



ASSESSMENT OF THE DESIGN AND IMPLEMENTATION OF THE CHILDREN'S TEAMS

TO JANUARY 2014

Our purpose

The Families Commission's purpose is to increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of New Zealanders, New Zealand's communities, families and whānau.

Acknowledgements

The main author of this report was Salena Davie. Thanks to the Children's Directorate and the those involved in designing, managing and implementing the Children's Teams demonstration sites who generously shared their time, experiences and consent.

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ISSN 1177-3545 (Print)
ISSN 1178-1289 (Online)

ISBN 978-0-478-36943-4 (Print)
ISBN 978-0-478-36944-1 (Online)



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1. EXECUTIVE SUMMARY

In mid-2013 the Social Policy Evaluation and Research Unit (SuPERU) within the Families Commission commenced an assessment of the Children's Team's model. The Children's Teams are a key component of the Government's multi-year Children's Action Plan (CAP). This report provides an assessment of the design and implementation of the Children's Teams model.

The report addresses the overarching question: *is the design right?* It outlines the functions that are needed for a Children's Team model to work effectively and how these functions performed in 2013. The focus is the design and implementation of the Children's Team *model* rather than the performance of the individual demonstration sites.

The report's findings are intended to inform the Children's Directorate and its partners, as the development and implementation of the model continues in 2014.

The Children's Teams model is an integrated services response to address the complex issue of protecting and supporting vulnerable children. The Children's Teams vision of aligning social development, health, justice, education and NGO social sectors to work together, requires large scale behavioural and structural changes to how these services currently operate.

Our assessment of the early design and implementation of the Children's Teams service identified a number of elements critical to its performance. Many of these elements are common to an integrated services approach and the diagram below groups these under five design and implementation components:

- › Planning and development
- › Partnership
- › Implementation
- › Systems change
- › Scaling up

Planning and development	Partnership	Implementation	Systems change	Scaling up
Shared vision and common agenda	Clear roles supported by strong governance	Prescriptive vs local adaptation	Funding and accountability systems that support collaboration	Workforce capability and capacity
Fit and alignment with current service provision	Collective ownership and buy-in	A working model Forms and documents: referral assessment, planning Common data base / IT platform HR support	Common accountability measures Information sharing systems that support collaboration	Changing the current service mix

KEY ■ Has been challenging but progress being made ■ Most pressing and difficult issues ■ Will need to be addressed as the model expands

Our assessment found that the Children's Teams had made positive progress on some elements such as building a shared vision, collective ownership and building a working model. However, other elements such as funding and accountability processes are currently posing challenges. Workforce capacity, common accountability measures and addressing services gaps are also likely to demand attention as the model progresses and expands.

The Children's Teams have required an immense amount of energy to activate because change is required *within* existing agency/service and professional systems as well as *between* these systems. Multiple players were required to be on board, committed and clear about the purpose and scope and understand their role. This required integrated planning and investment with timeframes realistic to collaborative and complex initiatives of this scale.

The Children's Teams were implemented before a design was agreed or uniformly understood and supported at every level. The demonstration sites have shouldered expectations that they will build an integrated service, test and pilot various components, and 'demonstrate' better results for vulnerable children. Expectations of what the demonstration sites would achieve were significant, and probably inappropriate, relative to the major design and development work still to be done.

The small scale of the Children's Teams physical presence belies the progress made to date in getting the design right and implementing a working model that sets the Children's Teams up for an expansion phase. The two demonstration sites established in Rotorua and Whangarei, succeeded in getting a workable system up and running and helped reveal the extent of what is needed for the model to be sustainable. There are currently signs of a more integrated planning approach, aligning service design with the governance, resourcing and timeframe requirements, to develop and implement the service successfully.

2. BACKGROUND

2.1 Introduction

The Children's Action Plan (CAP) is the Government response to the White Paper for Vulnerable Children. Its goal is to better identify, protect, and support vulnerable children. The CAP was launched in October 2012 and its implementation concludes in 2017.

A key component of the CAP is the establishment of a new integrated service model to protect and support vulnerable children – *the Children's Teams*. This approach is built on the understanding that the issues facing our most vulnerable children and their families are complex and cannot be solved by a single agency.

The Children's Teams model has the following central features:

- › information sharing between professionals and agencies
- › a holistic focus on the needs of the child
- › prioritisation of services towards vulnerable children and the removal of 'road blocks' between vulnerable children and services
- › multidisciplinary teams.

The Children's Teams are supported by new tools, processes and infrastructure being developed in other parts of the CAP. Significant components include:

- › Joint accountability for vulnerable children-related targets across government agencies
- › Information sharing protocols to enable Children's Teams professionals to share their information about a vulnerable child
- › The Child Protect service (*the Hub*): the main centre and triage point for all referrals and calls about vulnerable children from the public and professionals
- › The Vulnerable Children's Information System (ViKI): this system will draw together a comprehensive view of a child's interface with different agencies and provide a collaboration platform for Children's Team members to input and share information
- › The Whole of Child Assessment Kete: a holistic assessment tool to identify child needs and strengths across 16 domains
- › Service changes: wider changes to the contracting and funding of children's services so that vulnerable children receive priority support
- › Children's Workforce Competencies: clear expectations, standards and associated professional support to improve the capability of the children's workforce to identify, assess, refer and support vulnerable children.

2.1.1 Demonstration sites

Two regional demonstration sites have been established to test the Children's Teams model. The Rotorua Children's Team was launched in July 2013, followed by Whangarei Children's Team in October 2013. As at February 2014, further regional and site rollout is on hold while an integrated CAP plan is developed and further service design is undertaken with all CAP agencies and the NGO sector.

2.1.2 Design phases

Since the CAP launch in October 2012 there have been four distinct design phases for the Children's Teams service with differing mixes of local and central control.

First phase: Local service design at the site level, including the engagement of a service design facilitation service to work with each site. With a high degree of local adaptation, the demonstration sites developed different approaches and proposed different target clients.

Second phase: Central service design by a group of seconded specialists. During this phase there was a tightly defined framework from the centre and an emphasis on developing universal procedures, documentation and forms. There was less scope for local adaptation although some variation between the two sites emerged.

Third phase: A roadmap developed by the Children's Directorate. The service design and implementation model was taken to the level of regional governance and resourcing, with a clear planned integration of other components of the CAP in the rollout. Although this Roadmap was not adopted as it was considered to be too bureaucratic and lacking NGO leadership, this repositioning of service design and the integrated rollout sustained into the fourth phase.

Fourth Phase: (in progress, early 2014): Co-design by the Children's Directorate, CAP agencies and the NGO sector. This phase will put in place an iterative service design of the Children's Teams service through a partnership approach, involving the Children's Directorate, CAP agencies and the NGO sector. This includes a national workshop in early 2014, bringing together CAP agencies and the NGO sector representatives to consider:

- › How a cross-sector approach can progress the aims of the Children's Action Plan
- › What this would look like at the national, regional and local levels
- › How to build on existing services and what the potential impacts may be.

