Social Policy Evaluation and Research Unit

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An evaluation of the Barnardos Whangarei In-home Parent Mentor Programme

NOVEMBER 2016

evaluationworks

Barnardos
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Executive summary

This report presents the findings of an evaluation of the In-home Parent Mentor Programme (PMP), developed and delivered by Barnardos Whangarei since 2008.

This evaluation is part of a wider evaluation workstream. This project was commissioned and funded by the Social Policy Evaluation and Research Unit (Superu) from the Community Investment NGO Evaluation Fund.

The programme

The PMP is a two-week, intensive home-based support service for families and whānau who are involved with Child, Youth and Family (CYF), or have children at risk of being notified to CYF. Barnardos Whangarei is funded by the Ministry of Social Development to deliver the programme to 22 families and whānau each year.

The purpose of the programme is to promote child wellbeing by facilitating a stronger, more stable family and home environment. A Parent Mentor provides up to 40 hours of in-home support to help with positive parenting and home management strategies, education about child development, advocacy and access to community resources.

The evaluation approach

A process and outcomes evaluation of the PMP was undertaken, with an emphasis on strengthening the programme and organisation's ability to report on outcomes in the future. Evaluation capacity building with management and staff was an integral and planned component of the evaluation.

The focus of the evaluation was to determine the effectiveness of the PMP by addressing the following two key evaluation questions (KEQs):

KEQ 1: How well is the implementation and delivery of the PMP working to support positive outcomes for the child(ren) and their family or whānau?

KEQ 2: How well is the PMP contributing to sustainable, positive outcomes for the child(ren) and their family or whānau?

The evaluation used a mix of qualitative and quantitative research methods, situated within an evaluation-specific methodology. Evaluative criteria in the form of rubrics were developed for each KEQ, and used to assess the evidence gathered by the evaluators. The evaluation was conducted in collaboration with local and national Barnardos management and staff, using a strengths-based, appreciative enquiry lens. A Māori responsiveness lens was used to consider the participation of Māori in the PMP.

The evaluation was built around four site visits to Barnardos Whangarei. Data gathering was done using a variety of methods, including key informant interviews, workshops, a focus group and semi-structured interviews. The quantitative methods included analysing outcome data (using counts and/or percentages) from 78 parents or caregivers who had been on the programme over the past four years (2012-2016), and a small questionnaire completed by the seven PMP participants who took part in the evaluation and were on the programme at the time or had recently completed it.

A programme logic and theory was developed as part of the evaluation capacity building component of the evaluation. As part of the logic development, two levels of outcomes were identified: immediate practical results, and changes in knowledge, behaviour, abilities and wellbeing. Their contribution to the Barnardos Māiatanga assessment, planning and review framework was also identified – referred to as the Kāinga Ora subset of Māiatanga outcomes. Outcomes at each level were identified for parents and caregivers, and for children.

The findings regarding the programme outcomes are based on a sample of PMP participants, referral agencies, and insider observations and experience, supported by programme data for the past four years. For these reasons, the outcomes findings are described as indicative. Confidence in the findings is provided by the consistently positive stakeholder feedback about the programme results, and by the ability to attribute the immediate impact to the PMP.

Findings

KEQ 1: Implementation and delivery of the PMP

There is a clear understanding and documented description of what the programme provides, and how it operates. There is agreement at the local level about the purpose of the programme, the issues it is addressing, what it is trying to achieve and for whom. Similar to many small programmes, PMP did not have a working programme logic or articulated theory underpinning it.

In assessing the implementation of the PMP, the evaluation found that there are well-defined referral pathways to and from the programme. The triage system being used works well and there is clear communication with the families and whānau. The linkages with other programmes and services are excellent, and local leadership provides high quality advice and guidance with a focus on safety and ongoing improvement. The quality of the programme processes and safety was assessed as being good to excellent. Documentation of the principles, processes and skills necessary for the successful operation of the PMP needed work.

The delivery of the two key programme services – the mentoring service and the parenting and home management strategies – is excellent. The mentoring is done in a way that engages with the family and whānau as a whole, is client-led, strengths-based and responsive to the presenting needs and issues of the family and whānau.

The evaluation found that the PMP's incorporation of Tikanga Māori is good. The whānau are clearly determining the change and children are actively involved. Most whānau have kawa (protocols) and Tikanga (rituals) that have been developed alongside the whānau to support a well-structured home life. Children and whānau are supported to grow and nurture one another in a supportive home environment. The PMP supports children and whānau to see new possibilities.

KEQ 2: Programme contribution to outcomes

The evaluation found that the contribution of the PMP to the immediate, practical outcomes was good to excellent, and its contribution to changes in knowledge, behaviours, abilities and wellbeing was good.

The outcomes most commonly reported by the 78 parents and caregivers who participated in the PMP over the past four years were improved parenting skills, better home routines, improved relationships with children, and children becoming independent in caring for themselves and the home.

Immediately after participation in the PMP the vast majority of families and whānau reported having charts and routines in place that were being followed on a consistent basis.

Six of the seven parents and caregivers interviewed said that the changes resulting from the programme were very important (n=5) or important (n=1) to them. The feedback from referral agencies and Barnardos staff indicates that they see the outcomes from the programme as being very important and of benefit to the whole family and whānau.

The sustainability of the outcomes was found to be variable, with some families and whānau sustaining the changes, while others initially made the changes then regressed to their former ways of doing things. Five of the seven parents and caregivers interviewed said that the PMP contributed a lot (n=4) or quite a lot (n=1) to the changes experienced.

Programme strengths

The key strengths of the PMP are as follows:

1. It is a unique programme in terms of the number of hours and the amount of hands-on support that is provided by the Parent Mentor (who is seen as a gentle, older, wiser friend who is able to have courageous conversations with the parent(s) and caregiver(s))
2. The PMP provides immediate practical and structured solutions that work amongst chaos and complexity being experienced by families and whānau
3. The programme provides a 'tipping point' that supports families and whānau to make changes, and increases the effectiveness of other support
4. The PMP contributes to Kāinga Ora – a healthy, well-functioning and safe home.

Areas for development

Three PMP programme areas have been identified as needing further development:

1. Documentation of the principles underpinning the PMP processes and procedures, and also of the knowledge, skills, attributes and experienced needed by a Parent Mentor.
2. Improvement of the incorporation of Tikanga Māori in the PMP by ensuring staff use and are guided by the concepts of Rangatiratanga, Kawa and Tikanga, Awhi Mai/ Awhi Atu and Moemoeā/Ka Taea/Kia Āhei, and the Barnardos Māori Responsiveness Framework (Ngā Pou E Whā).
3. Building on the PMP outcomes and on the recording and reporting systems that were developed during the evaluation.

To assist with strengthening the programme documentation, Tikanga Māori and measuring outcomes, the evaluation has provided Barnardos Whangarei and the wider organisation with rich descriptions of the programme (via the rubrics) and a set of outcome-focused tools. The outcome-focused tools include:

i. Programme evaluability and organisational capability assessment instruments for determining readiness for an outcomes evaluation
ii. A description of the process involved in building a logic model, identifying outcomes, and a theory of change for a programme
iii. database that enables programme data to be used to report on outcomes, that could be used on an ongoing basis by programme staff
iv. A follow-up questionnaire that could be used by programme staff to determine the sustainability of changes.

These tools, along with the evaluation plan, rubrics, sampling structure and documented thinking behind the database, could be adapted and applied to other programmes. Barnardos has identified particular value in the rubrics and the programme logic model, and will be applying these to evaluation of new services, and adopting as regular performance and practice quality measures across a range of its services.

Conclusion

The PMP is a small, unique, highly-valued and effective programme for its size. It works with family and whānau to create a stronger, stable family and home environment to help address concerns about the wellbeing, health, safety and behaviour of children and their participation in education. The programme is implemented well, is delivering a high quality service to participants and is doing well at incorporating Tikanga Māori. Families and whānau, often with complex needs, are realising important, positive outcomes.

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Project

One of Superu's work areas supports service providers to build their evaluation capacity by providing them with training, tools and resources. As part of this workstream, Superu commissioned Evaluation Works Ltd to undertake two evaluations in partnership with two service providers (Barnardos in Whangarei and Pillars in Christchurch) selected through an open tender process. The project purpose was to increase the providers' knowledge and experience of evaluation, and to provide practical examples of evaluation to the wider social sector. The outputs are a report detailing the process evaluation conducted with Pillars, a report describing the outcomes evaluation undertaken with Barnardos, and a third report pulling together the findings and learnings from the two evaluations. All three reports are available online at superu.govt.nz/publication/evaluations

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Introduction

This project has involved working with two NGOs – Pillars in Christchurch and Barnardos in Whangarei – to undertake a programme evaluation and to provide evaluation capacity building in each site.

