearly 20% were education referrals, these were predominantly from schools and the Mana Ake service. Twenty percent of referrals were from NGO's and 15% from Right Service Right Time. Referral data indicates there are low referral numbers from Oranga Tamariki (11.7%) and the Justice Sector (1.3%). Five percent of referrals were self-referred.

Legend:
- Health
- Education
- NGO
- RSRT
- Oranga Tamariki
- Self
- Other
- Justice
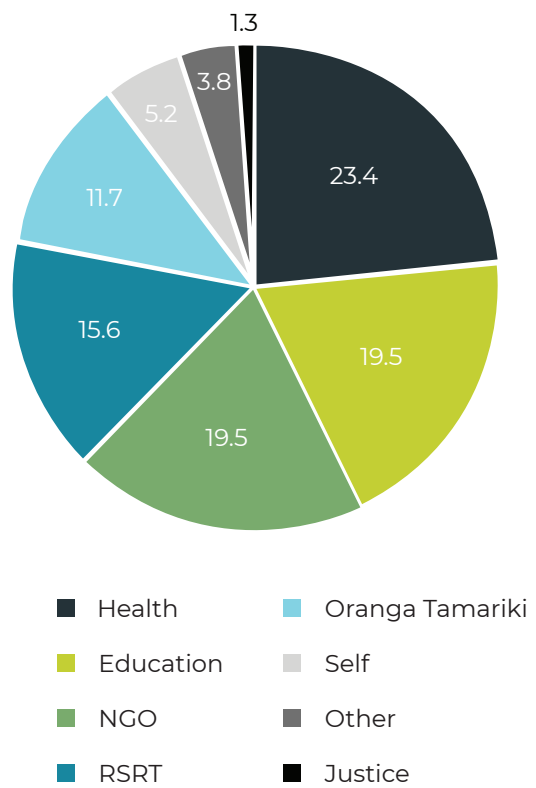
Figure 3 Referral Source

Additional analysis of data indicates that 38 clients were originally with the Children's Team. Three of these whānau with 12 children were still receiving support from Te Whiri Ora, at the time of this evaluation. Twenty-nine whānau/families of the 77 had received support from Oranga Tamariki at some point prior to referral.

At the time of this evaluation, there were 48 whānau/families with 106 tamariki/children receiving support. Referrals are reviewed and allocated weekly, therefore the wait time to allocation has been 0-7 days depending on when the request was received.

This data suggests that Te Whiri Ora is working with tamariki and whānau who have a wide range of strengths and needs. Addressing children's behaviour and emotional needs and ensuring parental support are common priorities. Approximately a quarter of the referrals (excluding those carried on from the Children's Team) have had contact with Oranga Tamariki.

Case study narratives

To illustrate the impact of Te Whiri Ora, three case study narratives are provided. These were developed from an analysis of whānau and stakeholder interviews. Pseudonyms have been used to disguise participant identity.

Case study one

Billie is Pākehā and a solo father to seven-year-old Cruze. His son is diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Cruze has had a difficult time at school because his behaviour can be erratic, with sudden violent bursts. Despite the challenges, his school is very supportive and Cruze loves going to school.

Billie says, *"one minute, Cruze will be fine playing, next minute, he's trying to punch me in the face, you just don't know what's going to come. His behaviour can be all over the show…. That's how it's been for the last couple of years."*

Cruze often attends school for half a day, and he has a teacher aide, although this is not yet funded by the Ministry of Education. Cruzes' mother is not present in his life as she is struggling with substance abuse and addiction issues. He has not seen his mother for three years.

Billie works hard to provide for Cruze, whilst also being a full-time single parent. Billie has been working with a Te Whiri Ora kaiwhiri for around two months and was referred to the service from Oranga Tamariki. Billie recounts his engagement with Oranga Tamariki as very difficult, as he struggled to get practical support and help for the issues that he and Cruze faced.

> *"I've spent … probably four years dealing with Oranga Tamariki, trying to get Cruze's other side of his family involved, trying to help his mum to get sober, trying to just get her involved and it's been like banging my head against a brick wall … I found Oranga Tamariki to be absolutely useless."*

Billie knows Cruze experienced trauma and an unstable home environment before coming into his care full-time. Both Billie and Cruze attend counselling and are working together to build a safe and stable home life. There has been recent noticeable change and both Billie and Cruze are hopeful for the future.

> *"He's doing really well, and to be honest, probably the last three months or so, he's really starting to change. He's even talking*

about his ADHD, saying 'Dad, I wanna kill this. I'm going to get through it'. We're just getting started towards where we're going."

Since being referred to the Te Whiri Ora service, Billie has experienced practical help. He has had a kaiwhiri meet both him and Cruze, and they have been able to share their individual and combined needs and goals. Their kaiwhiri has also met with the principal and teachers at Cruze's school, who work hard to make sure that Cruze has the resources he needs and is able to attend school. Te Whiri Ora organised and facilitated a hui which Billie attended. This enabled all of Billie's supports to come together and have a kōrero. Staff at Cruze's school attended, along with representatives from Billie's church, and a plan was created to help Cruze continue to attend school.

> *"The meeting was about building up a plan and what we're going to do for Cruze to carry on, because now, the school is subsidising a teacher aide to be with him. He is in a classroom by himself a lot of the time. It's so hard to get support, and that's why he goes to this school, because they just don't give up on him. If it wasn't for that school, I probably wouldn't have been able to continue having Cruze in my care."*

To care for Cruze as a full-time parent, Billie has had to change positions within his company and take a pay cut. He has struggled to juggle working, parenting, and the increasing cost of living makes it almost impossible to ever get ahead. Billie found that in the past, he has had to actively advocate for himself when trying to get support from some services. Billie and Cruze were in emergency housing in a hotel for 18 months, and Billie pushed desperately to get them into a more stable and homely environment. Billie found in the past, he has often had to push to hear back and get support from services.

> *"You've got to push for yourself. You've got to be the one saying 'I need you to sort this out'. We sat in a motel for 18 months … I wanted my own house, but it was nearly impossible when Cruze was out of school one or two*

days a week due to his behaviour and I couldn't work because I was looking after him. Money gets tight very fast."

Billie's church originally tried to coordinate all services together but found it too difficult. Billie appreciates the way in which the kaiwhiri from Te Whiri Ora works to get everyone on the same page. That way he doesn't need to keep reiterating the same information to different services. This gives him more time to concentrate on parenting and providing for Cruze. Billie is described by others as a very willing and caring parent who wants the best for his son. However, at times he still feels overwhelmed. With the support of the kaiwhiri and coordination of services, Billie is more hopeful. But he stresses it is early days.

"(Kaiwhiri) has a full picture of what's going on. We've had that meeting with the school and everybody else who's involved. All the school staff, counsellors, everybody was there and came up with a plan. It's all been put past me ... I've had people in the past say they're going to do this, and going to do that, and it never happens. So, it's just waiting now, and I hope it all goes through."

"I hoped to get clarity and direction, for where me and Cruze are heading. We've only really got to the point of putting a plan together, and we've got a good timeline to get things sorted."

Billie has noticed the way in which the kaiwhiri has enabled him to lead the process; to express his needs and aspirations. So far, he is satisfied with his engagement with Te Whiri Ora, however this does depend on what happens in the future. Billie has been let down by other services and is hoping that this time plans are put into action.

"(The kaiwhiri) always asked what I wanted, what my expectations are and the rest of it. It's not her saying you need this, this, and this, it's her asking me what I need and then her trying to facilitate and get that. She's asked me about what we think our strengths and weaknesses are, and that's how we came to what we needed to do. It's definitely the best way to go."

"It's not always easy for people to do that. To come in and sit down, not really knowing what's going on, and want to get to know you and help. From the meetings we've had, you can tell she cares, you know what I mean? I don't just feel like another dollar in the bank account, or a checklist to get done."

Billie's only comment for improvement was that the service could move faster. He is concerned, based on his past experience with other agencies, that words and plans don't always turn into actions. COVID-19 and the Omicron virus outbreak slowed everything down. The long wait times in between visits can be difficult when he is struggling.

"The speed in between could be better. I know with COVID-19 and everything else it's hard, but it's like, the kaiwhiri gets hold of me and then it's another three, four weeks later before she comes around and sees me. Then it's another three or four weeks before the meeting at the school. It all adds up. When it's your life day in day out, it gets fricking long."