2.2 Assessment

Prior to the launch of the Rotorua demonstration site SuPERU agreed to scope and commence an assessment of the development and implementation of the Children's Teams demonstration sites. The Knowledge and Insights team at MSD (formally CSRE) were tasked with developing a child outcomes framework as part of this plan¹.

The approved plan identified the following knowledge needs:

Learning and development: Learning about what is working and what is not within the Children's Teams to strengthen the model

Impact: Determining the impact of the Children's Teams on outcomes for vulnerable children: their identification, protection and support.

The plan also identified three evaluation phases with a different overall evaluation question for each phase as the rollout continued. These were:

- › Phase 1: Is the design right?
- › Phase 2: Is it scalable?
- › Phase 3: Is it sustainable?

This report presents findings in line with the learning and development objective and phase 1 question *is the design right?*

¹ SuPERU with support from Knowledge and Insights produced a Children's Teams evaluation plan based on our understanding of this model and its implementation at the time. This was approved by CAPPE in July 2013. However the budget was not approved and this has remained the case through a series of events affecting the direction, rollout timeframe and resourcing of the Children's Teams service and the CAP as a whole.

2.2.1 Method

This assessment used a developmental evaluation approach drawing on multiple data sources. Developmental evaluation is used to understand the activities of programmes operating in dynamic and complex environments. Its emphasis is on providing a feedback loop that supports decision making and helping to formalise the learning that drive decisions.

Findings were derived through the analysis of data collected through observation, document review and semi-structured interviews with key personnel who were involved with service design and delivery. They were asked to discuss the current state of practice for the Children's Teams, and to identify ways in which the Teams could be more effective. A two-day cross sector CAP workshop, including 140 non-government and government representatives, provided additional data and corroboration of salient themes. Evidence was also drawn from current literature that outlines factors that support successful integrated services, multi-disciplinary practice and capacity building (see appendix 2 for detail of data sources and interview guide).

A thematic analysis of the key issues with reference to the integrated services literature provided the framework for the findings. See Appendix 1 for a full description of the method.

3. FINDINGS

3.1 Introduction

This section discusses the assessment framework that emerged from the data analysis and the integrated services literature. The findings indicate five design and implementation components that are critical to the Children's Teams model.

The five critical components are:

- › planning and development
- › partnership
- › implementation
- › systems change
- › scaling up.

These categories are interconnected and links are drawn between them below. The first three are strongly derived from participant data, whereas findings within components systems change and scaling up, were not necessarily as strongly reported but were identified as critical design issues as the model develops and expands.

3.1.1 Assessment framework

The findings address the overarching question – *is the design right?* and provide a forward-looking focus on the development of the Children's Teams *model* rather than an assessment of the two demonstration sites' performance.

Emerging findings from our data analysis have been shared with the Children's Directorate as the implementation of the Children's Teams progressed (see Appendix 4). This is consistent with a developmental evaluation approach. Our fieldwork during the early design and implementation stage identified a number of elements posing challenges to the Children's Teams performance, and required more work. Many of the elements identified in these emerging findings, such as building shared vision, effective governance, mutual trust, adequate funding and realistic timeframes, are critical success factors identified in the literature on integrated services approaches (Moore 2014).

Integrated services approaches create alignment and connections within and between different sectors in the funding, administration, service delivery and professional practice associated with a particular context (in this case vulnerable children). The Children's Teams model is a substantial case of an integrated services response that requires change at multiple levels: national, regional, local (the Children's Teams) and in practice with vulnerable children and their families to successfully establish a child-centred approach.

Our assessment framework draws together the data from mid-2013 to January 2014 viewed through an integrated services lens. The framework describes the functions needed for the Children's Teams model to work effectively and how these functions have performed in the early stages of implementation².

Figure 1 presents the findings from the assessment of the Children's Teams design and implementation clustered within the five interrelated design and implementation components.

² The implementation components discussed in this report are the aspects most prominent in the Children's Teams experience rather than a comprehensive list of the steps to effective integrated services.

Figure 1 Assessment of the Children's Teams design and implementation components

Planning and development	Partnership	Implementation	Systems change	Scaling up
Shared vision and common agenda	Clear roles supported by strong governance	Prescriptive vs local adaptation	Funding and accountability systems that support collaboration	Workforce capability and capacity
Fit and alignment with current service provision	Collective ownership and buy-in	A working model Forms and documents: referral assessment, planning Common data base / IT platform HR support	Common accountability measures Information sharing systems that support collaboration	Changing the current service mix

KEY ■ Has been challenging but progress being made ■ Most pressing and difficult issues ■ Will need to be addressed as the model expands

The various elements are colour-coded to show those that have positively progressed, those that are currently posing significant challenges and those that will demand attention as the model progresses. The colour codes represent our current understanding from analysis of the data and will change and evolve as the model progresses.

Our assessment found that the Children's Teams model had made positive progress on establishing a shared vision, collective ownership and building a working model. However, funding and accountability processes, are currently posing challenges. Workforce capacity, common accountability measures and addressing services gaps are likely to demand attention as the model progresses and expands.

3.2 Planning and development

The planning and development design component contains two significant elements that are fundamental to an integrated service approach: a shared vision and common agenda; and fit and alignment with current services.

3.2.1 Shared vision and common agenda

This element is vital to the success of shared initiatives (Moore 2014, Kania & Kramer 2011). This needs to occur horizontally across the initiative (i.e. within each sector) and vertically through the layers – central, regional and local. At the local level, embedding a shared vision and common agenda for the Children's Teams has been difficult for the demonstration sites. During the early operation of the sites, those involved felt that the model needed the vision and benefits communicated more clearly to better harness support:

The model needs more enthusiasm and be able to draw people to it. It doesn't have that at the moment.

Interviewees involved with the design and implementation of the demonstration sites reported that the value and benefits of the new integrated service (compared to business as usual) were not easy to articulate and this limited initial support and energy:

You need a good strong rationale for any service change. Practitioners need a clear rationale for why they would want to change their practice

They also noted that the lack of a strongly articulated evidence base for the model inhibited its promotion. The iterative and evolving nature of the model led to national and regional project leaders being unable to initially provide clarity about what would be expected from partner agencies and their staff. Hence, interviewees talked about the challenge of trying to promote a service that was not yet clearly shaped and uniformly understood:

It's hard for teams to tell the story of what the service is while still building it.

The development and communication of a shared vision has been challenged by the framing and associated language of the Children's Teams as an intervention to prevent child maltreatment. Agencies whose primary focus is physical health, emotional wellbeing or educational achievement found it difficult to relate their own practice priorities to a child maltreatment prevention goal. Internationally, similar initiatives have used strength based messaging that encompasses broader health and education goals (eg Child Friendly Leeds – Leeds UK; Creating Safe Stable and Nurturing Relationships – CDC Atlanta USA).

Some professionals were concerned that the articulated vision would impact on being able to recruit families to take part in the Children's Teams initiative:

There is the tension with having government take a stance [about prevention from harm] and how you make it work from a family perspective.