The programmes evaluated were the Children's Mentoring Programme at Pillars and the In-home Parent Mentor Programme (PMP) at Barnardos. The project was commissioned and funded by the Social Policy Evaluation and Research Unit (Superu) from the Community Investment NGO Evaluation Fund.

The project brief was to undertake an outcomes evaluation, or alternatively a process evaluation, with a focus on preparing the programme for a future outcomes evaluation.

Each evaluation was built around four site visits, each of which had a broad area of focus:

1. Assessment of programme and organisational readiness for an outcomes evaluation
2. Planning for the evaluation, including the development of evaluative criteria, a logic model and discussion of a theory of change (as needed)
3. Data gathering/fieldwork
4. Presentation and analysis of topline findings.

Evaluation capacity building (ECB) with management and staff was an integral and planned part of each of the site visits.

Readiness of the Parent Mentoring Programme (PMP) and Barnardos Whangarei for an outcomes evaluation

Two assessments were undertaken with a specific focus on determining the feasibility of an outcomes evaluation.[1] The two assessments were:

1. an evaluability assessment of the readiness of the programme for an outcomes evaluation
2. an assessment of the capability and readiness of the organisation to undertake an outcomes evaluation.

These assessments determined that:

- the PMP was mostly ready for an outcomes evaluation, specifically finding that the PMP would benefit from a process evaluation and be able to provide indicative findings from an outcomes evaluation.
- Barnardos Whangarei was somewhat ready in terms of their organisational capability and readiness to undertake an outcomes evaluation.

A process[2] and outcomes[3] evaluation were subsequently recommended and undertaken, with a primary focus on strengthening the programme and organisation's ability to report on outcomes.

This document reports on the evaluation of the In-home Parent Mentor Programme developed and delivered by Barnardos Whangarei.

The report is structured as follows:

Part 1: The programme

Part 2: The evaluation approach

Part 3: Summary of evaluation findings

Part 4: Implementation and delivery of the PMP

Part 5: Programme outcomes

Part 6: Conclusion

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1 Use of the assessment tools is described in the following report: Torrie, R., Bailey, R., & Martin, J. with Kataraina Pipi and Ben Te Aika (2016). *Final Lessons Report on Evaluative Capability and Preconditions for Undertaking and Evaluation*. Superu: Wellington. The tools themselves can be found at superu.govt.nz/resources/evaluation_capacity_tools

2 A process evaluation focuses "on the activities and events that occur as a programme is being delivered; that is, *things that occur between* a specification of inputs and occurrence or measurement of outputs. Process evaluation focuses on how a programme was implemented and operates; identifies the procedures undertaken and the decisions made in developing the programme; and describes how the programme operates, services it delivers and the functions it carries out. By documenting the programme's development and operation, process evaluation *assesses reasons for successful or unsuccessful performance* and provides information for potential programme improvement or replication." Mathison, S. (2005). *Encyclopaedia of Evaluation*, Sage, p.327.

3 The term 'outcomes' is defined in this project as the changes, results, and impacts that people experience *as a result* of participating in the PMP. The outcomes may be immediate or longer term. The outcomes evaluation will be measuring outcomes at the individual or family/whānau level (i.e. changes in knowledge, skills, attitudes, behaviours).

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01

The programme

The PMP is a short, intensive, home-based support service for families and whānau in the Whangarei area. The purpose of the programme is to promote child wellbeing by facilitating a stronger, more stable family and whānau environment.[4]

Parent Mentors are employed by, and located within, the suite of services provided by Barnardos Whangarei. The PMP can be used as a standalone service or as part of a cluster of services provided by Barnardos and/or other agencies.

A Parent Mentor provides up to 40 hours of in-home, hands-on support (commonly over two-three weeks) to help with:

- positive parenting strategies
- home management strategies, including household routines, budgeting, time management, household organisation and other practical support
- education about child development, realistic expectations of behaviour and nutrition
- role modelling parenting techniques, including positive communication, age/stage appropriate limits and boundaries
- advocacy and accessing community resources.

The 40 hours is able to be used flexibly, including at times of the day where families most need support, e.g. two hours in the mornings to assist with going-to-school routines, followed by two hours in the afternoon or evening to assist with end-of-school, meal time and/or going-to-bed routines.

The Parent Mentor works with the parent(s) or caregiver(s) and with the rest of the family or whānau living in the household. The Parent Mentor's primary relationship is with the parent(s) or caregiver(s) to strengthen or build their parenting capabilities.

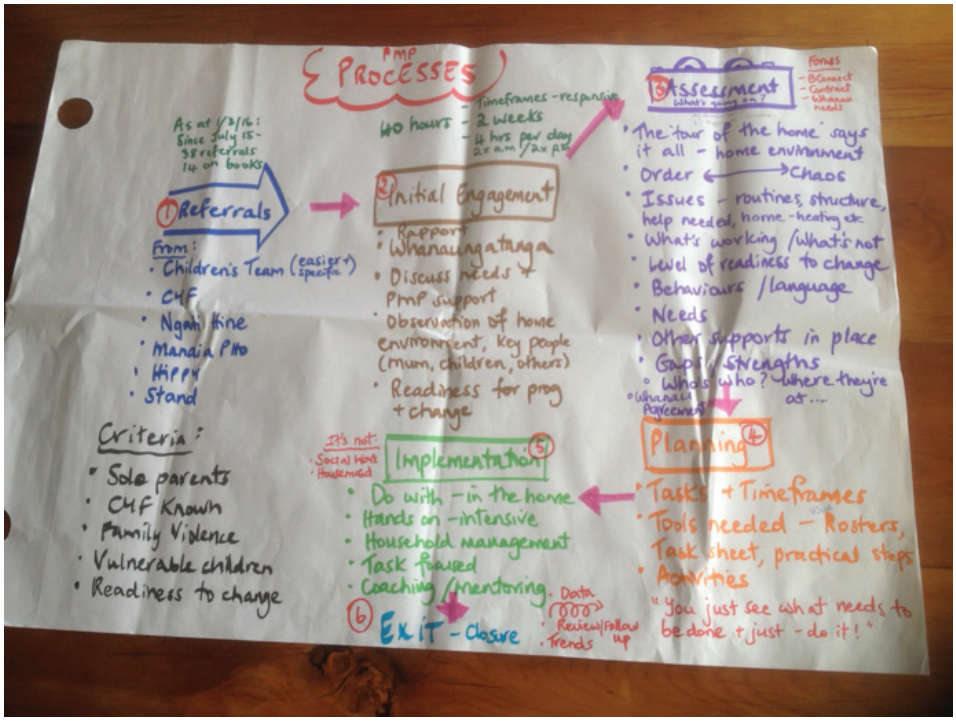
The key components of the programme include referral, engagement, assessment, planning, implementation, and exit. The key resources are the time, skills and knowledge of the Parent Mentor, along with parenting and home management tools and resources, e.g. Kimochi toys (to assist children with communication), SKIP (Strategies with Kids, Information for Parents) resources, ADHD (Attention Deficit Hyperactivity Disorder) parenting resources, and household charts for routines and chores.

The following picture shows the series of programme processes that occur to help facilitate change in parenting and/or home management. While depicted as a series of steps, several of these can happen at the same time within one visit, e.g. initial engagement and assessment; or initial engagement, assessment, planning and implementation.

> *You see what needs to be done and just do it! This may be starting to fold the huge pile of washing on the couch with the mother while talking about what's going on and what she would like help with. Or getting stuck in with the parent to clear out the clutter in the house that has meant people have stopped coming to visit. Or going with one of the parents to WINZ to access financial support to purchase carpets to make the house warmer.*

4 From Barnardos *In-Home Parent Mentor Programme: Business Case* (2015) and Barnardos PMP promotional pamphlet.

Diagram 1_PMP processes as outlined by staff



Funding and target population

Barnardos is funded by the Ministry of Social Development (MSD) to deliver the Parent Mentor Programme to 22 families each year.[5] The target population for the programme is families and whānau who are already involved with Child, Youth and Family (CYF), or where the children are *at risk* of being notified to CYF. The intent of referring to PMP is to help keep children 'out of care' (that is, not removed by CYF) or if the children are being abused and neglected, to advise CYF (or the referring agency).