Case study two

Casey is a Pākehā, single mother. She has eight children who have a range of health issues. Several of her children have autism, whilst some have ADHD, and one child is a type 1 diabetic. Casey's youngest child was born with a range of health issues, including developmental delay and autism, and has got a feeding tube. He gets sick very easily and has had many hospital stays. Along with running a very busy home, Casey has spent a great deal of her time and energy trying to get the right help and support from many different agencies and professionals. This has been an incredibly time-consuming and highly frustrating experience for Casey. There has been no space for Casey to consider her own needs, and as a result she has also struggled with mental health issues.

> *"I was juggling a lot of different health professionals. There was a lot of doubling up … everyone seemed to have their own paediatrician, their own whatever else, rather than just me having one family paediatrician who knew all my children. And during that whole time, I was struggling mentally myself. I felt very overwhelmed."*

Casey was originally referred to the Oranga Tamariki Children's Team. Casey had a negative experience with this service, which only added more challenges to her already stressful life. Casey felt the whole process ended up being more hassle than it was worth, so she requested a discharge from the service. The service was hesitant to discharge her as Casey's needs were still clearly not being met. In addition, Casey felt her assigned Children's Team worker was disrespectful and did not listen to her. This was particularly evident in the worker's behaviour when she called a meeting with all the health professionals Casey was working with, and then told Casey that she herself was not invited. Casey felt disrespected and the experience increased her distrust of the medical and social systems she had engaged with.

> *Casey described her past experience and frustration. "The lady was useless, to put it nicely. She focussed on all the wrong things, she decided that my youngest's biggest problem was constipation, which wasn't even on my radar at the time. She didn't listen to me at all, she didn't ask me what my needs were. She came in and made her own assumptions about what was wrong."*

> *"Every time she came, she had details wrong, would forget my children's names … I'd have to tell her the whole story again, just for her to send us back a report we'd have to correct. For example, she would say, 'To combat Andrew's asthma. Andrew doesn't even have asthma."*

> *"At the time, I just needed help and for her to focus on my youngest's health. And help me with autism/ADHD assessments, school bits and bobs, all that. Back then, I didn't know all the agencies. It was a brand-new system, and I wasn't well. And we just never got the help we needed from her."*

After these negative experiences, Casey was hesitant to engage with Te Whiri Ora when the service was recommended to her. She felt she was at her limit, and she would give Te Whiri Ora one chance. Casey had no expectations and was sceptical that they could help. She thought, "This is not going to work for us." Casey was then introduced to her Te Whiri Ora kaiwhiri. Although she had initial reservations, Casey had an extremely positive experience that has renewed her hope and optimism for the future.

> *"My kaiwhiri is brilliant. Absolutely gorgeous. So overall I've had a really positive experience."*

Regular communication and updates are important to Casey.

> *"As much as the kaiwhiri gets hindered by a lack of correspondence from other professionals, she will just email, and ring, and ring, she will do everything. She gets in contact with me a lot, just to check in. If things are hard, she doesn't just leave it, she's like a dog with a bone."*

The kaiwhiri supports Casey by engaging and

organising services. She has worked hard so everyone has a shared understanding of Casey's needs and aspirations as well as those of her children. The kaiwhiri has been especially effective at organising the children's medical teams. As a result, they have come together as much as possible. Some of her children have now been able to switch over and share doctors, meaning fewer appointments and explaining for Casey. She has found in the past that the children's doctors can have conflicting and different opinions, and at times she has found herself in the middle of professional conflicts. Casey has found relationships with health professionals difficult, and she has often felt disrespected. Her kaiwhiri has listened and understood her concerns. She is readily available and helps Casey to manage situations she finds stressful. Casey trusts her and appreciates her practical support.

> "We saw the doctor at the hospital, and she just walked past me, no acknowledgement, no anything. Not even a 'hi', not even a nod, nothing. I was really upset. So, I texted (kaiwhiri) and said, 'I'm done, I can't do this anymore.' She rung me, listened to me, and straight away she was back in contact with the doctor, and is organising another meeting."

> "And that's what I really appreciate with my kaiwhiri. I trust her now, she's not just there for the job, she cares."

Casey appreciates the kaiwhiri willingness to support her and help however she can. A key difference is honest, transparent and supportive communication and behaviour.

> "Nothing is too much for her ever. And if

> she tells me she's going to do something, she will. And that's a big thing for me, that proves you're trustworthy. If she doesn't know about something, she'll say 'I don't know how I'm going to do that, but I'll go and see if I can work it out'. She's always honest ... she came in with a completely open mind. She wanted to hear my story, she checks in with me all the time, and I feel like I can always contact her. She is so mindful of me too. She doesn't see my children in isolation, we are a family."

Importantly, the kaiwhiri listens to Casey and advocates for her, and always makes sure Casey is included in discussions and meetings that concern her and her children. This is important to Casey, which contributes to her trust in the service as well as optimism for the future.

> "When some recent meetings have been organised, and the paediatricians have said they will attend, and added them and (the kaiwhiri), the kaiwhiri has responded back and said 'That's awesome. But what about Casey?' I just think that's awesome. Because I would love to be there."

When asked if there was anything that Te Whiri Ora could change or improve, Casey responded that they should be more visible in the community, so other whānau who needed their help know about the service. Casey is adamant that Te Whiri Ora is a valuable service that has supported and helped her and her family. She hopes other families will get the opportunity to engage with Te Whiri Ora.

Case study three

Manaia is a Māori māmā from Christchurch, however, her whakapapa is to the upper North Island. Manaia calls Christchurch home, as her grandfather moved to Christchurch for work around 50 years ago. A lot of her grandfathers' mātauranga was lost throughout the years, and Manaia has been reconnecting herself and her tamariki to her whenua and iwi. She still experiences the ongoing effects of structural racism and colonisation that has occurred through her life and throughout her parents' lives.

"I've been home to my marae, and to Kīngitanga … next year, I've got my great aunt's unveiling, so I'm taking my koro up. And that'll be his first time going home in 50 years. He's still got a lot of that, you know, embarrassed to go back … but I've said you're taking all your mokopuna up there, so let's do it."

Manaia has two of her own tamariki who are 24 and 21, and a new mokopuna who is only a few months old. Manaia is also mother to her niece, Awhina, who is under her care and has been since she was three-months old. This came as a result of an Oranga Tamariki uplift order from her biological mother, who is Manaias' sister.

"Oranga Tamariki took her from her parents when she was two-months old, and I took over care when she was three-months old. My sister said she still wanted to be a parent, so I said 'Okay, well you be mum, and I'll be aunty and you live in my house'."

Originally, it was organised that Awhina, and her mother would live with Manaia, and Manaia would take over parenting rights. However, Manaia's sister was, and still is, struggling with drug addiction and this did not last. Before long, Manaia had full-time solo-care of Awhina, whilst her two children had already grown and were leaving home. Manaia did not foresee that she would be the main parent and caregiver for another child again.

"I'd never dealt with OT in my life, and I thought, we'll get this baby back. I'd already done my parenting stage and I didn't think that I'd be doing it again. The plan was my sister would live with me, and I'd just oversee, be the aunty, but that all fell to pieces within a week. My sister tried three times to have a visit, and didn't, and now we haven't had contact for six years. I had to step up and be mum because every child should have the opportunity to call someone mum."

Manaia found that although she had whānau support, she was burnt out and wasn't receiving the help she needed. As Awhina grew, she started to have behavioural issues and struggle with emotional regulation whilst at home and school. There have been times in the past when Manaia had tried to reach out for help from outside services, but she hadn't received it. Manaia then found out about Te Whiri Ora and contacted them to see if she was able to get some help.

"When I reached out to Te Whiri Ora, I was again at breaking point and I was like, I need help because I'm burning out my resources. They had a self-referral on their website, and I thought that was great."

It took a while for Te Whiri Ora to contact Manaia, but once they did Manaia felt relieved that the 'ball was finally rolling.' Manaia wanted professional help in regard to respite care, and Awhina getting some support in school. Manaia was unsure about what supports were available and wanted someone who could navigate these services and provide her with information. Once she had a phone call, a Te Whiri Ora kaiwhiri came out to Manaias' home and spoke with her.

