

**Phase One Services Review**  
**Summary of review results by programme**

**Appendix Two**

**Family Start**

Programme Overview	Reach and Outcomes Analysis	Impact Analysis	Value for Money Analysis	Operational Factors	Next steps
<p>Family Start is an intensive home-visiting programme, established to support new parents and caregivers facing challenges in caring for their baby or young child.</p> <p><b>43 providers</b> deliver Family Start services across the country:</p> <ul style="list-style-type: none"> <li>Te Tai Tokerau: 4 services (3 are Kaupapa Māori)</li> <li>Auckland: 6 services (2 are Kaupapa Māori)</li> <li>Waikato / Bay of Plenty: 13 services (11 are Kaupapa Māori)</li> <li>East Coast: 5 services (all are Kaupapa Māori)</li> <li>Taranaki / Manawatū: 5 services (3 are Kaupapa Māori)</li> <li>Wellington and Upper South: 6 services (none are Kaupapa Māori)</li> <li>Canterbury and Lower South: 5 services (1 is Kaupapa Māori)</li> </ul>	<ul style="list-style-type: none"> <li><b>5,563 families</b> were referred to Family Start in 2024/25.</li> <li>Family Start has <b>wide reach across the children’s system</b> – services mainly reach children who have not come to the attention of Oranga Tamariki but are experiencing early risk factors to their safety and wellbeing requiring targeted supports. Most of these children have moderate safety and wellbeing needs. Services also reach some children experiencing high risks to their safety and wellbeing, i.e. those who are on the cusp of care or have come to the attention of Oranga Tamariki.</li> <li>Analysis of 2023/24 data showed that of the 4,554 referrals that year: <ul style="list-style-type: none"> <li>17% of children interacting with Family Start have had an infant interaction with Oranga Tamariki.</li> <li>Only 10% of children who had an infant interaction with Oranga Tamariki received the service.</li> <li>72% of children interacting with the service never interact with Oranga Tamariki.</li> </ul> </li> <li>Data limitations and caveats to consider: <ul style="list-style-type: none"> <li>Service delivery restrictions causing misalignment between priority cohort (children who have had an infant interaction with Oranga Tamariki) and programme cohort.</li> <li>Referral is not dependent on Oranga Tamariki interaction.</li> <li>Referral is not strictly for children under 1 year.</li> <li>Support may prevent Oranga Tamariki interaction.</li> </ul> </li> <li>Services <b>contribute to multiple portfolio outcomes</b> – Health, Whānau Ora, Education, Family Violence &amp; Sexual Violence and Oranga Tamariki.</li> </ul>	<p><b>Quantitative data</b></p> <ul style="list-style-type: none"> <li>Family Start has limited good-quality quantitative data on impact.</li> <li>IDI analysis shows some short-term positive impact, including lower infant mortality, but significant long-term improvements in safety, health, or education outcomes are not visible.</li> <li>This is likely due to underlying unobservable risk factors in the cohort, limitations of administrative data, and the programme meeting need rather than shifting long-term indicators.