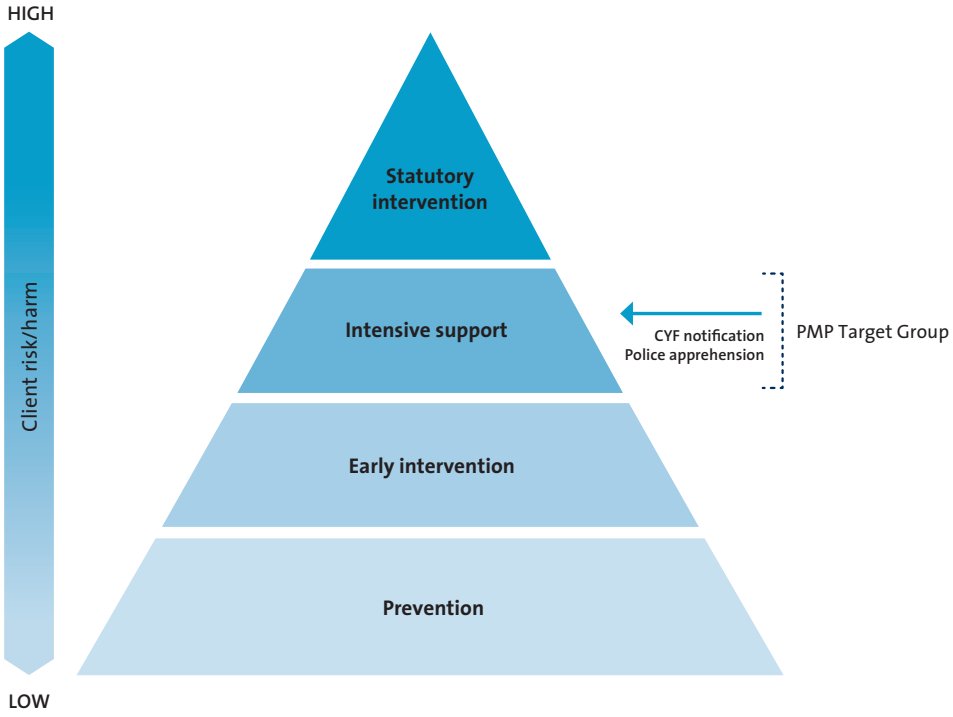
MSD considers the PMP as "intensive support" for high-risk children. This places the programme in the second-highest level of MSD's funding triangle under the Vulnerable Children's Framework.[6]

5 The cost to Barnardos of delivering the programme is $2,800 per client. This is only partially covered by MSD funding ($1,408 per client).

6 Ministry of Social Development. (2015). *Community Investment Strategy*.

Diagram 2_MSD's Vulnerable Children's Framework

Supporting vulnerable children, children in hardship and reducing child maltreatment



1.1_ Background

The PMP has been operating since 2008. This means up to 176 families and whānau have taken part in the programme.

The initial intention was that referrals would come via CYF to help minimise the removal of children from their parents' care, but this did not result in fully utilising the capacity of the PMP. Referrals now also come via the Children's Team, Ngāti Hine, Manaia Primary Health Organisation (PHO), Stand Children's Services, Plunket, Family Works, Family Start, Jigsaw, Budgeting Services, and Refuge. Referrals also occur from within Barnardos, i.e. Family Support Social Workers, HIPPY. Self-referrals also occur. This means that PMP is intervening at an earlier stage than CYF intervention, i.e. before children are notified to CYF. However there is evidence that underlying vulnerability (including the risk of CYF intervention) continues to be the driver for agency referrals. The PMP operates a triage system to prioritise families and whānau in crisis.

1.2_ Description of programme participants, 2012-2016

In the last four years (2012/13 – 2015/16), 78 families and whānau with a total of 204 children have participated in the PMP. The ethnicity of the parent or caregiver that the Parent Mentor primarily worked with is shown in Table 1 below.

TABLE 01

Ethnicity of PMP participants, 2012-2016

Unknown	Pākehā	Māori	Pasifika	Other
35 (45%)	26 (33%)	19 (24%)	4 (5%)	1

Most of the participating families and whānau (n=50 or 64%) had two to three children. Thirty-four families and whānau (44%) were single mothers with more than one child children, and 27 families and whānau (35%) were made up of couples with multiple children.

Mainstream social service NGOs made the most referrals (24 families or 31%), with other Barnardos Whangarei staff referring 15 families and whānau (19%). Eleven families and whānau (14%) were referred through the health sector (either the hospital, midwives or Plunket). The local Children's Team made seven referrals during its first year of operation (2015-16), and four families and whānau were directly referred to the programme by CYF over the past four years.[7]

Some families and whānau (15%-20%) were actively working with other agencies at the same time as participating in PMP, but more commonly other agencies (including other Barnardos staff) paused their engagement and were 'in the background' while the family and whānau participated in the PMP. Thirty-seven families and whānau (47%) were referred to other agencies by the PMP.

7 The number of direct referrals from CYF does not accurately reflect the number of families and whānau either known to or involved with CYF who have participated in the PMP. Across the wider Barnardos services and programmes, families and whānau (including those referred by services other than CYF) are currently involved or have long histories of involvement with CYF, although at the time of referral to Barnardos, CYF may not be working with them or may not have seen the need to refer. Going forward, Barnardos is capturing data on families' past and present involvement with CYF in terms of identified vulnerability factors at referral, regardless of the service that referred them. This information was not available for the historical analysis of the PMP data.

The most common reasons for families and whānau to be referred were support with parenting (51 families or 35%) and support with home routines (42 families or 29%). These were also the two most common areas in which families and whānau set goals for their participation in the PMP.

The vast majority of families and whānau (n=65 or 89%) who took part in the PMP completed the programme and reported being very satisfied with it.[8,9]

1.2.1_Complexity and vulnerability

Barnardos Whangarei reported that the PMP is most often working with children and their families and whānau with complex needs – that is, those who have multiple issues, require intensive support, have many agencies involved in their lives, and/or have children described as 'high risk' or 'vulnerable' who have the potential for, or experience of, CYF intervention. At the time of the evaluation there was no formal definition of complex needs, nor was data on the complexity of needs from those participating in the PMP. Since July 2016, Barnardos has implemented a new vulnerability tool across a range of services to better evidence the needs of clients at referral and ensure services are directed towards children with the greatest needs. This LEAP vulnerability tool assesses family violence, parental mental health, alcohol or drug misuse, neglect or emotional abuse of children, significant child health or disability issues, and risk of or actual statutory involvement.[10]

8 A generic question was asked of the PMP participants about their level of satisfaction with the programme. They were further asked for their evaluation of what they had achieved, which was recorded as a narrative description of the changes they had experienced (and any associated thoughts or feelings). Most often the respondent was the parent or caregiver with whom the Parent Mentor had the most involvement. The changes experienced were coded, analysed and reported as part of the evaluation.

9 Only one person was unsatisfied with the PMP and became uncontactable – the reason for this is unknown. One of the seven parents or caregivers who participated in the evaluation was unsatisfied – this was in regard to the PMP not being long enough to address their issues. This respondent was very happy with the Parent Mentor.

10 The LEAP vulnerability tool is used to assess whether children and their families or whānau are eligible for Barnardos new LEAP Service (in place of the generic Family Support Service). Effective from 1 October 2016, this is a needs-led, tailored service designed to keep vulnerable children safe and to reduce the risk of maltreatment particularly where there are complex and multiple needs. The PMP is now an intervention available as part of the LEAP service.

02

The evaluation approach

2.1_ Focus of the evaluation

The focus of the evaluation was to determine the effectiveness of the In-home Parent Mentor Programme (PMP), that is:

In what ways, and to what extent, is the PMP making a positive difference for the child(ren) and their whānau?

2.2_ Key evaluation questions

The key evaluation questions (KEQs)[11] were:

KEQ 1: How well is the implementation and delivery of the PMP working to support positive outcomes for the child(ren) and their whānau?

a. How is the programme intended to work?

b. How well is the PMP being implemented?

c. How well are the PMP services working in practice?

d. How well is the PMP working in incorporating Tikanga Māori?

KEQ 2: How well is the PMP contributing to sustainable, positive outcomes for the child(ren) and their whānau?

a. In what ways, and to what extent, is/are the child(ren) and their whānau experiencing positive change?

b. To what extent does the PMP contribute to these changes?

KEQ1 is the process component of the evaluation, KEQ2 is the outcomes component. These questions were answered by exploring the detailed evaluation and research questions listed in Appendix One.

11 The KEQs addressed in this report are ordered differently and slightly adapted from those documented in the evaluation plan in order to better fit the subsequent development of the rubrics.