"Kaiwhiri came out home and we just talked about what the situation is. Then she took that information, and I started hearing from different services, and I got Mana Ake on board through Awhinas' school. We got that going, I got a support worker from Yellow Brick Road, and also support

from the Permanent Caregivers Support Service, which was really good, and then all these different supports and services came through."

Manaia meets for a hui with her kaiwhiri and supporters from other services every two months. Her kaiwhiri leads this process by organising dates and contacting all the services for her. Manaia says this makes it a stress-free process and takes the weight of organising and co-ordinating off her. Manaia appreciates the approach of the kaiwhiri, saying she is whānau-centred and encourages Manaia to identify her own strengths and needs. Manaia has since engaged with multiple services, and Awhina is currently on the waiting list to undergo an assessment for Fetal Alcohol Spectrum Disorder.

"It's been amazing because it wasn't just about Awhina, our child. There was support for me too. It covers all areas, the whole whānau circle is included."

Manaia also appreciates the school as they are supportive, and she has a great relationship with Awhina's teacher. Because of the extra support provided by Te Whiri Ora and the school, Manaia feels a lot more positive and hopeful about the future. Awhina now has funding to attend her after school hobbies, and Manaia has support, both at home and professionally. Manaia's experience with Te Whiri Ora has been positive and uplifting, and she would recommend them to other whānau in need.

"It all gave me hope. Because initially, I just felt hopeless and like nothing was going to get better."

Impact for whānau

Several themes emerged from whānau narratives. Whānau who were interviewed described,

01 complex long-term challenges they had faced prior to engagement with Te Whiri Ora,

02 often multiple underlying complex needs, relating to trauma/neurodiversity or other health issues, as well as absence of parents or support and,

03 difficulties getting support from services and agencies prior to engagement with Te Whiri Ora, or negative experiences which have created distrust in said services.

Impact

As a result of working alongside the kaiwhiri, whānau described positive impacts including,

- increased whānau hope and optimism for their futures,

- increased whānau faith and trust in Te Whiri Ora,

- improved coordination of services/ communication between services,

- whānau having positive experiences with services and professionals,

- evidence of kaiwhiri supporting whānau to build their own capabilities by walking alongside them and,

- evidence of the reduction of 'complexity' in whānau lives (e.g., one doctor).

Enabler

The whānau identified aspects of the service which enabled change including,

- whānau-led processes and trusting relationships with kaiwhiri,

- kaiwhiri clinical strengths-based approach advocating for whānau,

- brokering power for whānau with professionals where whānau feel disrespected or disregarded and,

- kaiwhiri organisation and support accessing services, resulting in decreased stress for whānau and streamlined access to services.

Challenges

Whānau identified challenges including,

- whānau weariness and distrust/ dissatisfaction with previous services/ approaches (prior to engagement with Te Whiri Ora),

- engagement of services/not hearing back or long wait times, despite advocacy efforts from kaiwhiri and,

- a lack of awareness and advertisement of Te Whiri Ora, the service not being visible to whānau.

Whānau suggestions for improvement

Finally, whānau identified aspects where the service could improve,

- more speed and action – more regular meetings, increase community knowledge of Te Whiri Ora and its service and,

- increased visibility and advertisement of Te Whiri Ora.

Analysed data from participant interviews indicated Te Whiri Ora was achieving immediate outcomes, as identified in the theory of change. This is highlighted in the following section.

Te Whiri Ora outcomes for 'all' tamariki and whānau

Immediate outcomes for tamariki and rangatahi are identified as.

- Receiving appropriate direct support

- Receiving timely assessments

- Access to coordinated health services

- Access to education services (school) and support services

Immediate outcomes for whānau are identified as:

- Increased ability to communicate the needs of their whānau

- Increased informed decisions about services, resources, and opportunities for their whānau

- Improved timely access to quality, skilled and trusted services to address their unique needs

- Whānau have better and more consistent access to services

- Whānau experience less story telling

- Improved connection and support from neighbours and the community

- Increased mastery, sense of control and optimism

- Increased knowledge and confidence in ability to provide care for tamariki, rangatahi and self.

Other immediate outcomes for whānau include:

- Achievement of goals

- Decreased psychosocial stress of whānau

- Reduction of 'complexity' in whānau lives

- Positive social-emotional skills (including social relationships)

- Increased resource and capacity for coping, and problem-solving

- Percent of whānau who report that the support service have helped them:

  - Know their rights

  - Effectively communicate their needs

  - Improve their wellbeing.

Whānau appreciation and excitement about the new role undertaken by Te Whiri Ora is emphasised in the following quote.

"It's been really positive, I didn't know they (Te Whiri Ora) existed until they contacted me. So, Te Whiri Ora's role has been to facilitate and to draw in all the agencies that can support this family. I've never come across an agency that had the ability to draw families and other agencies in at the same time. That's quite an unusual scenario, really, but it's great because then everyone's on the same page." (Whānau)

Impact for stakeholders

Two key themes emerged from stakeholder interview analysis, that highlighted the impact for professionals as a result of their engagement in Te Whiri Ora. These are:

01 Optimism about the new approach

02 More honest, supportive and coordinated meetings involving whānau/families

Optimism about the new approach

Although a number of interview participants felt it was 'early days' to pass judgement on the impact of Te Whiri Ora, many were optimistic about the new service. They were impressed with the facilitation and support interventions delivered by the kaiwhiri. Seeing first-hand the early outcomes achieved, gave professionals hope that situations for tamariki and whānau could change for the better.

> *"Having a separate organisation such as Te Whiri Ora is wonderful. It is their work to coordinate everyone to follow up, to check on what's happening, to be back in touch with the family, to keep everybody informed, we absolutely need this service. And the fact they're not a service provider, I think is key to it ... so, having a group that knows what services are within specific communities, and can do the facilitating and joining everyone up, and at the same time strengthen families, is also really, really helpful ... and that's why we need Te Whiri Ora." (Stakeholder)*

> *"Because of Te Whiri Ora's help we are now seeing improved attendance and that has been a huge relief for me and my staff. The child is back at school again. Communication between us and mum has improved. Mum has been really transparent, and we now know exactly who's picking the child up on what day and things like that. But the child actually is back at school. We sort of thought this might take some time, but the child has actually been doing full days at school and is feeling safe. So that is great." (Stakeholder)*

More honest, supportive and integrated meetings involving whānau/families

Participants described that meetings were more honest, supportive and coordinated. This was very different to what they had been used to. Having whānau present and involved was a visible change. For some professionals, this was the first time they had whānau present at meetings. It was a change to hear directly from whānau about their own circumstances and needs.

> *"I've made it very clear to the professionals that I'm not coming to a hui about this family without them being there. We've got to talk openly and honestly about them in front of them. It's that whole thing about whānau actually know about themselves and what they need, they're the experts, and it benefits the whānau. It's giving them many different options, instead of just one." (Kaiwhiri)*

> *"(The meeting we had) it was great having the dad there. So, it was fantastic having everyone's input, and it was honest. It was a place where both parents could voice their concerns from their perspectives. We as professionals could also voice our concerns. So, it was very productive to have a forum, for people to be honest, but also how we could help the family in terms of reaching their goals and wrap-around support." (Stakeholder)*

Key enablers

Interviews with whānau, kaiwhiri and stakeholders focussed on what 'was working and why'? A number of key themes were derived across all interviews.

The process is whānau-led

Participants believed a key enabler of early outcomes, was that it was whānau-led, with whānau goals and priorities at the centre of decision-making. The flexibility for whānau to decide their own priorities and actions within the service structure was noted by whānau, kaiwhiri and stakeholders. Creating a whānau-led innovation has been at the centre of the development of Te Whiri Ora.

> *"I just think it works because it's whānau-led, that's the big difference. We do everything with the whānau, and I think it helps a lot that we're not the Children's Team anymore, because before there was a lot of talking happening with professionals without whānau there, whereas this time around we don't do that." (Kaiwhiri)*

> *"What is great is having whānau goals and priorities at the centre of everything ... the quick identifying of what would be the most helpful for this family, based on what the family says they need. And then deciding on a couple of key goals and talking about who needs to be involved and then making it happen." (Stakeholder)*

There is time for relationship building/whanaungatanga

Interviews with whānau demonstrated they felt listened to and respected. Kaiwhiri made the effort to travel to their home, to build relationships through whakawhanaungatanga and some whānau commented that whilst their children's needs were the highest, they also felt that their needs and others within their whānau had also been considered. When talking about previous contact with services, whānau described troubling interactions that often left them frustrated and feeling disrespected. In contrast, whānau described the developing relationships with the kaiwhiri as built on trust and accountability. Importantly, whānau viewed kaiwhiri as working and advocating for them.