Over time the Children's Teams model has solidified and the messages outlining its function and purpose have become clearer. The January 2014 workshop provided a forum for harnessing NGO and social sector agencies support for the model as well as drawing on insights for its improvement. During that workshop, the demonstration site Regional Directors were able to present a model that was operationally functional and this provided clarity about the structure and operation of the model enabling agencies to better reflect on their fit and contribution.

Levels of support have been more visible from political leaders and Chief Executives for the model, which is critical for gathering momentum vertically and horizontally across the initiative. Ministers and government Chief Executives have provided reassurance that there is ongoing commitment at this level. Events show-casing a similar United Kingdom model (eg presentation by Leeds Children's Director) has helped maintain momentum.

In the early stages of implementation there was a level of uncertainty and cynicism about the workability of the service. However, as seen at the January 2014 workshop, there is now tentative evidence of increasing community sector support for the Children's Teams model to be a fundamentally better approach to protect and support vulnerable children.

3.2.2 Fit and alignment with current services

Establishing a vision for the Children's Teams that is endorsed across the social sector has required that both its complementarity with existing initiatives *and* its point of difference and added value are clear. In 2013, children who sat below the Child Youth and Family (CYF) threshold, (Children's Teams focus), could also be eligible for Strengthening Families, Whānau Ora, Family Start, or a CYF partnered response. These existing services also provide a single point of contact and a supported pathway to wrap-around services. The Children's Teams could be working with many of the same families and drawing on the skills of the same personnel who support these existing initiatives³. It has been difficult therefore to promote the Children's Teams model as it appears very similar to a number of other already existing initiatives.

³ The extent of a client or workforce overlap is not yet evident but was a concern expressed by interviewees during early implementation.

As a result, a competitive dynamic and capacity issue has arisen at the local level because there is some competition for the skills and experience of the same people:

You are competing for people's time and commitment. We are spread a bit thin with all the people we need be involved. How many projects can they realistically get their head around along with all the other work they do?

This has made it difficult to communicate both the uniqueness and the complementarity of the model. Agencies were unsure about the benefits of the Children's Teams approach because the model appears similar to, and does not replace, existing work. This said, discussions about the fit and leverage opportunities with existing services such as Strengthening Families and Whānau Ora were becoming evident in early 2014.

3.2.3 Comment

A shared vision is one of the most important factors for effective service partnership. This enables collaborative partners to collectively define what issues the collaboration will focus on and the activities it will undertake. A shared vision helps to create the momentum to commit the necessary energy and resources to the design, implementation and performance of the model. Progress has been made to clarify and embed the vision and scope. This has been helped by events such as the cross-sector workshop, sustained managerial commitment and having a small-scale working model that brings some confidence about its feasibility.

To help sustain this momentum, it will be useful for regions to have a resource that provides 'best-practice' evidence to support the model. There also needs to be continued clear messaging across the diverse professional landscape of the service's stakeholders about the differences and complementarity of the Children's Teams approach with current services.

3.3 Partnership

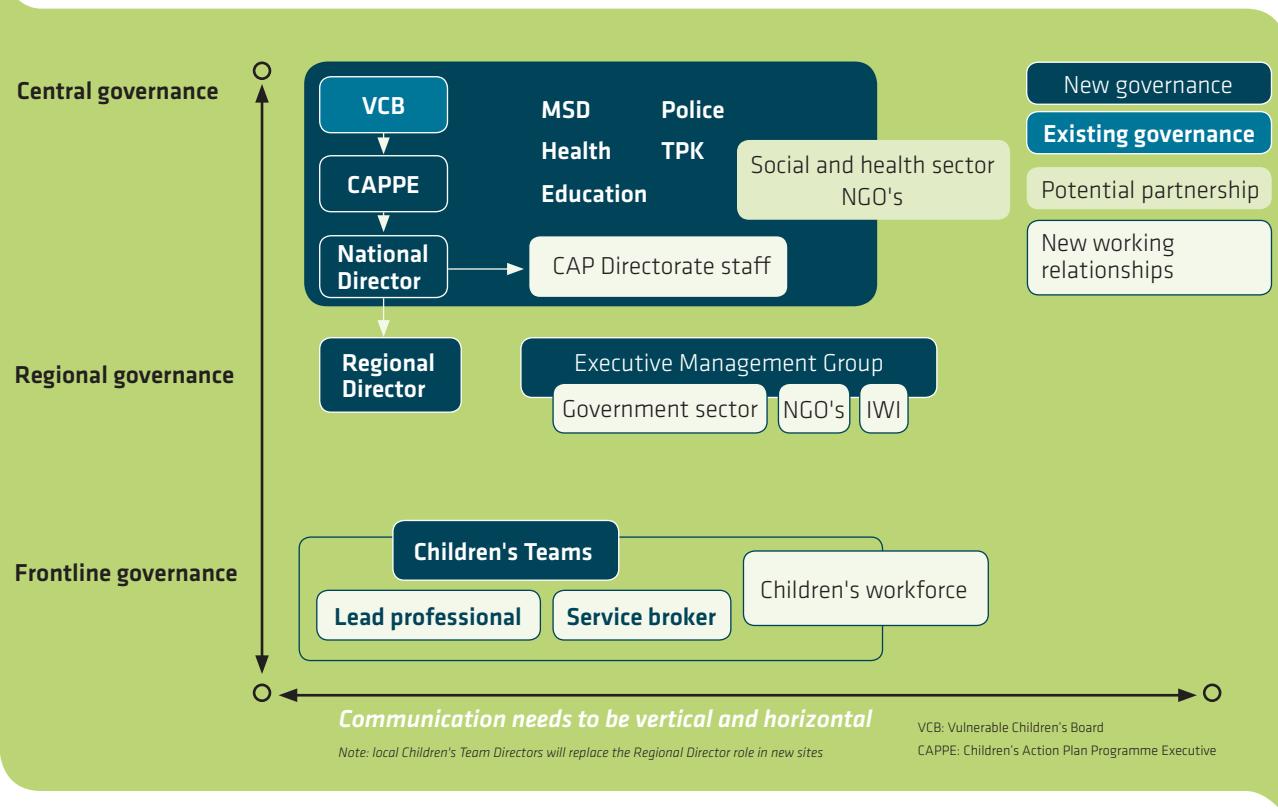
The next important element for successful integrated services implementation is partnership. Our review of the literature and consultation with agencies identified two key elements of an effective partnership: clear roles and responsibilities; and collective ownership of the programme. The planning and development element has shown that an extensive change process is required to introduce a robust and workable integrated service approach, whereas a partnership governance model to drive these changes has been difficult to establish because commitment to a shared vision and agenda has been slow to establish. This section looks at findings related to the critical role of governance and collaboration in enabling strong design and implementation.

3.3.1 Governance

Inclusive governance processes with clearly defined responsibilities help build a joint sense of ownership and responsibility for performance and outcomes (Moore, 2014). Governance provides the structure and mandate for a common agenda to be enacted.