2.3_ Methodology[12]

The evaluation utilised a mix of qualitative and quantitative research methods within an evaluation-specific methodology.[13] External evaluators undertook the evaluation in collaboration with local, regional and national Barnardos management and staff, using a strengths-based, appreciative enquiry lens. This meant that Barnardos management and staff were involved in all phases of the evaluation, including the development of the KEQs, the evaluative criteria and rubrics, the programme logic and theory, a database for analysing data over the last four years, a sampling structure, setting up participant and referral agency interviews, analysis of the findings and drawing the conclusions. A Māori responsiveness lens was used throughout the project in considering the design, delivery and participation of Māori in the PMP.[14]

Picture 1_Barnardos local and national staff working on the programme logic

Evaluative criteria in the form of rubrics were developed for the two KEQs to guide the data gathering (including both the questions explored with PMP participants, Barnardos staff and referral agencies during the fieldwork, and the set-up and analysis of the database), and subsequent judgements. The relationship between the rubrics and KEQs is illustrated in Diagram 3. The evidence gathered was assessed against the criteria to determine how well the PMP is working.

12 A fuller description of the evaluation methodology is contained in an internal document: Deliverable 2: *Barnardos Evaluation Plan & Evaluative Capability Building Plan*.

13 An evaluation-specific methodology involves systematic and transparent processes, procedures (methods, methodology) and principles (logic) for identifying relevant questions, data and criteria for blending "descriptive information with values to draw explicitly evaluative conclusions" (Davidson, E.J., (2005). *Evaluation Methodology Basics*, Sage, p.240).

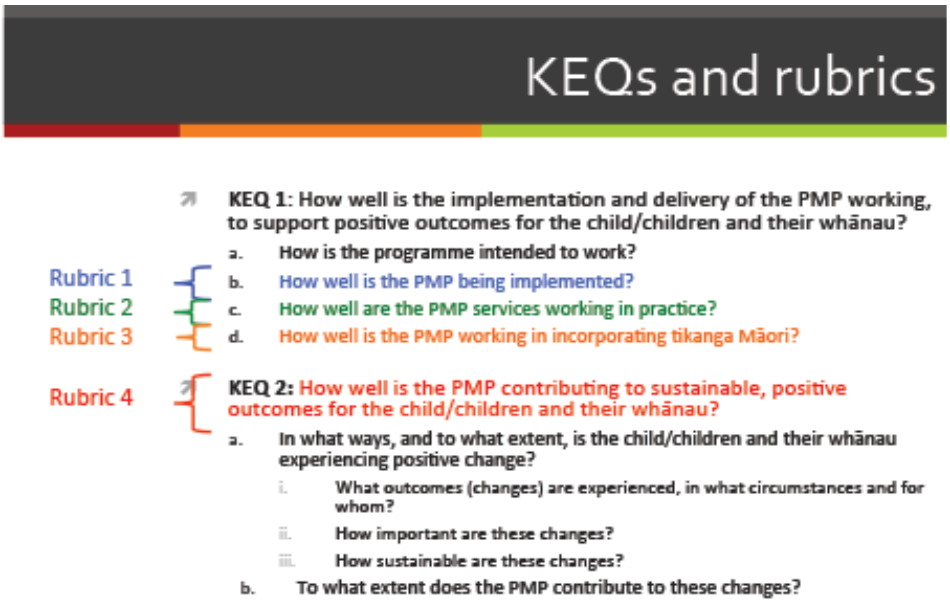
14 Māori comprised about 25% of the PMP participants over the last four years. Using a Māori responsiveness lens involves examining the extent to which Māori worldviews and values are respected and integrated in the PMP.

2.3.1_Methods

The qualitative methods used for data gathering included:

- key informant interviews and workshops with local and national Barnardos management and staff (4)
- a focus group with seven staff from six referral agencies and two Barnardos Whangarei staff who also referred families and whānau to the PMP
- semi-structured interviews with the present and immediate past Parent Mentors, one Barnardos family support worker and seven parents or caregivers from the last two years. (This time period meant that responses could be considered in respect to those of each of the two most recent Parent Mentors).

Diagram 3_Relationship between the KEQs and rubrics



The programme participants included in the evaluation were the parents or caregivers – the members of the family or whānau with whom the Parent Mentor has the primary relationship in their work. It was beyond the scope of the evaluation to include children.

The quantitative methods included doing simple counts and percentages on data about 78 PMP participants over the last four years, 2012 to 2016. Barnardos had paper records for these 78 PMP participants and staff resource to help set up an Excel database for the purposes of the evaluation. The database was developed so it could be used on an ongoing basis by programme staff if desired (until the programme data is included in BConnect, the Barnardos client management system). The data included:

- demographic information (ethnicity, number of children, family type)
- referral information (dates, referring agency and reason, number of children in CFY care)
- family and whānau goals for the PMP
- reason for closing
- client satisfaction
- parent or caregiver and child(ren) evaluation, and
- worker evaluation.

These evaluations are undertaken as part of exiting the PMP. The database also included pre- and post-PMP scores using the Barnardos Tamariki and Whānau Assessment (TAWA) questionnaire which was completed by a parent or caregiver at the beginning and end of their participation in the PMP.[15]

The narrative goal setting, parent or caregiver and child(ren) evaluation and worker evaluation data were coded using the Kāinga Ora set of outcomes (described later in this section) as a coding frame. The pre- and post-PMP scores could subsequently not be used due to inconsistent application of TAWA, and recent modifications to the questionnaire.

A small structured questionnaire was used with the seven PMP participants to explore the amount, sustainability, contribution and importance of changes[16] they experienced. Interviewees were asked:

1. *How much change:* How well their home life (e.g. home routines, parenting, relationship with children, etc) was/is at three points in time – start of PMP, immediately after it and on the day of the interview. They responded on a 5-point scale: 'our home life is seriously in trouble', 'not in a good space', 'mostly OK', 'good' and 'really good'.
2. *Sustainability:* Whether they were still doing 'all', 'most', 'some', 'a few' or 'none' of the things (a 5-point scale) they had put in place with the Parent Mentor.
3. *Contribution of PMP:* How big a part the Parent Mentor, and other people, played in supporting positive changes for them and their family at home, using a 5-point scale: 'none', 'a little', 'some', 'a lot', 'don't know'.
4. *Importance of the changes:* How important the changes that happened from working with the Parent Mentor were to them and their family using a 4-point scale: 'not important', 'somewhat important', 'important', 'very important', 'don't know'.

2.3.2_Analysis

To address the KEQs and rubrics, the information gathered from the three qualitative data sources (Barnardos staff, PMP participants who took part in the evaluation, and referral agencies) and two quantitative data sources (the database and questionnaire) were collated and analysed thematically as well as using basic counts. Exceptions to patterns were reported and explored to assist with further understanding.

15 TAWA is a client assessment model for short-term engagement (up to three months), developed by Barnardos staff to engage families and whānau and to deliver services in a highly client-driven manner. The assessment model consists of engagement and assessment, an evaluation booklet, a rating summary sheet for all questions and whānau members (One view), whānau plan, referral form, visit log. Each family member completes a set of 14 questions around self, home, finance, health, parenting, behaviour and relationships. Each question is self-rated by the client and rated in terms of the level of importance to prioritise action planning. A summary tool enables the individual ratings for each question to be compared according to the different family and whānau members' ratings.

16 The terms 'outcomes' and 'changes' are used interchangeably in this report. 'Outcomes' are defined as the changes and impacts that participants experience as a result of participating in the PMP.

2.3.3_Measuring outcomes

A programme logic was developed as part of the evaluation capability building component of the evaluation. This included identifying two levels of programme outcomes: i) immediate practical results, which in turn result in ii) changes in knowledge, behaviour, abilities and wellbeing. The programme outcomes contribute to a subset of Barnardos outcomes (as specified in the *Māiatanga Assessment, Planning and Review Framework*). The subset of relevant outcomes is referred to as the Kāinga Ora (healthy, well-functioning, safe home) set of Māiatanga outcomes. Outcomes at each level were identified for parents and caregivers and for children. (The logic model and development process are described in Appendix Three). The logic model also identified the Barnardos and MSD outcomes that the PMP contributes to (referred to as 'wider outcomes').

The evaluation focused on whether the programme outcomes were achieved – the immediate practical results, and the changes in knowledge, behaviour, abilities and wellbeing. Data on the achievement of the Kāinga Ora set of outcomes was also collected (sources described below) and was used to inform the assessment of how well the PMP is contributing to sustainable, positive outcomes for the child(ren) and their whānau or family.