The kaiwhiri are skilled, knowledgeable and work for whānau

A key enabler of early outcomes was the level of skill demonstrated by the kaiwhiri and observed by other professionals. While the kaiwhiri appear to work like a Whānau Ora Navigator (co-ordinating and supporting whānau) the key difference is the level of clinical experience that kaiwhiri bring to the role. Stakeholders and whānau both described how the kaiwhiri would take leadership roles in meetings, access clinical networks to support whānau and advocate on behalf of the whānau to ensure their needs would be met, and effective supports were engaged.

> *"So, just a fortnight ago, we actually had another meeting with this family, and it was a really positive meeting. I really like the way the kaiwhiri runs it. She has minutes, she's super organised, she doesn't let it go off on 10,000 different tangents, and everybody has their own set job, so at the end of the meeting, you know what you've got to go away and do and put in place, and then we've got deadlines we have to meet to meet those. It keeps everybody honest and keeps everybody on track. It's positive because every agency and the family were all in the same room." (Stakeholders)*

The following table presents the key aspects of kaiwhiri practice that whānau noted in their interviews.

Practice	Whānau comment
Advocacy	"and (kaiwhiri) gets hindered a lot by a lack of correspondence from services. But she will email, she will ring, she will do everything, and she gets in contact with me a lot to keep me updated. She doesn't leave it. She's like a dog with a bone."
Whānau-led	"It's not her saying you need this, this, and this. It's her asking me what I need and then her trying to facilitate and get that."
Trusting relationships	"And that's what I really appreciate with (kaiwhiri) I trust her enough now to know she'll do it. She's awesome. And she listens."
Well informed	"What's been really good is that you're really well informed. We have a hui every two months, and (kaiwhiri) organises that. And she contacts all the other services, so I don't have to stress or anything."
Open-minded	"She's always honest … she came in with a completely open mind."
Communicates	"She checks in with me all the time, and I feel like I can always contact her."
Whānau focussed	"She doesn't see my children in isolation, we are a family."
Genuinely cares	"From the meetings we've had, you can tell she cares, you know what I mean? I don't just feel like another dollar in the bank account, or a checklist to get done."

Table 4 kaiwhiri practice features

The collaboration of other organisations/agencies

Another key enabler was the engagement of other professionals to support whānau to get the help they needed. Drawing on others' expertise meant the right forms were filled out in the right way.

> *"It's been great to really be able to help families and achieve that by working together with other agencies. In one case we had two initial meetings with the family at the school, and the agencies involved, and I was able to help mum and the Ministry of Education's behaviour specialist case worker fill out the Intensive Wraparound service application, which has been accepted. So that's a really, important outcome."* (Kaiwhiri).

It was a relief for principals and teachers who had tried many times to find the right supports for tamariki who had experienced trauma and were at risk.

> *"We have a student here who we have been searching for help for, for ages. He's a very traumatised child who's been falling through the cracks. We previously tried to get help through Oranga Tamariki, and they were absolutely useless and zero progress was made. Then we had Te Whiri Ora ring up and say, 'I'm this family's case worker and we're going to have a meeting.' And I thought, 'Oh. One, I don't know who you are, but two, we're desperate, we need help'. So, we had a meeting, and it was the most productive meeting I've had for two years with the issues that we've had with this child.... They got everyone around the table. Te Whiri Ora is the only service that has listened and offered anything."* (Stakeholder)

Kaplan (2021) describes how networked activity within localised communities can improve outcomes for diverse communities. Kaplan states the value of networked communities lies in the social/cultural capital of neighbourhoods that can strengthen improvement efforts, particularly for hard-to-reach families. Evidence from this evaluation describes the initial stages of a networked community that through the support of Te Whiri Ora kaiwhiri are delivering improved outcomes for whānau living in highly complex situations.

Challenges

A number of challenges were identified. These are challenges that kaiwhiri face in the delivery of Te Whiri Ora, and challenges that have arisen out of collaboration.

Time and whānau distrust in professionals

It could take time and effort for kaiwhiri to engage with whānau, particularly with those who had previous negative experiences with health and social service agencies. Whānau distrust in the system, and in professionals generally, was a major barrier.

> *"I have found a few of my cases were initially really reluctant to engage.... It took time and persistence."* (Kaiwhiri)

> *"You need time to build trust again with families.... Because they have been let down by professionals and agencies."* (Kaiwhiri)

> *"She (previous nurse) didn't listen to me at all, she didn't ask me what my needs were. She came in and made her own assumptions about what was wrong."* (Whānau)

Gaps in the system

Interview participants also identified key gaps in the system, which placed tamariki, rangatahi and whānau at risk. One example cited was the lack of timely adolescent mental health assessments. Although out of the control of Te Whiri Ora, the lack of adequate timely assessments prevented whānau from getting the right support.

> *"It is extremely challenging to get an adolescent mental health assessment done in time..., the waiting list is too long ... so we've got some traction, but we are just not getting there quick enough for this family, ... it's not the fault of Te Whiri Ora, it's just the system." (Stakeholder)*

Lack of support from other professionals

Kaiwhiri described how they found it challenging to communicate their role and/or establish regular contact with people in other agencies. This includes the difficulties in attempting to engage some agencies, with long wait times and kaiwhiri sometimes not hearing back. These gaps, although not the fault of Te Whiri Ora, highlight the difficulties whānau face when trying to navigate social and health services and demonstrate the need for a kaiwhiri who is able to navigate these difficulties on their behalf.

> *"I think the main barrier is getting support from other professionals, it is super hard to coordinate everyone, and what they're doing ... it's like communication ... we all know communication is key, but some people are really shocking at it, and that makes the job hard, because I'm just trying to advocate for whānau, but I'm not getting responses from other professionals, and it happens quite a bit. That's the main barrier, and the fact that sometimes people they don't understand the role." (Kaiwhiri)*

Addressing equity issues

A stated aim of Te Whiri Ora was to address disparities and ensure equitable responses, particularly for Māori and Pacific whānau. However, it was clear the majority of whānau engaging with Te Whiri Ora were Pākehā/NZ Europeans.

> *"I haven't worked with any Māori whānau or Pacific families at this point, it's mainly NZ European families." (Kaiwhiri)*

Some stakeholders felt Te Whiri Ora needed to strengthen its focus on Māori and Pacific groups and ensure the model of service was true to its intent.

> *"I think some of the cultural understandings and knowledge about Te Whiri Ora and its possibilities probably got lost in translation ... we know Māori and Pacific are targeted groups, but we are not seeing them in our referrals ... There needs to be a more equitable focus." (Stakeholder)*

Although stakeholders were supportive of the new service that addressed the needs of Pākehā families, there was expressed belief that a different approach would be needed for engaging with Māori whānau.

> *"The family who is using Te Whiri Ora is Pākehā/NZ European.... We aren't working with Te Whiri Ora with any Māori families. It would obviously need a different approach." (Stakeholder)*

Ambiguity and variability

The issue of equity highlights ambiguity and variability related to Te Whiri Ora and its implementation. To some extent this is expected when a new service is introduced to the sector. However, some stakeholders expressed concern about a lack of evidence regarding impact. The low referral numbers were a particular interest.

> *"At the moment, no, I don't think it's (Te Whiri Ora) working particularly well at all. It's got some fundamentals there that would mean it has the potential to. The evidence is reflected in the referrals, we still have virtually no referrals." (Stakeholder)*

There was also ambiguity in relation to kaiwhiri practice (given it was a new, innovative approach). Some kaiwhiri believed their practice had changed quite a bit, while others did not.

> *"I haven't changed my approach, this is basically what I was doing before (Te Whiri Ora)." (Kaiwhiri)*

In addition, Te Whiri Ora theory of change and kaiwhiri practice framework is not clear about the length of time kaiwhiri can support whānau, particularly for those families which have multiple complex needs and very low capacity to solve them. Some interview participants believed kaiwhiri engagement with whānau should be brief.