</li> <li>Impact varies regionally and is strongly tied to family-worker relationships.</li> </ul> <p><b>Qualitative information</b></p> <ul style="list-style-type: none"> <li>Relatively good quality qualitative evidence demonstrating mostly short-term impacts such as improved parenting skills, improved infant health, mental health and reduced family violence.</li> <li>Providers regularly report about micro-impacts that are not seen in the quantitative and population level data but appear visible at local and regional levels such as parents moving to a safe and stable home for children, children starting early childhood education with ongoing attendance supporting development, reduced family violence and long-term improvements in mental health and substance abuse and preventing escalation to high-cost interventions.</li> </ul> <p><b>International evidence</b></p> <ul style="list-style-type: none"> <li>International evidence shows that high intensity, home-based early intervention programmes can improve outcomes for vulnerable children and families.</li> <li>Literature indicates potential for this service to reduce maltreatment, improve health and learning and strengthen family resilience.</li> </ul>	<p>s9(2)(j)</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>	<ul style="list-style-type: none"> <li>Need to assess how the programme supports the statutory obligations of the Oranga Tamariki Chief Executive.</li> <li>The two providers with funding who have applications in the Social Investment Fund contract consolidation process should be transferred to the Fund as previously agreed with Ministers (and therefore are excluded from any review recommendations).</li> <li>The eight providers that have services provided as part of an Enabling Communities initiative are to be excluded from any review recommendations.</li> <li>Need to ensure children known to Oranga Tamariki, or at risk of coming to its attention, receive priority in referral pathways.</li> <li>Service delivery in rural and remote communities will need to be prioritised, links and integration with other services are important.</li> </ul>	<ul style="list-style-type: none"> <li>Oranga Tamariki and the Social Investment Agency should retarget and redesign the Family Start programme to more effectively achieve a range of outcomes and to ensure those outcomes are visible to relevant portfolio Ministers.</li> <li>Agencies should report back to responsible portfolio Ministers on a transition and implementation plan for the transfer of the Family Start programme and funding to the Social Investment Fund, including how the funding will be better targeted and considered alongside other services delivered in the first 2000 days, by 26 February 2027.</li> <li>s9(2)(f)(iv)</li> <li>Any agreed transfer would occur by 1 July 2027 at the earliest.</li> <li>Oranga Tamariki would remain the commissioning agency during the redesign and transition period.</li> <li>Value for money is something to be considered when redesigning the programme.</li> </ul>