The Children's Teams model required establishing governance arrangements centrally across social sector agencies, vertically through the system, and locally including community representation. Figure 2 illustrates the breadth of the governance arrangements that are needed for the Children's Teams model to operate effectively.

Figure 2 Children's Teams governance structure



The findings indicate that it has required considerable effort to ensure that these multiple governance arrangements work in harmony, and the relationships needed to sustainably support the model have taken time to become established.

Central governance

The assessment of the Children's Teams demonstration sites indicated that cross agency governance at a central level was slow to establish:

All the levels of governance weren't working properly. CAPPE and the interagency group weren't picking up responsibilities that [they] should have.

The Ministry of Social Development (MSD) was the agency most engaged with the Children's Teams work in the early stages, contributing much of the staff resourcing. This initial dominance of MSD as the primary player appears to have affected how well it was received regionally:

It has looked very much like an MSD initiative so people get caught up in the issues, real or imagined that they have with MSD.

Over time, cross-agency ownership became stronger. Developing the independence of the CAP directorate was important for this shift to occur, and the co-location of staff in the CAP directorate has strengthened cross-agency relationships. In late 2013 it was recognised that an omission to the central governance arrangements was the NGO sector. This has been addressed through the co-(re)design of the model through a partnership comprising NGO leadership, CAP agencies and the Children's Directorate.

Regional governance

During the developmental stage (late 2012 to April 2013) it was expected that the Children's Teams would be owned and developed by the regional demonstration sites. Regional Directors had the responsibility for setting up the local governance structures. Directors at both demonstration sites invested in a community consultation process that included local government representatives, Iwi, NGOs and practitioners who worked with vulnerable children, to gain support and determine governance arrangements.

Interviewees involved with the implementation, reported that they felt that the establishment of regional ownership and governance arrangements in the first demonstration site (Rotorua) was hampered by the absence of a clear purpose and fit with existing services.

Regional interviewees and participants in the cross-sector workshop reported regional governance fatigue: local governance of initiatives such as Whānau Ora, Social Sector Trials, Gateway Assessments and Children's Teams generally draw on the same regionally-based people. Analysis of the data indicated there was a consensus that working with existing governance arrangements that are working well is a natural starting point for regional governance of new initiatives:

Every new initiative has a governance group, enough is enough; we don't need to add more.

The importance of this was highlighted by the second demonstration site (Whangarei), which established an effective executive oversight group more quickly with people who had past and current experiences of working together on collaborative ventures.

3.3.2 Collective ownership

Shared ownership (along with clear aims and allocated time) is consistently identified in the literature as being essential for the success of both multi-agency working and integrated services, and recognised as being difficult to achieve because it requires culture change at a number of levels (Everitt 2010; KPMG 2013). This was supported in the findings of the assessment of the Children's Teams implementation:

I think there was resistance to change. People are entrenched in their own systems, philosophies and language and this is new. It requires them to work in new ways.

A number of the interviewees referred to the hurdle at both a central and local level of building a shared language and shared way of thinking, and the time it takes to develop these. In terms of the central level, co-locating staff from key contributing agencies into the national service design team was seen as important in helping to bridge relationships across agencies:

Given we wanted the Children's Teams to operate in an interagency way we needed to model the service design on that also. It was a good thing.

A strong theme to emerge from the analysis was the tension between central versus local ownership. The power balance between central and regional governance levels swung from a regional ownership approach to more centralised leadership as deadlines loomed.

Interviews with regional participants took place in the second design phase during which the service design was being undertaken centrally by a group of seconded specialists. During this phase there was a more tightly defined framework from central government in Wellington and an emphasis on developing universal procedures, documentation and forms. This shift in approach diminished a regional sense of ownership and affected local support.

From a regional perspective the co-design process needed to be improved:

We needed to build the relationship between Wellington and the regions, so people feel like its co-design and use each other's expertise and keep talking. Staying connected is really important.

Regional interviewees suggested that commitment to co-development needed to be formalised in the design process and regular shared conversations were needed. Whilst the learning loops system established by the CAP directorate aligned design and implementation functions through a rapid feedback loop for adjusting forms and documents, it appears this is not the type of forum suited to the depth of conversation needed for a good co-design process.

3.3.3 Comment

A partnership in collective ownership and governance arrangements is enriched by a shared vision and common agenda. Integrated services approaches require collective ownership, trusting relationships, effective governance, and clear roles and boundaries, both vertically and horizontally throughout the system.

Strong governance structures help to ensure roles and responsibilities are clearly defined and the Children's Teams are still clarifying these. The scale of the Children's Teams means that the benefits of collective ownership and governance may take some time to be realised.

When establishing future timeframes and milestones the Children's Teams initiative will need to accommodate the complexity and time required to build trust and support between central agencies, central and local systems and within the local community, and develop governance arrangements that activate and support this collective approach.

3.4 Implementation

The Children's Teams' model has been in a simultaneous design and implementation stage, and various components were not in place for the launch of the demonstration sites. At the time of writing this report (March 2014), design and rollout planning are ongoing. Implementing the model within this context has been challenging, and this section presents key findings related to the implementation process.

3.4.1 Clarity about central prescription versus local adaption

As noted earlier, since October 2012 there have been four distinct phases of control over the design of the Children's Teams service:

- First phase: Local service design at the site level
- Second phase: Central service design by a group of seconded specialists
- Third phase: A roadmap developed by the Children's Directorate.
- Fourth Phase: (in progress, early 2014): Co-design by the Children's Directorate, CAP agencies and the NGO sector.

Each of these phases was developed as a reaction to the perceived weaknesses of the previous phase, and implementation momentum was impeded with each successive change.

The interviewees talked about the difficulties of not having clarity at the outset about the model including what was to be developed locally. For those involved in the regional implementation this lack of clarity and shifting boundary between central and local control created undue pressure when developing the model and a potential loss of credibility in the community as the national level assumed greater control during the second phase:

We needed a better balance between direction and self-determination. You need some of both but initially we had too much self-determination. We would put forward a process and it created a reaction and needed to be redone. People in Wellington weren't directing they were reacting. Felt like we were wasting a lot of time.

Regional interviewees were also clear about the importance of setting up a shared process for clarifying implementation roles:

If I was setting it up again, I would want to have really clear communication with some of those major players from the local office, national and regional and set down the parameters and to be really clear about what it was we were trying to build and what each of our roles were and how each of us could feed into those roles.

A major tension of central versus local control has been a national level drive for a faster rollout, quick service setup and recruitment of families, versus local concerns about the scale of the change required and inadequate time and resources to make this happen. Interviewees perceived that the demonstration site launch dates and the planned timeframes for additional sites were set for urgency's sake rather than for design readiness. Without detailed planning and a corresponding outline of tasks, there was no basis on which to calculate (or challenge) how realistic these timeframes were. In the third and fourth phases it was evident that rollout was being tied more closely to capacity and resource requirements and alignment with the release of supporting components of the CAP.