"Te Whiri Ora, it's a brief intervention that can link and inform families and children and services. It's a bit of a gap filler in some ways, where families and other people involved in complex situations in families' lives need some coordination and guidance. There's definitely a coordination and brokering function in it. But it is a brief intervention and families need to be moved on." (Stakeholder)

Brief interventions, without the support of the kaiwhiri they trust, may place whānau with complex needs further at risk. Interview analysis indicates whānau could be very reluctant to engage with Te Whiri Ora, based on their negative past experiences interacting with different agencies. Over time they learned to trust their kaiwhiri and through their engagement in the service, whānau felt hope and optimism for their future. There is a real risk that if the support service suddenly ends or is significantly reduced, whānau trust will dissipate and they will find themselves in more vulnerable situations. Continued access to kaiwhiri may need to be extended for some whānau who have multiple complex needs and low capacity to solve them, until whānau gain trust with health and social services which are now supporting them.

Outcomes for stakeholders

Analysis of participant interviews indicated that Te Whiri Ora was achieving the intended outcomes for stakeholders and other professionals, as outlined in the theory of change.

Te Whiri Ora Outcomes for stakeholders and other professionals

Immediate outcomes are also identified for professionals and include:

- Follow through on team decisions

- Less fragmentation and duplication

- Easier and timely access to services

- Support strategies that 'fit'

- Support strategies based on strengths

- Whānau-centred integrated service delivery

- Agencies and professionals are coordinated

Summary of evidence

A key focus of this evaluation was to ascertain, 'How well and in what ways was Te Whiri Ora achieving its aims? The following section identifies each of the key aims of Te Whiri Ora and a summary statement based on analysed data.

Prioritising an equitable and timely response for Māori and Pacific tamariki and whānau to address disparities

Not yet. There is a lack of evidence of equity, particularly for Pacific families.

Designing a response which places tamariki, rangatahi and whānau in the centre and supports them to have a strong voice in identifying their hopes and support needs.

Yes. There is evidence of early outcomes.

Evidence indicates the approach is whānau-centred and whānau have a strong voice in the service planning.

Creating an environment where there is transparency with whānau regarding when, how and with whom their information is being shared or discussed

Yes. There is evidence of early outcomes.

Whānau and kaiwhiri noted the importance of whānau voice and of whānau participating in meetings about them. Kaiwhiri act as advocates to ensure whānau are heard.

Removing barriers to an integrated response by shifting away from criteria, thresholds and by using everyday language

Yes. There is evidence of early outcomes

Whānau report receiving access to services they were unaware of, or unable to access prior to Te Whiri Ora intervention.

Responding to the varied and unique area needs identified across the Canterbury region, including Ashburton, Selwyn, Waimakariri and Hurunui as well as Christchurch City

Unclear at this stage.

There is a lack of evidence that the service is sufficiently engaging Māori and Pacific tamariki and whānau. Some barriers (such as lack of access to specialist assessments and lack of support from other agencies) are outside of the control of Te Whiri Ora. However, an important aim of Te Whiri Ora is ensuring an equitable approach to reduce disparities. This requires an equity plan to ensure that Māori and Pacific are able to access service at equitable, rather than demographic rates.

Conclusion and recommendations

Te Whiri Ora is one year into implementation at the time of this evaluation. A number of key lessons have been learnt during implementation, and the evaluation has identified early outcomes for whānau who have engaged.

In September 2022, the funding for Te Whiri Ora was reduced by 50% by Oranga Tamariki as part of the redesign of services. This has caused significant issues for the collaborative, as it is required to rationalise a service one year into implementation. There is a very real risk that the whānau/families who have engaged will be severely impacted by this decision. The whānau/families who participated in this evaluation discussed poor experiences with services previously that resulted in distrust of agencies and a reluctance to re-engage with services. There are a number of factors that need to be considered when rationalising the service.

- Maintaining continuity with current clients

- Prioritise equity clients

- Consider prioritising referrals from OT, Justice

- Collect and analyse data on clients who are missing out on service as a result of rationalisation

The following recommendations have emerged from this evaluation.

Recommendation 1: Continue and increase the funding available to Te Whiri Ora

Early evidence indicates the impact of the service for whānau/families and their tamariki/children is considerable. These outcomes have been confirmed by stakeholders from schools and health services, who reiterate the frustration they have had engaging services for these whānau prior to Te Whiri Ora. Evidence indicates that collaborative localised services for whānau/families who have complex needs and low capability are needed (Health, 2016; Oranga Tamariki, 2022). The evidence from this Year 1

evaluation notes the gains that have been made for whānau/families in a short period of time.

Funding cuts to Te Whiri Ora appear to be contrary to the evidence and Oranga Tamariki Action Plan (2022). The service is designed to ensure that children and their whānau who have the greatest need are receiving appropriate localised services. The evidence from the first year of implementation indicates that services are more integrated, accountable and are meeting the needs of whānau, and addressing other social determinants of health that are impacting on the ability of the whānau to thrive.

We recommend that funding is continued and increased, particularly for priority equity whānau, Māori and Pacific.

Recommendation 2: Create a clear theory of change around equity with measurable targets (short- and long-term outcomes) that demonstrate clear links to Te Tiriti o Waitangi principles and practices.

Te Whiri Ora has a theory of change; however, it does not provide sufficient planning with set equity targets. There is also no mention of Te Tiriti o Waitangi despite the governance group's commitment to it, so it is not clear how Te Tiriti is used to ensure equitable approaches and outcomes.

While Māori families are currently accessing the service above their demographic percentage in Christchurch, evidence suggests the need is proportionality higher than the 15% service rate. Pacific whānau are also underrepresented. For example, statistics indicate that '52 percent of children who have early risk factors for future involvement in statutory care, protection and youth justice identify as Māori' (Oranga Tamariki, 2022, p. 4).

It is important to clarify the equity outcomes which Te Whiri Ora wish to obtain and how these can be measured and tracked over time. Without having measurable targets and a clear theory of change around this, it is unclear how the service can evaluate whether it is reaching its equity outcomes. There is an emphasised need to ensure that kaupapa Māori agencies and frameworks are considered, heard and implemented to ensure Te Whiri Ora governance group's commitment is upheld.

We recommend the Governance Group designs and implements a clear 'theory of equity action' to support the increased engagement of Māori and Pacific groups.

Recommendation 3: Create an outcome monitoring framework to determine the outcomes for whānau and their tamariki over time.

There is evidence from this evaluation that working with Te Whiri Ora is raising capability of whānau to be self-determining and reducing the complexity in their lives. There is a need to gather outcome data across the whānau/families accessing Te Whiri Ora and report on the immediate and long-term outcomes/changes in the lives of these whānau. The outcomes from this evaluation can be created into an outcome monitoring framework that should be implemented alongside the service and added to over time. Rather than recording activity (as the service is variable depending on the needs and wishes of the whānau) gathering outcomes will describe what is changing for whānau over time.

There is an opportunity for kaiwhiri to identify unintended outcomes of the service. While the service was not designed to directly support schools and health services, data from this evaluation indicates these institutions are benefiting from the coordination services of Te Whiri Ora. This is particularly important, as both the health and education system have been identified as having inequitable outcomes for Māori (OECD, 2012; UNESCO-IBE, 2022; New Zealand Health and Disability Review, 2021). There is an opportunity to demonstrate how the intervention directly addresses equity issues for priority whānau and their tamariki.

We recommend the evaluation team and kaiwhiri develop and implement a monitoring framework that is implemented in Year 2. In addition, the evaluation team will re-visit the whānau/families interviewed for this evaluation in Year 2 to ascertain long-term and sustainable impact.

Recommendation 4: Reduce variability and ambiguity around the role and practice of kaiwhiri – create guidelines around service.

During the past year kaiwhiri have been evolving their practice and the pathway for Te Whiri Ora clients. There is evidence from the evaluation that the way in which the kaiwhiri work varies across the service. This is possibly further entrenched by working for different organisations that have different philosophies and approaches to service delivery.

There are aspects of practice that are working well including referrals, allocations, additional cultural and clinical supervision, and peer support. In order to clearly articulate what the service is offering and how it is different to other services, there is an opportunity to further define the practice framework and achieve more consistency across the kaiwhiri. Te Whiri Ora values and lessons from whānau-centred practice (Te Puni Kōkiri, 2015) provide a sound base from which to develop service descriptions further.

We recommend the kaiwhiri work collectively to further develop and implement the practice framework to consolidate the innovation.