<sup>1</sup>This figure includes funding related to specific investment linked to Enabling Communities initiatives or already progressing through Social Investment Fund contract consolidation, which have been excluded from the review recommendations (as detailed in paragraph 14).

# Phase One Services Review

## Summary of review results by programme

### Strengthening Families

Programme Overview	Reach and Outcomes Analysis	Impact Analysis	Value for Money Analysis	Operational Factors	Next steps
<p>The programme's core function is to coordinate agencies around the needs of children and families, rather than deliver a standalone service. Strengthening Families provides coordinated support for families with children who need help to access services from government agencies, rather than deliver a standalone service.</p> <p><b>34 providers</b> deliver Strengthening Families services across the country:</p> <ul style="list-style-type: none"> <li>Auckland: 1 service (which is Kaupapa Māori)</li> <li>Waikato / Bay of Plenty: 17 services (4 are Kaupapa Māori)</li> <li>East Coast: 5 services (2 are Kaupapa Māori)</li> <li>Taranaki / Manawatū: 4 services (2 are Kaupapa Māori)</li> <li>Wellington and Upper South: 2 services (none are Kaupapa Māori)</li> <li>Canterbury and Lower South: 8 services (none are Kaupapa Māori)</li> </ul>	<ul style="list-style-type: none"> <li><b>1,545 families</b> were referred to Strengthening Families in 2024/25.</li> <li>Programme has <b>wide reach across the children's system</b> – services mainly reach children and young people who have not come to the attention of Oranga Tamariki but are experiencing early risk factors to their safety and wellbeing requiring targeted supports. Services are also reaching some children and young people that have come to the attention of Oranga Tamariki.</li> <li>The target priority cohort is likely to be high and complex needs, based on referral criteria, surveys and administrative data for children interacting with the service.</li> <li>Currently there is no ability to quantify the number Oranga Tamariki-involved participants accessing the service.</li> <li>Greater targeting is needed to ensure those that the support receive it, particularly with evidence that some children who are receiving some of the services do not meet the referral criteria.</li> <li>Services <b>contribute to multiple portfolio outcomes</b> – Health, Whānau Ora, Education, Employment, Family Violence &amp; Sexual Violence and Oranga Tamariki.</li> </ul>	<p><b>Quantitative data</b></p> <ul style="list-style-type: none"> <li>Strengthening Families has limited quantitative data to demonstrate short or long-term impact.</li> <li>There is currently no reporting on long term outcomes or metrics of improvement.</li> <li>Variability in delivery makes comparisons and national conclusions difficult.</li> <li>Practice and cohort definitions vary and there is overlap with other navigation supports.</li> </ul> <p><b>Qualitative information</b></p> <ul style="list-style-type: none"> <li>Families report very high satisfaction and many show short-term improvements when they exit the programme.</li> <li>Providers regularly report about micro-impacts that are not seen in the quantitative and population level data such as: <ul style="list-style-type: none"> <li>a reduction in crisis escalation by bringing agencies together early</li> <li>improved school engagement, especially for neurodivergent children</li> <li>connecting families to health, mental health, addiction, and community supports they would otherwise struggle to access.</li> </ul> </li> </ul> <p><b>International evidence</b></p> <ul style="list-style-type: none"> <li>International evidence supports the rationale for Strengthening Families as a coordination mechanism, but evidence of impact is weak.</li> </ul>	<p>s9(2)(j)</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>	<ul style="list-style-type: none"> <li>The programme is inconsistently implemented, with significant regional variability and gaps in national capability.</li> <li>Need to assess how the programme supports the statutory obligations of the Oranga Tamariki Chief Executive.</li> <li>The three providers with funding who have applications in the Social Investment Fund contract consolidation process should be transferred to the Fund as previously agreed with Ministers (and therefore are excluded from any review recommendations).</li> <li>The three providers that have services provided as part of an Enabling Communities initiative are to be excluded from any review recommendations.</li> <li>Need to ensure children known to Oranga Tamariki, or at risk of coming to its attention, receive priority in referral pathways.</li> <li>Service delivery in rural and remote communities will need to be prioritised, links and integration with other services are important.</li> </ul>	<ul style="list-style-type: none"> <li>Oranga Tamariki and Te Puni Kōkiri should retarget and redesign the Strengthening Families programme to more effectively achieve a range of outcomes and to ensure those outcomes are visible to relevant portfolio Ministers.</li> <li>Agencies should report back to responsible portfolio Ministers on the transition and implementation plan for transfer of the Strengthening Families programme and funding for delivery via the Whānau Ora Commissioning Agencies, by 26 February 2027.</li> <li>s9(2)(f)(iv)</li> <li>Any agreed transfer would be from 1 July 2027 at the earliest.</li> <li>Oranga Tamariki would remain the commissioning agency during the redesign and transition period.</li> <li>Value for money is something to be considered when redesigning the programme.</li> </ul>

<sup>2</sup> This figure includes funding related to specific investment linked to Enabling Communities initiatives or already progressing through Social Investment Fund contract consolidation, which have been excluded from the review recommendations (as detailed in paragraph 14).