A certain degree of instability in the central CAP design and delivery structure has exacerbated these issues. Both the CAP directorate and the Children's Teams have experienced high staff turnover. Regional representatives sent a clear message that implementing the demonstration sites would have benefited from consistency of leadership and direction at the national level. Interviewees indicated that the pressure of the work has not been conducive to building staff continuity:

There was so much pressure to make it work and taking care of people wasn't a priority. There are probably people who will have felt burnt by the process. Some of the work was thankless.

3.4.2 Developing a working model

Despite the challenges outlined above, the Children's Teams demonstration sites have successfully developed a service delivery structure inclusive of the components needed to introduce children into a support service. There was widespread agreement that while this was a major achievement relative to the scope of changes needed, by late 2013 there was still the sense that the working design had been rushed and was incomplete. For example:

If we want to be world leaders then we need to invest time in getting it right, or at least part way to getting it right.

You wouldn't want to be rolling out future sites unless you were confident things are in place. We need sufficient time to learn from Rotorua and Whangarei.

There was no initial understanding of how big the piece of work was. We were only able to develop components that were fit enough to test.

Analysis of the data indicates that the success of the service depends on a perception that it is sound, that people want to engage with it, and that the process is easy for users to navigate. However, these elements were difficult to instill when the model itself was still not fully developed:

It was hard for teams to tell the story of what the service is while building it. Also lack of clear project plan has really impacted the programme.

In 2013, there was some agency resistance to fully supporting the model until perceived fundamental issues and risks were addressed – in particular the issues of privacy and information sharing, and ensuring the safety of family participants.

3.4.3 Comment

Implementation was hampered in 2013 by a lack of role clarity and the diverse expectations of design, testing, and live demonstration of the Children's Teams service. These tensions were compounded by pressure to expand the regions and sites.

The demonstration sites in Rotorua and Whangarei have shouldered these expectations to design, test and demonstrate a new model to achieve better results for vulnerable children. The two sites have been under pressure to support enough service users to promote better outcomes for children in their community while simultaneously fulfilling the demonstration function.

Social innovation literature discusses the development practices of: proof of concept (POC) testing (a small exercise to test a discrete design idea or assumption); prototyping (a test of a more developed simulation of the full system); and piloting (using the full system in a live situation). The demonstration sites have been charged with *demonstrating* a system which lacked some of its parts or had components that had not been tested in a POC or prototyping context. These regions carried national and community expectations for quick success.

The demonstration sites have succeeded both in implementing a working model and testing new components under tight time pressures. However, in innovative cross-sector initiatives designed to address complex social problems, longer timeframes to make adjustments to the model and its implementation should be expected. Ultimately, significant positive outcomes take longer to be detected (Melhuish et al., 2007).

For any new service, implementation of a system for ongoing development and continual improvement is required even when the model is stabilised. In the case of the Children's Teams, new components such as the case management system and the Children's Hub⁴ are yet to be tested and will require significant development and safe testing environments. Human and financial resources and time is needed for these functions to be effectively carried out by the current demonstration sites.

3.5 Systems change

'This is the hardest thing I have ever done in my life – there are so many disciplines and they all matter in making a difference, politicians have to change how they work, think and resource.'

(Minister for Social Development, January 2014)

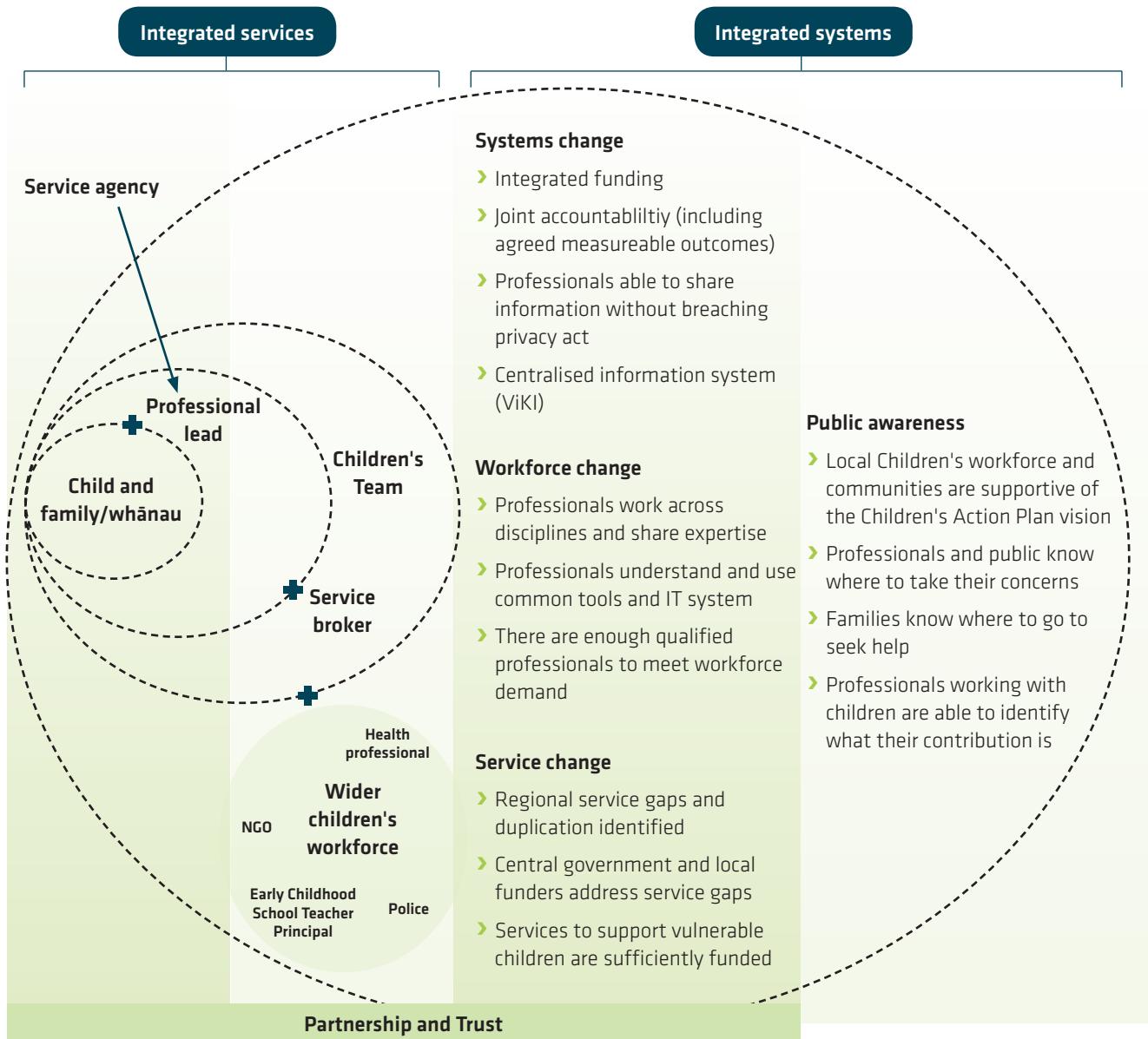
The fourth important component to successfully design and implement an integrated services model is to bring about system alignment and change. The earlier section on partnership noted the extent of vertical and horizontal governance that is required to implement the Children's Teams approach.