References

Boulton, A. & Gifford, H. (2014). Conceptualising the link between resilience and Whānau Ora. Results from a case Study. MAI Journal, 3, 2, 111-125 http://www.journal.mai.ac.nz/content/conceptualising-link-between-resilience-and-wh%C4%81nau-ora-results-case-study

Canterbury Clinical Network (2022). Child and Youth Health, Latest News. https://ccn.health.nz/Our-Work/Workstreams/Child-and-Youth-Health/ArticleID/5791

Durie M. (2020). Kōrero with Sir Mason Durie. URL: www.youtube.com/watch?v=hZBqnXFwls0

Heatley, Dave. (2016). Making Social Services Work for Everyone: a summary of the recent Productivity Commission inquiry. Policy Quarterly. 12. 10, 57 – 65. https://ojs.victoria.ac.nz/pq/article/view/4703

Kaplan, S. D. (2021). Building Relationships, Strengthening Neighborhoods. Stanford Social Innovation Review.

McKegg, K., Wehipeihana, N., Becroft, M., & Gill, J. (2016). Developmental evaluation's role in supporting community-led solutions for Māori and Pacific young people's educational success: The Foundation North Māori and Pacific Education Initiative. In M. Q. Patton, K. McKegg & N. Wehipeihana (Eds.), Developmental evaluation exemplars: Principles in practice (pp. 125–142). New York, NY: Guildford Press.

McMeeking, S. (2020). Staircased Social Change Pathways- exploring the Mechanisms of Social Impact Creation through an Indigenous Case Study. Unpublished Masters Thesis. University of Cambridge, Judge Business School, UK.

Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare. (1988). Puao-te-ata-tu = Day Break: the report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare. Retrieved from https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/archive/1988-puaoteatatu.pdf

Ministry of Health. (2022). Hui Whakaoranga 2021 Summary report: Securing wellbeing for the next generation. Wellington: Ministry of Health. https://www.health.govt.nz/publication/hui-whakaoranga-2021-summary-report

Ministry of Social Development. (2012). The white paper for vulnerable children: Volume one. Wellington, New Zealand: Ministry of Social Development. https://orangatamariki.govt.nz/assets/Uploads/Support-for-families/childrens-teams/white-paper-for-vulnerable-children-volume-1.pdf

New Zealand Health and Disability Review (2021). Our health and disability system. Building a stronger health and disability system that delivers for all New Zealanders. New Zealand Government. https://dpmc.govt.nz/sites/default/files/2021-04/heallth-reform-white-paper-summary-apr21.pdf

OECD (2012). Equity and Quality in Education: Supporting Disadvantaged Students and Schools, OECD Publishing. http://dx.doi.org/10.1787/9789264130852-en

Office of the Children's Commissioner. (2020). Te kuku o te manawa: a review of what needs to change to enable pēpi Māori aged 0-3 months to remain in the care of their whānau in situations where Oranga Tamariki-Ministry for Children is notified of care and protection concerns. Report Two of Two. https://www.occ.org.nz/assets/Uploads/Te-Kuku-O-Te-Manawa-Report-2-OCC.pdf

Oranga Tamariki (2022). Oranga Tamariki Action Plan. https://www.orangatamariki.govt.nz/about-us/how-we-work/oranga-tamariki-action-plan/

Oranga Tamariki Evidence Centre. (2019). Children's Teams evaluation: Final report. Wellington, New Zealand: Oranga Tamariki—Ministry for Children. https://www.orangatamariki.govt.nz/about-us/research/our-research/childrens-teams-evaluation-report/

Oranga Tamariki Evidence Centre. (2020). Oranga Tamariki Early Intervention: A synthesis of recent research and evaluations. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.

Pihama, L., Cameron, N., & Te Nana, R. (2019). Historical trauma and whānau violence. Issues Paper, 15. Auckland: New Zealand Family Violence Clearinghouse, University of Auckland. Retrieved from https://nzfvc.org.nz/issues-paper-15-historical-trauma

The Productivity Commission. (2015a). More effective social services. Summary version. https://www.productivity.govt.nz/assets/Documents/6e7cb6e142/social-services-final-report-summary.pdf

The Productivity Commission. (2015b) Appendix C: Case study: Whānau Ora Appendix-C-Case-study-Whanau-Ora.pdf (productivity.govt.nz)

Reid, J., Rout, M., Tau, T. M. & Smith, C. (2017). The Colonising Environment: An Aetiology of the Trauma of Settler Colonisation and Land Alienation on Ngāi Tahu Whānau. Ngāi Tahu Research Centre, University of Canterbury

Reil, J., Lambie, I., Becroft, A., & Allen, R. (2022). How we fail children who offend and what to do about it: 'A breakdown across the whole system'. Research and recommendations. Auckland, NZ: The Michael and Suzanne Borrin Foundation, the New Zealand Law Foundation & the University of Auckland

Robertson, N., Masters, B., Lane, C., Tapara, A., Corbett, C., Graham, R., Gosche, J., Jenkins, A. & King, T. (2013). Evaluation of the Whānau Ora Wellbeing Service of Te Whakaruruhau. Final Report. Māori and Psychology Research Unit, University of Waikato, NZ https://www.nzfvc.org.nz/sites/nzfvc.org.nz/files/whanau-ora-TWH-final-report-2013.pdf

Savage, C., Moyle, P. C., Kus-Harbord, L., Ahuriri-Driscoll, A., Hynds, A., Paipa, K., Leonard, G., Maraki, J. & Leonard, J. (2021). Hāhā-uri, hāhā-tea. Māori involvement in State Care 1950-1999. Ihi Research. https://abuseinquiryresponse.govt.nz/assets/Uploads/Maori-research-report/Haha-uri-haha-tea-Maori-Involvement-in-State-Care-1950-1999.pdf

Savage, C., Hynds, A., Kus-Harbord, L., Leonard, J. & Malungahu, G. (2020). Te Piringa: Insights into ensuring effective whānau-centred, primary health care services and support. Report for Te Puni Kōkiri. https://www.tpk.govt.nz/en/o-matou-mohiotanga/health/te-piringa-whanaucentred-primary-health-care

Savage, C., Dallas-Katoa, W., Leonard, J., Goldsmith, L. & Fraser, W. (2017). Whānau Ora Navigators. Initial Research for Te Pūtahitanga o Te Waipounamu. Ōtautahi, Ihi Research.

Stanley, E., & de Froideville, S. M. (2020). From vulnerability to risk: Consolidating state interventions towards Māori children and young people in New Zealand. Critical Social Policy, 40(4), 526-545. https://doi.org/10.1177/0261018319895203

Strauss, A., & Corbin, J. (1998). Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory. Thousand Oaks, CA: Sage Publications, Inc.

Te Puni Kōkiri (2015). Understanding whānau-centred approaches Analysis of Phase One Whānau Ora research and monitoring results. https://www.tpk.govt.nz/en/o-matou-mohiotanga/whanau-ora/understanding-whanaucentred-approaches-analysis-of

Te Puni Kōkiri (2018). Whānau Ora review: Tipu matoro ki te ao: Final report to the Minister for Whānau Ora. Independant Whānau Ora Review Panel.

Te Whiri Ora (2021a). Home. Welcome to Te Whiri Ora. https://www.tewhiriora.co.nz/

Te Whiri Ora (2021b). Our Kaupapa. https://www.tewhiriora.co.nz/our-kaupapa.html

Te Whiri Ora (2021c). Our People. RSRT Governance Group. https://www.tewhiriora.co.nz/governance-group.html

Te Whiri Ora (2021d). Our Service. https://www.tewhiriora.co.nz/our-service.html

Te Whiri Ora (2022). Te Whiri Ora: Weaving Wellbeing Launch. Powerpoint. Right Service. Right Time. 16 February 2022 (document supplied to Ihi Research)

UNESCO-IBE (2022). General Education System Quality Analysis/Diagnosis Framework (GEQAF). Available at http:// www.ibe.unesco.org/en/general-education-system-quality-analysisdiagnosis-framework-geqaf

Waitangi Tribunal Report. (2019). HAUORA Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Legislation Direct, Lower Hutt, New Zealand. www.waitangitribunal.govt.nz

Walker, H. (2022). Āhurutia Te Rito. It takes a village. How better support for perinatal mental health could transform the future for whānau and communities in Aotearoa New Zealand. Summary of Policy Implications. The Helen Clark Foundation. https://helenclark.foundation/publications-and-media/ahurutia-te-rito-it-takes-a-village/

Watene, K., Rochford, T. & Tamariki, N. (2017). Chapter 7. Whānau Ora: Transforming Health and Wellbeing (pp 175-201). In, Stephen Chadwick (Ed.), How should we live? Everyday Ethics in Aotearoa New Zealand. Palmerston North: Massey University Press.