# Phase One Services Review

## Summary of review results by programme

### Gateway

Programme Overview	Reach and Outcomes Analysis	Impact Analysis	Value for Money Analysis	Operational Factors	Next steps
<p>Gateway is a joint programme between Oranga Tamariki and the Ministries of Health and Education and Health NZ. It provides specialist assessments to identify health, education, disability, social, and wellbeing needs of children involved with Oranga Tamariki, and ensure referral on to necessary follow-up services.</p> <p>Delivery of Gateway services relies on strong operational integration between Oranga Tamariki, Ministry of Education and Health NZ. Oranga Tamariki contributes funding to Health NZ, which undertakes the paediatric assessments for children involved with Oranga Tamariki. Health NZ also contributes funding through its baseline.</p> <p>There are 21 Gateway Health Assessment Coordination services delivered across the country:</p> <ul style="list-style-type: none"> <li>Auckland: 3 Gateway Coordination services</li> <li>Waikato / Bay of Plenty: 4 Gateway coordination services</li> <li>East Coast: 4 Gateway coordination services</li> <li>Taranaki / Manawatū: 2 Gateway coordination services</li> <li>Wellington and Upper South: 4 Gateway coordination services</li> <li>Canterbury and Lower South: 4 Gateway coordination services</li> </ul>	<ul style="list-style-type: none"> <li>1,545 children and young people received a Gateway assessment in 2024/25.</li> <li>The Gateway programme has <b>high reach</b> – services reach children and young people in the care or custody of Oranga Tamariki, or the cusp of care or youth justice. These children and young people are experiencing the highest risks to their safety and wellbeing, which cannot be managed by the child or their family without external support.</li> <li>Analysis of 2023/24 data showed that of the 2,035 referrals that year, 97% of those who received a Gateway assessment are within the Oranga Tamariki priority cohort of care experienced children.</li> <li>But delivery is incomplete –only 44% of the priority cohort receive a Gateway assessment, largely due to process and consent barriers.</li> <li>Service delivery restrictions to consider: <ul style="list-style-type: none"> <li>A Gateway assessment requires six months to complete.</li> <li>Parental consent must be given.</li> <li>Many families are already with services.</li> </ul> </li> <li>Services contribute to multiple portfolio outcomes – Health, Whānau Ora and Oranga Tamariki.</li> </ul>	<p><b>Quantitative data</b></p> <ul style="list-style-type: none"> <li>Analysis of IDI data shows that children who receive a Gateway assessment tend to access more health and support services post-Family Group Conference, and experience slightly fewer stand-downs: <ul style="list-style-type: none"> <li>more disability support services referrals (2% difference 24 months post FGC)</li> <li>more paediatric medical appointments (15% difference at 12 months post FGC)</li> <li>higher pharmaceutical dispensing for ADHD (3% difference 24 months post FGC)</li> <li>more secondary mental health and addiction services used (6% difference at 24 months).</li> </ul> </li> <li>Many other indicators show minimal differences compared to those without Gateway such as GP enrolment, immunisation rates and attendance at child development services appointments.</li> <li>Impact cannot be effectively measured due to data gaps and service-specific referral constraints.</li> </ul> <p><b>International evidence</b></p> <ul style="list-style-type: none"> <li>International evidence shows multidisciplinary assessments effectively identify children’s needs and strengthen cross-agency collaboration.</li> <li>When supported with proper follow-up services, they lead to improved educational, health, developmental, and safety outcomes for children entering or in care.</li> <li>Successful implementation requires consistent practice, robust evaluation, and adequate resourcing to ensure assessment insights translate into real improvements.</li> </ul>	<p>s9(2)(j)</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<ul style="list-style-type: none"> <li>These services contribute to the Oranga Tamariki Chief Executive’s statutory responsibilities under the National Care Standards clause 7 (immediate needs and long-term needs), clause 13 (health needs assessment process) and clause 35 (support to maintain and improve health).</li> <li>Coverage is incomplete, and children not receiving Gateway may have significant unmet needs.</li> <li>The current model is not consistently delivered, leading to inequitable access and outcomes.</li> <li>The process requires redesign to improve cultural responsiveness, system integration, and follow through.</li> <li>Ministers have endorsed the redesigned Gateway Assessment service and agencies are working to test and implement this new model (which will need to include a strengthened focus on outcome measurement), as a key focus area under the Oranga Tamariki System Action Plan.</li> <li>Effective delivery relies heavily on strong operational integration of Oranga Tamariki, Ministry of Education and Health NZ.</li> <li>Both Oranga Tamariki and Health NZ contribute funding to the Gateway programme.</li> </ul>	<ul style="list-style-type: none"> <li>Oranga Tamariki, the Ministries of Education and Health, and Health NZ should continue to progress national improvements to address coverage, consent processes, contractual arrangements, outcome measurement and quality.</li> <li>Agencies should report back to responsible portfolio Ministers on progress by 26 February 2027.</li> <li>s9(2)(f)(iv)</li> </ul>



s9(2)(ba)(i) & s9(2)(j)

s9(2)(ba)(i) & s9(2)(j)	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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