Programme outcomes

Practical outcomes

In relation to the parents or caregivers, the practical outcomes included practical parenting strategies and home management resources being in place; better communication, boundary setting, and quality time with children; and involvement in children's education. In relation to the children, the practical outcomes included home routines and charts being in place; consistent meal, school and sleep routines being in place; attending school, being attentive to chronic health issues and quality time with parents or caregiver.

Changes in knowledge, behaviours, abilities and wellbeing

The changes in knowledge, behaviour and abilities for the parents and caregivers included improvements in confidence, control, safety, empowerment, motivation and happiness; coping strategies, role modelling; and better engagement with services. For the children, changes included improvements in knowing and acceptance of the home rules and boundaries; increased ability to communicate and express emotions; and increased sense of empowerment, happiness, self-responsibility, motivation and problem-solving.

Information on whether the two levels of programme outcomes – the practical outcomes and changes in knowledge etc – were occurring was sought from the semi-structured interviews and focus group. The Barnardos Whangarei Manager and current Parent Mentor were also asked to 'rate' the level of achievement for each level of outcomes using the descriptors in Rubric 4.

Kāinga Ora subset of Māiatanga outcomes

These are illustrated in Diagram 4, which was used during the evaluation fieldwork phase. Information on the achievement of the Kāinga Ora outcomes was gathered from three sources:

1. Analysis of the database of 78 participants from the past four years, where the narrative data provided by participants and the Parent Mentor were coded using the Kāinga Ora outcomes as a coding frame
2. Seven PMP participants who took part in the evaluation
3. Focus group of six referral agencies and two Barnardos Whangarei staff who also referred families and whānau to the PMP

The information was analysed in terms of the most commonly reported outcomes. The evaluation participants described in bullet points two and three above were also asked to nominate their top three outcomes. This information was used as a data source to answer KEQ2 and make an assessment in terms of the criteria in Rubric 4.

Diagram 4_Kāinga Ora set of Māiatanga outcomes

Wider outcomes

A 'line of sight' was identified for the PMP's contribution to one of Barnardos wider outcomes and one of the programme funder's wider outcomes, respectively:

- *Barnardos:* Increasing resilience – More children are provided with the best start in life
- *MSD:* Children are resilient, experience positive parenting and education outcomes.

Establishing the contribution of the PMP to these wider outcomes was not explicitly addressed as part of the evaluation. The logic model for the PMP presumes that successfully realising the earlier sets of outcomes in turn signals that the PMP contributes (along with many other programmes) to these wider organisational and government outcomes.

Other outcome measures

As noted earlier, the target population for the programme is families where the children are at risk of being notified to Child, Youth and Family (CYF) or have had involvement with CYF. Evaluation respondents reported that the PMP is an important contributor to preventing the removal of children by CYF or enabling the return of children to a family or whānau. However it is not possible to substantiate stakeholder feedback for the range of reasons outlined below.

Theoretically, potential measures of the PMP's effectiveness could include children not going into care, children returning home from care placements, and the identification or substantiation of concerns about children experiencing abuse or neglect. However, such measures are problematic for a number of reasons:

1. *Difficulties matching client data and sharing information across agencies:* Barnardos is interested in such measures but is unable to access data in a reliable manner by itself. Using such measures would require CYF to share the outcomes for families and whānau post-PMP, which it is not willing or able to do. Further, it is currently not possible to match and report client data across services, which affects the use of such measures. For example, Community Investment (MSD) is not able report on the success measure 'percentages of substantiated cases of child abuse in the 12 months following service intervention'.
2. *Lack of control over decisions:* There is not a direct linear relationship between a family or whānau being 'at risk of being notified to CYF', or 'being involved with CYF', their involvement in the PMP and subsequent decisions made by the referral agency and/or CYF. Further, feedback from the Parent Mentor to CYF is only one input into this organisation's decision-making process.
3. *One variable among many:* The PMP is one input among (often many) other organisations and supports being provided to a family or whānau. These can include Family Support and/or HIPPY provided by Barnardos, CYF, the Children's Team, Family Works, Stand (Children's Health Camp), Plunket, Ngāti Hine Health Trust, Emerge Aotearoa, other mental health services, and/or counsellors. While some of the referral agencies were clear that the PMP was clearly making a significant contribution to positive outcomes for families and whānau, others noted the difficulties of untangling the effects of different programmes and support.
4. *Interpretation dependent on context:* A measure such as children going or not going into care is unable to be interpreted as a positive or negative outcome without knowledge of the circumstances. For example, removal of a child from their parents is often assessed as a negative outcome, however if it was not possible to address abuse or neglect of a child within the family or whānau, removal may be a 'positive' (albeit sad) outcome.

2.3.4_Measuring contribution

The strategies used to ascertain contribution – that is, whether the PMP contributed to the reported outcomes – were:[17]

- Asking the programme participants and other observers how big a part the Parent Mentor and others played in supporting the reported outcomes. Given that other services often paused during the PMP, there is confidence that PMP played a significant part in the changes immediately following the programme.
- Checking that the reported outcomes matched the content of the PMP. Given the nature of the reported outcomes were primarily about improved parenting and home management strategies (the purpose of PMP), this also provided confidence in the reported outcomes.

2.3.5_Limitations of the evaluation

The evaluation findings are based on a small sample of PMP participants (n=7), referral agencies (n=7) and insider observations and experience (e.g. staff) (n=7), supported by programme data for the past four years (on 78 participants), and a limited literature review. With regard to the PMP participants' feedback, the findings are primarily based on the self-report of the parent(s) or caregiver(s) (i.e. by a single member of the family or whānau). For these reasons, the findings regarding the programme outcomes are indicative.

Some confidence in the findings is provided by the consistency of feedback across the range of data sources, and the ability to attribute the immediate impact to the PMP (discussed above in the *Measuring contribution* section). However, the extent to which the findings can be generalised, or how much the outcomes of the PMP are due to the specific provider and context, is unknown.

While the programme is straightforward, clearly bounded with a specific 'dose', and the immediate outcomes and their attribution to the PMP can be defined, definitively determining the contribution of the PMP to wider desired outcomes was beyond the scope of this evaluation and potentially not possible. (Refer to the discussion in the previous *Measuring outcomes* section.)

The evaluation has also not been able to definitively address whether the ultimate target of the programme (and of Barnardos) – the children – benefit from the PMP. The PMP works primarily through the parents or caregivers, along with the children, therefore the focus of the evaluation in the first instance was on the outcomes experienced by the parent and caregiver. The evaluation sought information from staff and parents regarding changes for children. Addressing the ethical and methodological issues to include the children in the evaluation was beyond scope.

17 These are two of seven strategies proposed to infer causation when the use of experimental or quasi-experimental designs are not feasible or appropriate. (Davidson, E.J., (2005). *Evaluation Methodology Basics*, Sage.)

03

Summary of evaluation findings

3.1 Conclusion

The evaluation found that the In-home Parent Mentor Programme is:

- implemented well
- delivering excellent services, that is, the delivery of the mentoring and the parenting and home management strategies is of high quality
- doing well at incorporating Tikanga Māori into the programme
- contributing to good, and in some cases, sustainable outcomes for children and their families or whānau, in particular:
  - improved parenting skills
  - better home routines
  - improved relationships between parents and their children
  - children learning and becoming independent in their own and home care
- highly valued by all (Barnardos, participants, referral agencies).

The findings against each of the evaluation questions that had rubrics are reported in the following table. The possible rating options were 'OK/needs work', 'good' and 'excellent'.

TABLE 02
Evaluation findings

Key Evaluation Questions (KEQs)	Rating
KEQ 1: How well is the implementation and delivery of the PMP working, to support positive outcomes for the child(ren) and their family or whānau?	Good-excellent
KEQ 1b: How well is the PMP being implemented?	Good-excellent
KEQ 1c: How well are the PMP services working in practice?	Excellent
KEQ 1d: How well is the PMP working in incorporating Tikanga Māori?	Good
KEQ 2: How well is the PMP contributing to sustainable, positive outcomes for the child(ren) and their family or whānau?	Good

3.2 Programme strengths

The four key strengths of the PMP are summarised as follows, along with explanatory statements about each of the PMP's strengths from evaluation participants:

1. *Unique programme*. This includes the unique hours and hands-on support provided by the Parent Mentor, who is seen as a gentle, older, wiser friend who is not afraid to have courageous conversations.
   - The hours of PMP are "unique and amazing" and sets it apart from other interventions. There is "nothing else like it", where the programme worker is able to be in the home when the children are getting up and ready for school, and at the end of the day around homework, meal, bath and bed times, "times when all parents struggle, especially when there are other issues".