Appendix 1: Methodology

Te Whiri Ora aims to address significant challenges impacting on vulnerable tamariki, rangatahi and whānau with complex needs and multiple issues. Service fragmentation is a considerable barrier, as whānau need timely access to appropriate supports.

Previous research has found cross-agency investment in services is needed to improve outcomes for vulnerable tamariki and whānau (Oranga Tamariki Evidence Centre, 2019). There have been multiple services managing discrete needs of tamariki, rangatahi and their whānau, but this has happened without whānau leading the process to address the issues as they see and experience them. This has meant whānau have to explain their circumstances and needs multiple times and there are significant wait times for service action. Many whānau with complex issues, often distrust mainstream health and social service agencies due to negative past experiences (Office of the Children's Commissioner, 2020; Waitangi Tribunal, 2021). Services for tamariki, rangatahi and whānau with multiple issues need to be whānau-centred, culturally sustaining and strengths-based, delivered through a localised and regionally collaborative response (Oranga Tamariki Evidence Centre, 2019).

To address such challenges Te Whiri Ora (Canterbury) is aiming to provide an integrated, whānau-centred response across the Canterbury region, including Ashburton, Selwyn, Waimakariri and Hurunui as well as Ōtautahi/Christchurch City. The programme aims to prioritise an equitable and timely response for Māori and Pasifika tamariki and whānau to address disparities. This will be achieved by:

- Designing a response which places tamariki, rangatahi and whānau in the centre and supports them to have a strong voice in identifying their hopes and support needs.

- Creating an environment where there is transparency with whānau regarding when, how and with whom their information is being shared or discussed.

- Removing barriers to a coordinated response by shifting away from criteria, thresholds and by using everyday language.

- Responding to the varied and unique area needs identified across the rohe.

Developmental evaluation

Developmental evaluation has been used in a variety of community-based Māori and Pasifika initiatives in New Zealand and is widely accepted as an approach consistent with the principles of kaupapa Māori research (McKegg et al., 2016). The approach necessitates an ongoing relationship between Te Whiri Ora project staff and the Ihi evaluation team to ensure the evaluation informs service development throughout the duration of the initiative.

Developmental evaluation supports the creation of innovative initiatives to address complex problems (McKegg et al., 2016). In developmental evaluation the evaluator collaborates closely with the service team. The evaluator uses skills such as asking evaluative questions, applying improvement theory, and data collection and analysis to inform the development process.

The purpose of developmental evaluation is quite distinct from the purpose of more traditional formative and summative evaluations. While formative and summative approaches are focussed on improving or assessing an established initiative, developmental evaluation aims to generate timely learning to assist development before there is a complete model to improve or assess. The primary users of a developmental evaluation are individuals and organisations seeking to achieve significant change. The success of the evaluation is measured by the extent to which the knowledge and lines of inquiry it helps produce, as well as how it contributes to the improvement process.

Yearly goals

Te Whiri Ora is a three-year evaluation project - we propose annual evaluation reporting with a developmental focus. The annual focus can be negotiated between Te Whiri Ora and Ihi Research, we have suggested the following focus – each year will build on the previous.

- **Year 1:** Focus on co-design process, systems and stakeholder buy-in

- **Year 2:** Focus on outcomes for tamariki, rangatahi and whānau

- **Year 3:** Focus on Summative Evaluation across the three years

Year 1

A co-design workshop was run by Ihi Research with members of the Governance Group and the kaiwhiri. As a result of the co-design workshop a plan was set to investigate the overall innovation, implementation, collaboration and impact. This is laid out in the following section. In September 2022, the evaluation was pivoted in response to funding cuts to examine the early outcomes from the service.

Co-design plan

Purpose: Exploring 'Te Whiri Ora' as a concept through co-designing evaluation.

Co-design: Side by side, begins with questions – not solutions "curiosity not certainty"

Co-design is an ongoing process not an event. We will revisit the evaluation each year to review what we are learning and if the planned approach continues to be appropriate.

Intentional design

The team is engaged in the intentional design of both the service approach and the evaluation. We began by identifying the priorities for the

evaluation and why these are important to underpinning the approach.

What do we NEED to know?

01 What impact does the approach have for tamariki and whānau? Is the approach successful in ensuring whānau receive the support they need?

02 What works? For whom? And under what set of conditions? (Who does it work for and what needs to happen to ensure the approach is successful for all)

03 Is the approach equitable and does it contribute to equity?

What do we WANT to know?

04 Is the approach consistent with the values that underpin Te Whiri Ora? How do we know the approach is well-designed and appropriate for all tamariki and whānau?

05 How is the approach whānau-led and what does that look like?

How can we IMPROVE what we are doing?

06 What opportunities are there for improving the approach - What are we learning as we are implementing?

Exploring Te Whiri Ora as a concept (at different levels of the system)

Te Whiri Ora by design has several layers to operationalise the approach. The hui discussed the different research questions and outcome focus at the different levels of operation – macro, meso, micro, identifying key questions and outcomes from each part of the design. This is outlined in Table 5.

Layer	Macro	Meso	Minor
Who	Governance Group RSRT	Partner organisations	Kaiwhiri and whānau
What	Funding relationships, 7AA, regionally-led, nationally supported	Collaboration and coordination amongst delivery partners	Relationship between kaimahi and whānau
Questions	How is the system changing? What evidence is there of improvement and innovation? What does regionally-led and nationally supported look like in Te Whiri Ora?	How is the model working across Canterbury? How is the model working within the context of Canterbury (e.g., ISR/ Mana Ake) What evidence is there that Te Whiri Ora improves collaboration amongst providers and services?	How is the approach whānau-led? What are the outcomes for tamariki and whānau? What does success look like for tamariki /whānau?
Equity across layers	How does this work address disparities and contribute to OT Māori specific outcome?	How are services delivered equitably?	In what way is equity evident in the practice?
Intended outcomes	Strengthening relationships across Govt. and non-Govt. agencies Collective advocacy by agencies and providers regarding resourcing and responsiveness Continuity of funding Whānau receive a timely 'yes' response when they seek help	Improved ability to work collaboratively/ to network Improved ability to leverage of partner agencies Creating services that kaiwhiri want to work in Common aspirations across the Canterbury children workforce - motivated partner agencies Help is appropriate for whānau, and they have a more positive experience receiving services.	Meeting the needs that whānau identify for themselves Improved outcomes for tamariki and their whānau Appropriate supports are available for whānau to engage with and return to Whānau can be self-determining – they can take the lead Whānau plan their own change – they are future focussed and positive

Table 5: Exploring Te Whiri Ora as a service at different layers of the system.

Outcomes for tamariki and whānau

The co-designed team discussed expected outcomes for tamariki and their whānau as a result of engaging with Te Whiri Ora. The intention of the design is the work will be whānau-led and whānau will identify their own needs and set their own goals. It was agreed a separate meeting will be held with the kaiwhiri team and the evaluators to determine how we might collect data on these outcomes and how they are achieved.

The process model below indicates there are points along the journey where kaiwhiri can work with whānau to identify their aspirations and plan toward these. A key focus of this evaluative work at the micro level is unpacking "What does success look like for whānau and their tamariki?".