Building an integrated service for a child requires a set of underpinning integrated systems for it to function effectively (NSW Government 2010; KPMG 2014). A common client database, funding arrangements that promote integrated working practices, information sharing practices, and a skilled and willing workforce, are some of the necessary system supports for the Children's Teams concept to work.

Figure 3 provides a systems view of the Children's Teams concept and illustrates the additional structural changes that are implicated by the new model. This view highlights that an integrated Children's Teams service for a family requires a set of underpinning integrated systems to function effectively.

⁴ The Children's Hub will be a central contact and triage point for all referrals and calls from the public and professionals regarding vulnerable children.

Figure 3 Systems view of the Children's Teams model



The implementation section notes that the Children's Teams demonstration sites were the *first cab off the rank* in the suite of CAP initiatives and certain key structural components such as information sharing arrangements and an assessment framework were missing or incomplete at launch. This has had a significant bearing on the performance of the Children's Teams. It has also highlighted some structural system components that are fundamental to future progress including resourcing, shared accountability, service capacity, and information sharing/centralised information systems.

3.5.1 Resourcing and funding

Interviewees reported the absence of local resourcing to support the service, or alternatively a clear process for reprioritising existing resources. While agencies were expected to contribute through the reprioritisation of their existing funding, there was an expectation they would continue to meet prevailing output demands:

Resourcing is an issue that has overhung the whole process, it feels like we have been holding out a begging bowl, not just for the Children's Teams but for the whole Children's Action Plan..... Everything needs to be negotiated which is exhausting.

People are already under resourcing pressure for their mainstream work. No individual goals have gone away so it just looks like an add-on. It's hard to make it look like anything else but additional work

The lack of resources has hindered progress in building the service, at both the national and local levels. Agency responses to the Children's Teams model has focused on how it will impact on their current service provision and funding rather than viewing it as an opportunity:

We got stuck in a constant looking at the model. We needed a blueprint for how this will work within existing contracts.

Existing contracts have tied services and agencies into status quo funding, service delivery and accountability arrangements. In the event of service gaps being identified in a community by a Children's Teams, there is currently no terms of reference or clear process for funders to make changes to their existing service provision⁵.

Interviewees suggested that a process that realigns or reprioritises budgets needs to be established centrally before further roll-out of the Children's Teams model to other regions. They also recommended that agencies receive guidance on how flexibility of existing contracting and reprioritisation of existing resources might work in practice:

We need a local protocol which says that within what we have already purchased, we will create a flexibility to morph it to the need of the Children's Teams.

For the Children's Teams, existing contracting processes were confirmed as driving practice away from the collaborative ideals of their approach⁶. Participants in the cross-sector workshop delivered a strong message that integrated service approaches require integrated funding.

According to the literature (eg Valentine et al, 2011), activating and sustaining interagency collaboration is resource and time intensive, with integrated efforts requiring greater resource. This is supported by the experiences of the Children's Teams, and the allocation of resources to build a collaborative model to protect vulnerable children, rather than better resourcing existing efforts, generated concern from collaboration partners.

3.5.2 Common accountability measures

Current accountability systems are not optimised for collaborative action. Agencies have competing priorities – in terms of their existing work programme with the same client group and their pre-existing involvement with cross-agency work. Without a set of common accountability measures, agencies and service providers cannot align their current outputs, programmes and services.

Common measures are vital to successful integrated service approaches. According to Kania and Kramer (2011), developing a shared measurement system is considered essential to achieve collective impact.

⁵ The Children's Directorate and CAP agencies recognise this as an area that needs considerable on-going work. A project to review contracting and purchasing agreements at a local and national level has recently been commissioned.

⁶ Firstly, contracting is by competitive tender which creates a competition for limited resources. Secondly, contracts are often for specific outputs rather than holistic approaches and outcomes (i.e. funding problems not people). Thirdly, contracts are often prescriptive and not flexible enough to accommodate changes to a particular course of action and variable timetables. This issue is not new and has been the subject of government change efforts in recent times (such as High Trust contracts, integrated contracting and Investing in Services for Outcomes).

The CAP has expectations and formal processes for shared accountability, but common measures to support this have yet to be agreed. The Children's Teams common assessment framework provides the foundation for shared accountability measures at the service user level. Nationally, an agreed 'Outcomes Framework for Vulnerable Children' to monitor the outcomes for the child is in development.

A common set of accountability measures helps establish shared long term commitment. The challenge for the Children's Teams will be to ensure shared agreement on which measures are a priority and to balance the collection of new data with existing measurement demands.

3.5.3 Information sharing and systems

A critical aspect of the Children's Teams model is the reliance on diverse professionals having a complete picture of a child's circumstances and wellbeing. This can only occur through access to quality agency data and case records. Multidisciplinary practice cannot flourish if information sharing is lacking because professionals will have only partial understandings about the needs and strengths of their clients.

Information sharing has been a barrier to progress with legal and professional responsibilities to privacy obligations still being carefully worked through. The KPMG (2013) survey of organisations that have implemented an integrated service approach, found data sharing was one of the key obstacles – data sharing arrangements were identified as problematic by 46 percent of respondents. Problems ranged from mistrust between service providers to legislation that prevents client data being shared between agencies.

Some practitioners involved with privacy laws training felt that instead of encouraging better information sharing the training had made them more cautious. Under the current rules conversations about children are potentially illegal and professionals are concerned for their personal liability in addition to ethical obligations. Based on discussion in the cross-sector workshop in January 2014, it was recommended that practitioners' concerns about unwittingly breaching privacy laws be addressed by providing clarity around the law and encouraging a 'need to share' mindset⁷. It was also noted that information sharing was to some extent a product of professional trust.

Currently the model only allows information to be shared about a family if that family has consented to be part of the Children's Teams. Additionally, information can only be shared with designated Children's Teams professionals and not the lead professional's home agency. This means that Lead Professionals cannot have an open discussion with their home agency for clinical supervision purposes. NGOs also raised the issue that information sharing needs to be a two-way process – those that contribute data also need access to other data about that particular child or family.

The CAP recognises that information sharing is a barrier to implementation of the Children's Teams model and has addressed it to some extent through having amended the Privacy Act to allow for Approved Information Sharing Agreements (AISA)⁸. These information sharing issues will need to be addressed as the ViKI system is implemented by July 2015, as this system is to provide the required information sharing platform and case management system.

⁷ Using scenarios to practice safe sharing of information was found to be useful in the orientation process and has been suggested to be part of workforce training. This provides a forum for professionals who will form a child's team to discuss what is appropriate to share, establishing thresholds in a common and consistent way.

⁸ The sharing of information is not straightforward and is subject to legal constraints under the Privacy Act and other legislation such as CYPF Act 1989. Whilst Privacy Act has now been amended to allow for AISA's they have yet to be tested as to how they work in practice.