- Participants value the healing process that occurs over the period of the programme, the understanding and appreciation of their situation, lack of judgment and one-on-one support at a time they are stressed.
- The Parent Mentor is honest with the families but is "not going to give up on them. She is encouraging". PMP provides clarification about how to parent and/or manage a home that families have never had or did not receive from their parents or support networks.

2. *Immediate, practical outcomes*. The PMP provides practical, structured solutions that work amidst chaos and complexity.
   - What agency workers often see is a chaotic home. This means people having "minds [that] are chaotic", as well as a lack of structure or routines in the home. A holistic view of what is happening for the family and approach is needed.
   - When agency workers get an email from the Parent Mentor confirming she'll work with the family, they feel reassured: "I breathe a sigh of relief. I know they are in good hands".

3. *Strengths-based 'tipping point'*. The PMP provides a 'tipping point' that supports families and whānau to make changes themselves, and enables other support to be more effective.
   - The Parent Mentor is encouraging of the parents and the children that "they can do things, they have it within themselves, and they are not alone. It's incredible to watch [the Parent Mentor] go in. It's like the family can breathe, they can see a way forward". The Parent Mentor provides hope to families – "it's all fixable. There are little things the family can do they may not have thought of".
   - PMP is about holistic wellness where each outcome contributes to enabling other outcomes.
   - Once the chaos at home has been addressed, other agency workers and family members are able to provide more effective support to the family and whānau.
4. *Kāinga Ora*. The PMP contributes to a healthy, well-functioning, safe home.
   - Children benefit the most because parents are happier and feeling better, and this reflects on the child. Children are feeling safer: "children want to feel they're in a good routine".
   - "Our whole household is happier... Morning routine works and kids are at school on time every day. Kids are helping with household chores and cooking. House is a lot less cluttered and is functional now."
   - "[The Mentor] really helped reduce the stress levels in our house during a very difficult time, and has enabled me and my kids to get into the routines needed for a happy little home... I feel more relaxed, self-confident in my parenting and re-assured that we are on track and can keep on top during the difficult times."

3.3 Areas for development

The following summarises three programme areas that need further development:

1. *Documentation:* In order to facilitate programme transferability, and to manage risk if key staff leave, it is recommended the following are documented:
   - The principles underpinning the process and procedures that are key to the successful operation of the PMP.
   - The knowledge, skills, attributes and experience that a Parent Mentor needs to have to successfully provide the mentoring service. (Rubric 2 in Appendix Two provides a potentially useful list of successful mentoring attributes).

2. *Tikanga Māori:* In order to improve the incorporation of Tikanga Māori within PMP, and work appropriately with whānau, the following actions are recommended:
   - Staff to use and be guided by:
   i. Concepts of Rangatiratanga, Kawa and Tikanga, Awhi Mai/Awhi Atu and Moemoeā/Ka Taea/Kia Āhei as outlined in Rubric 3 (Appendix Two).
   ii. Ngā Pou E Whā – Barnardos Māori Responsiveness Framework.
   - Increase the knowledge of the PMP among iwi and Māori providers working in Whānau Ora in the Whangarei area to support building relationships, community connectedness and strengthening cultural support for families and whānau, where needed.

3. Measuring outcomes: This evaluation has enabled the development of PMP outcome measures, along with a recording and reporting system. In order to further build on these developments, the following actions are recommended:
   - Re-consider current data capture (e.g. participant and worker evaluation questions) with regard to better alignment with the PMP outcome measures.
   - Establish outcome data capture and reporting for PMP within BConnect (Barnardos client management system) and consider ongoing use of the evaluation database in the meantime.
   - Ensure more robust capture of information (e.g. consistent use of pre- and post-programme questions, ethnicity data, data on the complexity of families and whānau situations, engagement with other agencies) and capturing data regarding those who are referred and do not engage with PMP.

To assist with strengthening the programme documentation, the Tikanga Māori aspects and the measurement of outcomes as outlined above, the evaluation has provided Barnardos with rich descriptions of the programme (via the rubrics) and a set of outcome-focused tools, along with evaluation instruments, that could be adapted for use with its other programmes.

04

Implementation and delivery of the PMP

This section presents the findings about the implementation and delivery of the PMP. It addresses:

KEQ1: How well is the implementation and delivery of the PMP working, to support positive outcomes for the child(ren) and their whānau?

a. How is the programme intended to work?

b. How well is the PMP being implemented?

c. How well are the PMP services working in practice?

d. How well is the PMP working in incorporating Tikanga Māori?

4.1_ KEQ1a: How is the programme intended to work?

The PMP did not have an established programme logic model, outcomes and measures, or an articulated programme theory.

There is a clear understanding and documented description of what the programme provides and how it operates, including its boundaries and how it interrelates with other programmes delivered by Barnardos Whangarei. There is local agreement about the purpose of the programme, the issues it is addressing, what it is trying to achieve and for whom (the target group).

An intervention logic had been partially developed at the national level as part of Barnardos becoming a results-based, outcomes-driven organisation. The programme outcomes were somewhat understood by staff but needed further formal development. There were no specific outcome indicators or measures for the programme, however there was pre- and post-data that could be turned into outcomes data.

The theory of change, casual linkages and theories that underlie why and how this programme aims to make a difference was partly clear (and partly documented in a business case prepared in 2015), but need further exploration and documentation.

The business case acknowledged Barnardos did not know whether the PMP was effective or what specifically was contributing to the very positive anecdotal feedback (e.g. whether it was about 'what' was being delivered, and/or the 'way' it was being delivered).

This situation is common in many small programmes. Appendix Three describes both the process and results from the evaluation capability building work undertaken to develop a programme logic, a set of outcomes and data, and a theory for the PMP, in order to answer KEQ1a in a way that could be used or replicated in the future.

4.2_ KEQ1b: How well is the PMP being implemented?

The evaluation found that the implementation of the PMP rates as **good to excellent** when assessed against the evaluative criteria. These criteria are set out in detail in Appendix Two.

The aspects that were evaluated and the assessment of each aspect are listed in Table 3 below, followed by a discussion of the findings.

TABLE 03
Evaluation of the implementation of PMP

Criteria	Rating
Referral pathways and triage	Excellent
Programme and service linkages	Excellent
Leadership and staff capability	Good-excellent
Quality of programme systems and safety	Good-excellent
OVERALL	**Good-excellent**

4.2.1_Referral pathways and triage

The evaluation found that there are well-defined referral pathways to and from the programme. Programme participants are clear on which organisation referred them to PMP, and referral agencies reported being impressed by the swift action and immediate feedback.

The triage system used by Barnardos Whangarei works well in enabling the right response to families according to their level of need (within resourcing constraints). Families and whānau are referred or self-refer for assistance with parenting and/or home management. The triage system ensures that those with urgent needs are assessed as such and are responded to quickly.

> *Referrals are acted upon really quickly. I find it really good because the families need help now.*

There is clear communication with the family and whānau, meaning that they have clear expectations regarding the timeframe for their inclusion in the PMP, and the type of service that the programme will provide to them.

4.2.2_Programme and service linkages

In addition to the services provided by Barnardos Whangarei, the PMP has established linkages with many of the other local programmes and services that are needed to address the challenges faced by the PMP clients. The relationship with Whānau Ora providers is in its infancy. These linkages ensure the movement of clients between the PMP and other programmes and services is as seamless as possible by ensuring there is a shared understanding of the needs of the child and their family or whānau.

All referral agencies that participated in the evaluation spoke highly of the support PMP provides to other programmes and services external to Barnardos. Other Barnardos staff spoke of the support PMP provides to Barnardos wraparound whānau services. All referred to the timely and thorough feedback provided post-PMP.

Programme participants value being able to contact the Parent Mentor after the programme has finished.

4.2.3_Leadership and staff capability

Local leadership provides high quality advice, guidance and a focus on safety and ongoing programme improvement. The active participation of both local and national leadership was highly evident throughout the evaluation.

Barnardos acknowledged that better strategic outcomes and organisational system alignment was needed between the national and programme level. Alignment of PMP level outcomes with Barnardos national outcomes framework – the *Māiatanga assessment, planning and review framework* – was developed as part of the evaluation process.

Highly positive feedback was received from all evaluation participants about the capability of current and previous Parent Mentors.

It is recommended that the knowledge, skills and attributes required to provide a quality mentoring service (outlined in Rubric 2) be captured in the job description for the Parent Mentor.