RIGHT SERVICE RIGHT TIME
TE WHIRI ORA

Social Service Providers Aotearoa

WHĀNAU

KAIWHIRI

PARTNERS

1. **TONO** REQUEST FOR SUPPORT

2. **KOHIKOHI** INFORMATION GATHERING

3. **MIHI WHAKATAU** ENGAGEMENT — WHĀNAU EXIT

4. **RĀRANGA-A-WHĀNAU** HUI — WHĀNAU EXIT

5. **HE KETE KŌHA** GOALS ADDRESSED — WHĀNAU EXIT

6. **MAHI TAHI** PANEL

7. **RĀRANGA-A-WHĀNAU** HUI — WHĀNAU EXIT

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1. TONO REQUEST FOR SUPPORT
- Tono-Request for Support (RFS) via website, email of the form to Te Whiri Ora or phone line
- Consent for RFS gained Can come from NGO's, Oranga Tamariki, other agencies, or be a self-referral

2. KOHIKOHI INFORMATION GATHERING
- Clinical Leads and Kaiwhiri to manage intake and triage all Tono- Requests For Support
- Check whānau have consented/ been consulted about the RFS
- Referrer stays supporting the whānau
- Timeframe: 48 hours for initial response,
- acknowledging RFS received
- Tono/ RFS accepted into Te Whiri Ora
- Clinical lead will assign the Whānau to a Kaiwhiri/ co-ordinator

3. MIHI WHAKATAU ENGAGEMENT
- Kaiwhiri will engage with whānau and referrer in an appropriate way to explain the service and offer an initial meeting
- Where possible and appropriate, engagement will be kanohi ki te kanohi
- Regional considerations for travel are taken into account
- Kaiwhiri will talk about informed consent and what this means
- Identify agencies involved with whānau and any immediate support needed to ensure they can attend a Rāranga-a-whānau. Plan lead could be identified at this point
- Kaiwhiri will talk to whānau about voice of the child and who within their support system (professional/whānau) may be the person to share the child's voice throughout the process.
- Whānau agree to Rāranga-a-whānau taking place
- Whānau may exit at this point-evaluation given

4. RĀRANGA-A-WHĀNAU HUI
- The Kaiwhiri invites representatives from agencies with whom the whānau consent to, and feel would best meet their needs (e.g. NGO, MSD, Kāinga Ora, MOE)
- Whānau with Kaiwhiri support identifies the Plan lead (if not already)
- Sharing of information and consent explained
- A whānau plan is devised with interim goals
- Agency workers and whānau may have tasks associated with the plan that need to be completed
- Plan lead works with the whānau to monitor the plan
- Whānau may exit at this point-evaluation given

5. HE KETE KŌHA GOALS ADDRESSED
- Immediate needs met
- Intervention carried out by whānau, agency workers, plan lead
- Discretionary funds utilised
- Inter-agency needs are followed up
- Potential funding support from RSRT partner list
- Whānau may exit at this point-evaluation given

6. MAHI TAHI PANEL
- Core panel members to guide principles and practise
- Whānau give consent for Mahi Tahi
- Whānau are given the option and supported holistically to attend
- If they cannot / choose not to, the Plan lead will be fully briefed and feedback the whānau and Child (ren)'s voice
- Kaiwhiri assists the Plan lead with actions from the panel

7. RĀRANGA-A-WHĀNAU HUI
Whānau are ready to exit when:
- They have met all their goals and no longer need any support
- Whānau move to a single agency Clinical Lead, Kaiwhiri and Plan lead work together to talk about exit with whānau
- Kaiwhiri ensure all of the data is entered into the system, all measures are uploaded and closed
- Summary: Evaluation given

Data sources

The co-design team discussed what data is currently collected – what data might need to be collected and where opportunities lie to co-design data collection methods.

Database

All Te Whiri Ora data is kept on a central Paua database. Service data for whānau will be kept by individual providers and not collected by Te Whiri Ora. The team discussed the importance of:

- Agreeing on ethical procedures to assess data for the purposes of this evaluation, and to ensure informed consent and avoidance of harm for interview participants

- Desegregating data by ethnicity, gender, disability, age (tamariki and whānau)

- Referral data – whose referring and why (equity focus)

- Wait times – how long are whānau waiting, are there any patterns in demand?

Artefacts

- Documents (contracts, kaiwhiri job descriptions, meeting (rāranga hui) notes, whānau-led plans)

- Case studies

- Exit interviews with whānau - there are a variety of 'exit points' in the model – understanding why whānau exit at different points is important to understanding the model

Interviews

- Interviews with whānau - what do they tell us about their experience in meetings/with service/what does 'whānau-led' mean and how does the service relate to their own aspirations - how do we know that whānau are accessing appropriate services?

- Interviews with stakeholders (meso/macro) to understand collaboration, identifying gaps in the service

- Interview with kaiwhiri to understand enablers of progress/barriers to progress – the practice approach

Surveys/evaluation

- Whānau survey designed by kaiwhiri

- Potential Ihi-led survey of partners

Annual goals

Te Whiri Ora is a three-year project.

The project will have an annual evaluation focus across the three-year developmental approach. The annual focus can be re-negotiated between Te Whiri Ora and Ihi Research; however, each year will build on the previous.

Year 1: Focus on co-design process, systems and stakeholder buy in.

The focus for this year is to understand the process and the design which underpins Te Whiri Ora. The data is emergent and will be used to inform the development of the approach. The data collection in the six-month plan (below) is designed to review the system design, identify the determinants of success for whānau, and understand how the collaboration is working and could potentially be improved.

At the conclusion of the data collection, we have scheduled a sense-making hui and will revisit the co-design as part of developmental evaluation. The purpose is to review the findings and data to date and as a co-design team, to 'make sense' of what the data reveals and determine what impact this has on the next phase of the approach and design.

Data sources for this evaluation

Twenty interviews were conducted between September and November 2022. The interviews ranged from 40 minutes to 90 minutes.

Informants

Interviewees	Description	Number
Whānau/Families	Whānau/Families were those who were currently clients of Te Whiri Ora	3
Stakeholders	Stakeholders included staff who worked for community education, health/community wellbeing providers, youth workers, police, and other Ministry workers such as Oranga Tamariki. Stakeholders included iwi and kaumātua.	8
Te Whiri Ora staff	Kaiwhiri, (n=3), Clinical leaders (n=2) Governance (n=4)	9
Total		**20**

Ethical procedures

Ethical and interview protocols were created by the evaluation team to ensure the evaluation protected the rights of everyone who contributed. The researchers followed the guiding principles for working respectfully with Indigenous peoples nationally and internationally. These are articulated by Kennedy and Wehipeihana (2006, p. 1-2):

- Self-determination - including the right to make decisions about all aspects of their lives. Clear benefits to those being researched.

- Acknowledgement and awareness - refers to respect and due recognition and appreciation for Indigenous culture, values, customs, beliefs and rights, including an acceptance of a worldview that may not be consistent with Western ideologies.

- Cultural integrity - relates to the validity of Indigenous knowledge and ways of being; that cultural knowledge must be protected from misuse or misappropriation and must be preserved for future generations.

- Capacity building - enabling Indigenous peoples to participate actively in the research, with the aim to ultimately drive their own research.

An information sheet was developed and shared with whānau/stakeholders prior to interviewing. Whānau were given the opportunity to ask questions before they signed consent and were informed of their right to withdraw at any time without explanation. Whānau were able to give written or verbal consent which was audio-recorded during the interview.

Data analysis

Verbatim transcripts were analysed using qualitative analysis software (QSR NVIVO 11). Initially, concepts were identified via an open coding procedure (Strauss & Corbin, 1998) and the constant comparison method (data to: data, codes, concepts, literature) used to enable the creation of distinct conceptual categories.

Analysis was an iterative process. As interviews were transcribed and analysed, gaps in the data would be identified and either filled through additional interviews or data/evidence. Recursive data collection, the process of collecting and then analysing the data, continued until saturation was reached, and no new information was identified in the transcripts.

In the last phase of the research process, concepts and categories were also contrasted and integrated with research theory and construct; a process supported by a deferred second review of the literature (Strauss & Corbin, 1998).

Whānau interviews were used to create case studies to demonstrate the complexity and impact.

The evaluation will continue for the next two years. At the conclusion of the Year 1 Annual Report, we will hold a Year 2 co-design hui to plan towards the 2023 evaluation focus. This is to ensure the focus is still relevant based on the data we have found. We may identify unexpected outcomes and new learnings that can contribute to the development of the approach and evaluation. It is likely this hui will be held in January 2023.

Year 2: Focus on outcomes for tamariki, rangatahi and whānau

In Year 2, we intended to develop an outcomes framework to monitor outcomes for whānau/ families and tamariki/children. We will revisit the three whānau/families who were interviewed for this annual evaluation to determine long-term and sustainable change outcomes. In addition, throughout Year 2, we will widen the data collection to a further 10 whānau who are working with kaiwhiri. A focus of Year 2 analysis will be the response to recommendations, particularly the response to equity planning.