3.5.4 Comment

There is recognition that the CAP requires a systems approach through legislation changes, shared information systems, workforce development and public awareness. However, prior to the roadmap design phase there had been little development of the CAP as a coordinated package of reforms and initiatives.

Viewing the Children's Teams through a systems lens helps illustrate the structural challenges that integrated models face if they are to fulfill an 'on the ground' integrated service. Three significant challenges emerged in the early stages of the Children's Teams: resourcing, shared accountability and common measures, and information sharing. The issues of integrated funding and shared accountability measures have not yet been substantively addressed.

3.6 Scaling up

The fifth important component to implement successful integrated services is the ability of the approach to be scaled up. This final section presents findings about design and implementation issues that will impact on the model being successfully rolled out at the national scale as planned. It focuses on two key areas: workforce capability and capacity, and service mix.

3.6.1 Workforce capability and capacity

Workforce capability and capacity issues have impacted the Children's Teams demonstration sites and this is likely to continue in the short term. The implementation of an integrated services approach requires practitioners to develop a different professional culture and adopt practices suitable to a formalised collaborative approach:

If Children's Teams are to be successful, professionals need be thinking about what would they be doing differently than they would in their own agency – 'how will I work differently as a Children's Teams professional than say an educational psychologist'. That can be a challenge for those who have been doing things in a particular way for 6-10 years or more.

Achieving this deep professional change is recognised as being a leading difficulty when implementing an integrated service⁹. The workforce development strand of the CAP recognises that a workforce development plan and associated competency framework is necessary for a cross agency approach. There is a tension however between the time taken to develop this and an immediate need for a professional development programme to support holistic assessment and build the professional trust needed for cross-agency teams to effectively work together in the short term. Trust is a significant issue in interagency collaboration and it takes time to develop (Metcalfe et al. 2007). Joint training between professionals from different fields can be helpful for mitigating agency differences and developing trust (Atkinson et al 2009).

For those professionals working in the demonstration sites, early indications suggest that there is increased professional satisfaction in working in a holistic and collaborative manner. One Lead Professional commented on her appreciation of the support and insight from her colleagues and the broadening of her own skill set that has occurred as a result of working in a different way.

Equally critical to the current and future success of the Children's Teams is workforce capacity. In these early stages of the rollout interviewees expressed doubt that the model will be able to service the number of children envisaged due to the intensive time and professional resources required. In particular, there is concern about whether the model has the necessary elements to consistently source quality Lead Professionals.

⁹ In a KPMG survey about integrated services approaches 65% of respondents said this was a difficulty.

Issues of sustainable staffing and funding are yet to be worked through. Indications so far suggest the Children's Teams model will need intensive resourcing from experienced staff. This is likely to put demands on smaller communities for skills and resources that may not be available:

Whenever we talk to any department about major interagency work, the capability of the workforce to pick this stuff up and the swiftness with which they can do it seem to be the findings of every big programme. We know that going in yet what have we invested in workforce development? This is about people making changes, not computers and contracts and phone lines.

At the regional level workforce capacity also includes resources and skills to manage governance issues with multiple initiatives such as Whānau Ora, Social Sector Trials, Gateway Assessments and the Children's Teams being delivered.

3.6.2 Service mix

It is the goal of the Children's Teams model to provide the right services at the right time to address individual needs. It is not yet clear, however, whether the range of children's needs can reasonably be met by existing services and appropriately qualified professionals within the different regions and local sites. The CAP work programme had a short-term goal of ensuring government's funding and purchasing decisions prioritised vulnerable children¹⁰; however this has proven to be more complex than originally envisaged and will involve significant changes to current funding and contracting arrangements (eg the way DHBs allocate funding). Consequently little progress has been made to date.

An overarching goal of the CAP is to embed and build services that are relevant and evidence-based. It is proposed that the landscape of community services will change based on need rather than service legacy. Under the Children's Teams model, the responsibility to appropriately resource services to vulnerable children sits with local governance. The Regional Children's Directors will be in a position to identify service gaps and make recommendations based on what is emerging from children's plans and their service needs. While there is an expectation that the Children's Teams Regional Directors will play an advocacy role where services are under-resourced or absent, there is currently no process in place to ensure this occurs:

The Children's Teams Director has a right to identify where services are missing, link and put pressure on any funders that is, the local governance group to address this. But what will be different? They are still going to give it to the Health or the DHB CE who is responsible for that service area. How will we know that there is some action and it just doesn't disappear into Health again? The accountability process is not there and we need to map the process. Until there is a process for this, it is quite difficult to say that this is the power of the Children's Teams. There is no power until there is a process for ensuring it happens.

The White Paper for Vulnerable Children sets out an intention for 'joint agency planning to develop a service response model that provides the right mix and level of services for this group across health, education and social sectors' (page 102). This is a complex undertaking in itself that will require structural change to funding practices. How this can be done is yet to be worked through.

¹⁰ Goal outlined in the Children's Action Plan document (October 2012) 'Focusing on what works: First 6 months'

3.6.3 Comment

Workforce and service issues are emerging as critical design and implementation challenges for the next stage of the Children's Teams. While the demonstration sites have developed a working model this has been achieved through, as one interviewee noted, a *grace and favour* model. The CAP directorate has recognised that contracting and funding arrangements will need considerable ongoing work.

The early experience confirms that service and workforce requirements necessitate changes to structures and professional cultures if the model is to reach well beyond its current demonstration scale.

4. DISCUSSION

This paper reports on the design and implementation of the Children's Teams between mid-2013 to early 2014. The assessment considers the critical question *is the design right?*

Planning and development	Partnership	Implementation	Systems change	Scaling up
Shared vision and common agenda	Clear roles supported by strong governance	Prescriptive vs local adaptation	Funding and accountability systems that support collaboration	Workforce capability and capacity
Fit and alignment with current service provision	Collective ownership and buy-in	A working model Forms and documents: referral assessment, planning Common data base / IT platform HR support	Common accountability measures Information sharing systems that support collaboration	Changing the current service mix

KEY ■ Has been challenging but progress being made ■ Most pressing and difficult issues ■ Will need to be addressed as the model expands

In assessing the design and its early implementation we have identified five important components. The first two of these: having a shared vision or common agenda and partnership were frequently raised as being critical for success. Simply put, the Children's Teams is new and big; it requires an immense amount of energy to activate because change is required *within* existing agency/service and professional systems as well as *between* these systems. Multiple players are required to be on board, committed and clear about the purpose and scope, and to critically understand their role.

At the centre of the framework is implementation. The Children's Teams were implemented well before a design was agreed or uniformly understood and supported at every level. Partnerships and a shared vision build and consolidate over time, so there was unlikely to ever be an ideal launch date. However, expectations of what the demonstration sites would achieve were significant and probably inappropriate relative to the major design and development work that still needed to be done. Practice limitations at the demonstration sites are clearly traceable to design and operational readiness issues.