4.2.4_Quality of programme and processes and safety

The assessment and planning tools for the PMP are user-friendly. The guidance, information and tools available for use by the Parent Mentor enable PMP to be applied flexibly to meet the differing needs of families and whānau, and optimise the potential for learning and changes.

There are processes in place that successfully manage excess demand for the programme and ensure the wellbeing and safety of the children.

While the programme's processes and procedures are mostly documented, they are not all in one place. Although it is recognised that it is difficult to document a programme that requires a high degree of flexibility, this is important for a number of reasons: as a risk management strategy (to ensure understanding about PMP is not lost with turnover of key staff); as a guide for PMP workers; and as an aid in the transferability of the programme should it be implemented in other sites in the future. A proposed way forward is to document a set of principles along with the processes that guide the operation of the PMP.

Some information was being recorded that could enable monitoring of changes in programme participants but there were gaps. These included inconsistent use of pre- and post-programme questions; inconsistent recording of ethnicity data and engagement with other agencies; no data identifying the complexity of family and whānau situations; and no data regarding those who are referred and do not engage with PMP. Barnardos Whangarei is considering following up with programme participants to assess sustainability of the changes (the questionnaire developed for the evaluation could provide a useful follow-up instrument).

At the time that the evaluation started, the recorded information was not being used to report on outcomes. The evaluation guided the development of PMP outcomes aligned with the Barnardos outcomes framework (which is in turn aligned with MSD's Community Investment Strategy), along with a recording and reporting database.

It is recommended that Barnardos:

a. Re-consider current data capture (e.g. participant and worker evaluation questions) with regard to better alignment with the PMP outcome measures
b. Establish outcome data capture and reporting within BConnect (Barnardos client management system) and consider ongoing use of evaluation database in the meantime
c. Ensure more robust capture of information which addresses the gaps identified above, including sustainability of changes.

To do so, Barnardos could consider drawing on the set of outcome-focused tools provided by the evaluation. These include:

i. Programme evaluability and organisational capability assessment instruments for determining readiness for an outcomes evaluation
ii. A description of the process involved in building a logic model, identifying outcomes, and a theory of change for a programme
iii. database that enables programme data to be used to report on outcomes, which could be used on an ongoing basis by programme staff
iv. follow-up questionnaire that could be used by programme staff to determine the sustainability of changes.

These tools, along with the evaluation plan, rubrics, sampling structure and documented thinking behind the database, could also be adapted and applied to other programmes. Barnardos has identified particular value in the rubrics and the programme logic model, and will be applying these to evaluate new services, and adopting as regular performance and practice quality measures across a range of its services.

4.3_ KEQ1c: How well are the PMP services working in practice?

The evaluation found that the services being delivered by the PMP are **excellent** when assessed against the evaluative criteria. The assessment of each criteria evaluated is listed in Table 4 below, followed by a discussion of the findings.

TABLE 04
Evaluation of PMP services

Criteria	Rating
Mentoring	Excellent
Home and parenting management strategies	Excellent
OVERALL	**Excellent**

4.3.1_Mentoring

The following diagram pictorially represents the aspects of mentoring considered important for the effective practice of PMP (refer to diagram 5).

Diagram 5_Mentoring attributes

All evaluation respondents who have direct experience of the programme (i.e. programme participants, the Parent Mentor and Barnardos Whangarei Manager, and other Barnardos staff who work closely with the family or whānau) reported that all aspects of mentoring considered important to the effective practice of PMP were being delivered. That is:

- The PMP mentoring is done in a way that engages and works with the family and whānau as a whole to ensure the wellbeing of the children.
  - The mentoring is mainly culturally appropriate, and involves an understanding of Te Āo Māori, whānau dynamics and what is important (or not) to different types of Māori whānau. Similarly, culturally appropriate approaches are taken with families from other cultures.
- The mentoring is client-led and strengths-based.
  - It is non-judgmental, respectful, caring, encouraging and positive.
  - It involves the Parent Mentors walking alongside and awhi (supporting) the family or whānau.
  - It recognises and affirms the household systems and processes, and adds value to what is already in place.
- The mentoring is responsive to the presenting needs of the family and whānau, their issues and the existing dynamics.

- The Parent Mentor works with where the family and whānau "is at", uses resources and tools that are appropriate for them, and has courageous conversations as needed.
- The mentoring responds to teachable moments rather than following a pre-set script.
- The mentoring approach is reflective and adaptive, constantly assessing what does and does not work with families and whānau.

Referral agencies noted that unsolicited feedback from families and whānau described participation in the PMP as a healing process. Families and whānau valued the experience of not being judged and appreciated the one-on-one support when they were stressed.

4.3.2_Home and parenting management strategies

The home and parenting tools and approaches are informed by evidence. All reports by evaluation participants indicate that the Parent Mentor:

- is successfully utilising and applying the tools and approaches
- has the professional expertise to identify the best place to start with the family through filtering, prioritising and listening to client needs, and
- is adapting the tools and approaches in response to the range of family needs.

A particularly successful tool is the charts for household routines and chores drawn up by the Parent Mentor alongside the family and whānau. The Barnardos Whangarei Manager noted "staff are constantly thinking on their feet. Every [home routines and chores] chart that they do is different".

Home and parenting management strategies received the highest value score from the seven PMP participants out of nine possible PMP outcomes (developed for the purpose of the evaluation). They also spoke about particularly valuing the home routine and chore charts which they were still using.

> *Achieved a fully de-cluttered house, have child routines in place and adult cleaning schedule, meal planner and potty charts.*
>
> *The change has been for the better. The routines have been so much help. The kids now know what they have to do during the day. Instead of me asking them all the time I just have to say, "look at your chart". This has been so much help.*
>
> *Before [the Mentor] came to us, both of us were yelling and had become frustrated with our family life. Now both myself and partner feel confident in parenting our children without having to resort to yelling or smacking. Our entire family has had a weight lifted off us. Just by putting in place routines, charts, time frames, our wonderful respect chart which is our family house rules, menu board and the list goes on.*

4.4_ KEQ1d: How well is the PMP working in incorporating Tikanga Māori?

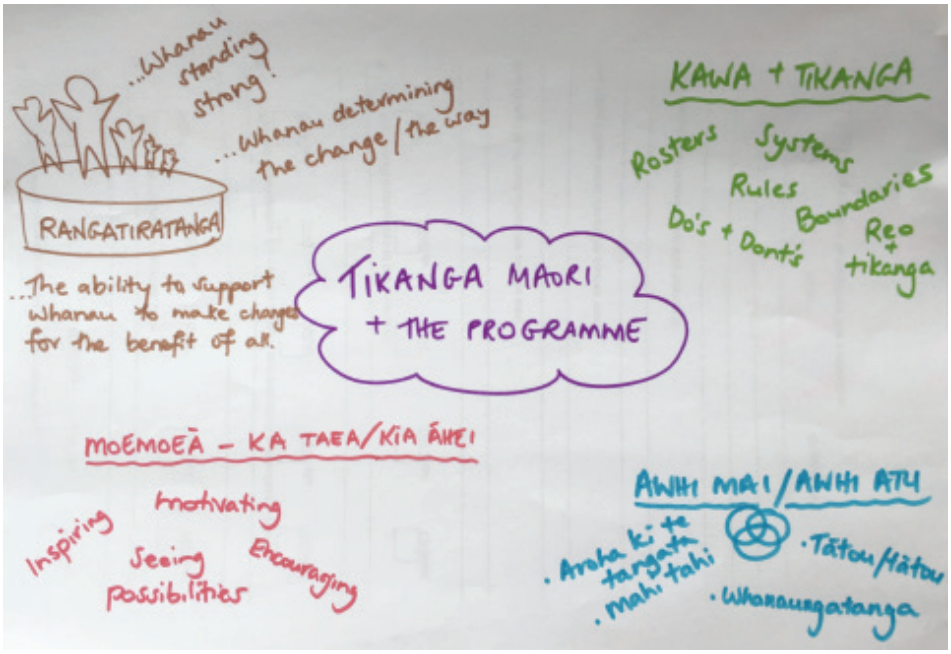
The evaluation found that the PMP's incorporation of Tikanga Māori is **good.** The aspects that were evaluated and the findings of the evaluation against each are listed in Table 5 below, followed by a discussion of the findings.

TABLE 05
Evaluation of PMP and Tikanga Māori

Criteria	Rating
Rangatiratanga	Good
Kawa and Tikanga	Good
Awhi Mai/Awhi Atu	Good
Moemoeā/Ka Taea/Kia Āhei	Good
OVERALL	**Good**

The above criteria are illustrated in the following diagram and described below.