The Children's Teams demonstration sites have shouldered expectations that they will build an integrated service, test and pilot various components as they came into readiness, and 'demonstrate' better results for vulnerable children. The two sites have both succeeded in getting a workable system up and running and helped reveal the extent of what is needed for the model to be robust and sustainable for the future. Going forward, thought needs to be given to the future design role of these two sites including addressing their capacity and capability requirements. It may not be feasible, for example, that they demonstrate both sizable throughputs and shoulder the development of the service.

The remaining two components in our framework – systems change and scaling up – draw on our interpretation of the current service design and identify the next critical design challenges as the model goes to scale. These components were not necessarily the most pressing issues raised by participants, but we foresee that these components are likely to be significant barriers if the service is to expand to new regions and sites. Our findings point to the significant alignment and collaboration that is required *between* and *within* current systems to support the required transformational change for a successful national integrated service for vulnerable children. Three major areas of system alignment to focus on are resourcing, accountability measures and information sharing. While there is evidence that progress on information sharing is occurring, the importance and degree of challenge in addressing resourcing and accountability measures should not be under-estimated.

Having the right people delivering the right services to meet the needs of vulnerable children and their families is the biggest practical challenge to the Children's Teams rollout. This assessment identifies workforce capability and capacity and service mix as key areas of design improvement for this next phase. There are a number of structural and cultural issues associated with bringing about change in these areas and there is a need for long term plans for workforce development together with short term professional learning opportunities.

The small scale of the Children's Teams physical presence belies the progress made to date in getting the design right and implementing a working model that sets the Children's Teams up for an expansion phase. In early 2014 there are clear signs of a more integrated planning approach that is aligning service design with the governance, resourcing and timeframe requirements to develop and implement the service successfully. This is a positive development.

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APPENDICES

Appendix 1: Method

The assessment uses a developmental evaluation approach which draws on multiple data sources. Developmental evaluation is used to understand the activities of programmes operating in dynamic and complex environments. It is particularly useful in situations where the goals are emergent and changing. The emphasis in developmental evaluation is on providing a feedback loop that supports decision making and helps formalise the learning and the knowledge-bases that drive decisions.

Findings were derived through observation, document review and semi-structured interviews with key personnel involved with service design and delivery. Interviewees were asked to discuss the current state of practice for the Children's Teams, and to identify ways in which the Teams could be made more effective. A two-day cross-sector CAP workshop comprising 140 NGO and government representatives provided additional data and corroboration of salient themes.

Evidence was also drawn from current literature outlining factors that support successful integrated services, multi-disciplinary practice and capacity building (See Appendices 2 and 3 for details of data sources and interview guide).

Analysis

A thematic analysis of the key issues identified from interagency meetings, key informant interviewees and a synthesis of the literature provided the framework for the emergent findings. Two workshops were held with team members, the CAP evaluation manager, and Families Commission evaluation staff in which broad themes were developed from the exploratory research evidence. Interview participants were given the opportunity to provide feedback and verification of emergent themes. There was a high level of convergence between multiple data sources with particular issues being raised in meetings, workshops, identified by interviewees and in the literature.

Further data from the two day cross-sector workshop were coded independently by evaluation team members and integrated into earlier emergent findings. The themes and the structuring of these into categories align with the successful components and implementation practices for collaborative approaches and integrated services in particular. Integration is defined by Kocher & Spreeuwenberg (2002, in Moore 2014) as follows:

...integration is a coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical level designed to create connectivity, alignment and collaboration within and between [different] sectors.

The case for collaborative approaches is in line with the case for the Children's Teams model:

- A growing view in public policy that traditional service delivery through a single agency or profession is not working to address complex social issues such as vulnerable children
- A prevailing environment of fiscal constraint in public services and the need for value for money and efficiency
- Collaborations can be facilitative of local solutions and local control
- An expectation that the performance of a collaborative system provides a better quality service for families – i.e. addresses individual needs holistically.

This literature, and in particular evidence about successful implementation and delivery of integrated services, has been a guiding lens for reflection on the Children's Teams experience in 2013 and the structuring of the findings.

Appendix 2: Evaluation Data

Data	Sources
Document review	White paper Volume I and Volume 2 Service development documentation Doloittes Children's Action Plan Health Check Review August 2013 Meeting minutes (May 2013 to January 2014) LMPC Children's Teams Audit December 2013 Cross sector workshop summaries and discussion documents (January – March 2014)
Service design meetings and workshop	1 Service Design Rotorua workshop (1/2 day Wellington) 1 Service Design RBA workshop (1 day Auckland) 5 GM service design meetings (1 hr Wellington) 2 Learning loop meetings (1 hr video conference) 2 day Cross sector workshop with 40 participants Jan 2014
Fieldwork/observation	Rotorua Orientation (3 days) Whangarei orientation (2 days) Lead professionals meeting (1 day)
Literature synthesis	Selected Literature on <ul style="list-style-type: none"> › Integrated services for children and youth › Collective impact › Multi-agency working and multi-disciplinary teams › Capacity building › Effective services for prevention of child maltreatment
Meetings and Semi structured interviews	Total 21 8 CAP Leads 7 Govt stakeholders and design team 4 Rotorua design team 2 Child Matters
In depth key informant interviews	Total: 12 (August – October 2013) 5 Central government service design 7 Regional service design and governance (4 Rotorua, 3 Whangarei)
Learning loops data	Child matters meeting x2 Learning loops reports x2 Analysis of change spreadsheet

Appendix 3: Children's Teams interview guide

We do appreciate you taking the time to give feedback about your experience with the Children's Teams.

The information you share with us will help inform the first evaluation objective of 'learning what is working and what is not to strengthen the Children's Teams model'.

We would also like to get your views on what a successful Children's Teams model looks like. This will help us understand what outcomes you would expect to see if the Children's Teams is working well.

Evaluation questions

Service development

If you were designing and setting up a Children's Teams again what would you:

1. KEEP: We did this well and I would do it the same the way again
2. CHANGE: We need this but I would go about it differently next time
3. DISCARD: Get rid of this process or part, it was unnecessary or problematic
4. ADD: This is needed for an effective service in the future

Service outcomes

What does success look like? / What kind of changes would you expect to see?

How would we know if we have achieved it?

Is what we are doing likely to produce the changes we intend?

- Why will this create change
- What is critical?

What are the biggest challenges to the Children's Teams working?

What unintended outcomes have arisen or may arise?

Appendix 4: Evaluation outputs

In addition to this report the evaluation has provided reports and advice to the CAP directorate to guide the Children's Teams development. These have included:

- A summary of key themes, issues and feedback from the first orientation (July 2013)
- Characteristic of a good Children's Team: a summary of literature and themes from the orientation (August 2013)
- Pilot sites research (August 2013)
- Workflow advice (September 2013)
- Emerging findings report to inform roadmap (October 2013)
- Summary of emerging findings for cross-sector workshop (January 2014)

Reports are available on the Commission's website or contact the Commission to request copies:

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