Diagram 6_Tikanga Māori and the PMP



Rangatiratanga: This concept relates to PMP supporting whānau to stand strong, to determine the changes they need to make and the way to make these changes as a whānau. This requires change to be whānau-determined and led, and for consideration of all whānau members

Kawa and Tikanga: The PMP kawa (protocols) and Tikanga (rituals) concept means whānau are supported to consider guidelines for behaviour, in the form of kawa and Tikanga, such as the dos and don'ts; what is considered by the whānau to be OK and not OK behaviour within the whānau; and a system for how the whānau operates, e.g. rules, rosters and home routines

Awhi Mai/Awhi Atu: This concept relates to how PMP provides a caring, loving and supportive approach assisting whānau to build and maintain positive relationships and work together as a whānau

Moemoeā/Ka Taea/Kia Āhei: This concept relates to the way in which PMP inspires, motivates and encourages whānau to see new possibilities for themselves as a whānau, to be aspirational and to think positively about the future.

The evaluation found the following was occurring for the seven programme participants who took part in the evaluation. The Parent Mentor and Barnardos Whangarei Manager also reported either working in this way or observing this occurring across the majority of whānau who have completed the PMP.

Rangatiratanga: The whānau are clearly determining the change/leading the way. Children are actively involved in programme activities. Whānau have made some changes and know where to get support.

Kawa and Tikanga: Most whānau have kawa (protocols) and Tikanga (rituals) to support a well-structured home life. The kawa and Tikanga have been developed alongside the children and whānau, and are affirmed by the way the PMP is implemented.

Awhi Mai/Awhi Atu: Children and whānau are clearly supported (awhi) to grow and nurture one another in a supportive home environment where tasks are shared amongst the majority of whānau members. Work is done by most whānau members to ensure the smooth running of the household.

Moemoeā/Ka Taea/Kia Āhei: The programme supports the children and whānau to see new possibilities. There is some level of enthusiasm for making and maintaining the changes experienced in the programme.

In order to build on the foundational work already in place and improve the incorporation of Tikanga Māori within PMP, the following actions are recommended:

1. Staff to reflect on, use and be guided by:
    a. concepts of Rangatiratanga, Kawa and Tikanga, Awhi Mai/Awhi Atu and Moemoeā/Ka Taea/Kia Āhei as outlined above and in Rubric 3 (Appendix Two),
    b. Ngā Pou E Whā – Barnardos Māori Responsiveness Framework

It is further recommended that the knowledge of the PMP among iwi and Māori providers working in Whānau Ora in the Whangarei area be improved to support building relationships, community connectedness and strengthening cultural support for families and whānau, where needed.

05

Programme outcomes

This section sets out the evaluation findings in relation to the PMP outcomes. It addresses:

KEQ 2: How well is the PMP contributing to sustainable, positive outcomes for the child(ren) and their family or whānau?

a. In what ways, and to what extent, is/are the child(ren) and their family or whānau experiencing positive change?

b. To what extent does the PMP contribute to these changes?

The outcomes of the PMP were assessed as **good** in terms of the evaluative criteria listed in Table 6 below (refer to the methodology and Rubric 4 for a description of these outcomes and related criteria).

TABLE 06

Evaluation of PMP outcomes

Criteria	Rating
Practical outcomes	Good to excellent
Changes in knowledge, behaviours, abilities and wellbeing	Good
OVERALL	**Good**

5.1_ KEQ2a: In what ways, and to what extent, is/are the child(ren) and their family or whānau experiencing positive change?

To answer this KEQ, the evaluation drew on the following data:

1. Database of 78 PMP participants from 2012-2016, which included a description of the changes experienced from both the participants' and the PMP workers' perspectives. These changes were coded in terms of the Kāinga Ora set of outcomes.
2. Fieldwork interviews with seven PMP participants and the focus group with seven referral agencies.

Outcomes experienced

The three most commonly reported outcomes by the 78 parents or caregivers over the past four years of the PMP programme were (2012-2016):

- Improved parenting skills (n=52 or 30%)
- Improved relationships with children (n=35 or 20%)
- Children learning and becoming independent in their own home, and receiving home care (n=28 or 16%)

The first two of the above outcomes were also the top two most commonly reported outcomes by PMP workers for the 78 participating families and whānau:

- Improved parenting skills (n=50 or 33%)
- Improved relationships with children (n=29 or 19%)
- Better home routines (n=25 or 17%)

For those who took part in the evaluation, improved parenting skills, along with better home routines, featured for both parents and referrers across both the three 'most commonly reported' and the 'top three' outcomes (i.e. occurred in all four boxes in the table below). Improved relationships with children were commonly reported and highlighted in the top three outcomes by parents. Improved personal wellbeing was commonly reported by referrers, and highlighted by some parents.

TABLE 07

Outcomes reported during evaluation fieldwork

Three most commonly reported outcomes	Top three outcomes
By parents (seven interviewees): • Better home routines (five) • Improved parenting skills (four) • Improved relationships with children (four)	For parents (seven interviewees): • Better home routines (five) • Improved relationships with children (four) • Improved personal wellbeing, improved parenting skills and children becoming independent (three each)
By referrers (seven) • Improved parenting skills (six) • Better home routines (six) • Improved personal wellbeing (six)	By referrers (seven) • Improved parenting skills (six) • Better home routines (five)

In terms of home routines, the Barnardos Whangarei Manager and Parent Mentor reported that immediately after participation in the PMP, the vast majority of families and whānau (three-quarters or more) have charts and routines in place that are being followed on a consistent basis by parents and children.

Parents and caregivers reported:

> *As a family we've all made an effort to make changes. Routines were non-existent in our whare. We have our laminated chore list and the older kids have chosen which chores they will help with. That's awesome. They're tidying their rooms which again they didn't do much of. We sit at the table, eat together and talk together. We are loving spending time together as a family. Laughing, playing, joking.*

> *The service has been good to help me achieve skills to declutter and organise. Routines to follow everyday. These all help to keep the house clean. The routines help us to have a good life.*

5.1.1_Extent of change

Table 8 on the following page shows the seven parents' assessment of the impact of participating in PMP on their home life from the start of the programme, to immediately after the programme, to the date of the evaluation (which ranged from recent to more than one year after their participation in the PMP). The ratings were: 'seriously in trouble', 'not in a good space', 'mostly OK', 'good' and 'very good'.

All seven parents' experienced a positive shift, with five saying that the Parent Mentor had a lot or quite a lot to do with the positive changes that occurred.

The extent of change was further considered in relation to:

- Sustainability – how much the family and whānau are still doing things put in place with the Parent Mentor
- Contribution – how big a part the Parent Mentor played in supporting positive changes
- Importance – how important were the changes that happened from working with the Parent Mentor.

The parents' assessment of these three factors is discussed in the following sections, along with feedback from the referral agencies and Barnardos staff.

TABLE 08

Impact, sustainability, contribution and importance of changes as expressed by families

Family	Impact of PMP on home life				Sustainability: How much are families still doing those things put in place with the Parent Mentor?	Contribution: How big a part did the Parent Mentor play in supporting positive changes?	How important were the changes that happened from working with the Parent Mentor?
	Start of PMP	Immediately after PMP	Today	Comment			
A	Seriously in trouble	Not in good space	Not in good space / Mostly OK	Time was too short to put PMP strategies in place.	"Not able to implement changes due to time constraints."	PM – A little Others – Some	
B	Seriously in trouble	Not good	Good / Very good	'Not good' immediately after due to child removed. Felt well-supported by PMP.	Most things	PM – Quite a lot Others – A bit	Important "I was at bottom of barrel with 2 undiagnosed ADS/ADH children"
C	Not in a good space	Good	Mostly OK		Some things	PM – A lot Others – Some	Very important
D	Not in a good space	Good	Good		Most things	PM – A lot Others – Some	Very important
E	Mostly OK	Really good	Really good		Most things	PM – A lot Others – Some	Very important
F	Mostly OK	Good	Mostly OK		Some things	PM – A lot Others – A lot	Very important
G	Mostly OK	Really good	Really good (when children are home)	Children removed from family	Not doing anything "as children removed from family"	PM – Some Others – Some	Very important

5.2_ KEQ2aii: How important are the outcomes?

Of the seven parents who were interviewed for the evaluation, five said that the changes resulting from working with the Parent Mentor were very important to them. One of the parents said the outcomes were important, and for one parent this did not apply as they did not have the time they needed with the Parent Mentor to implement changes.

Based on the feedback received from referral agencies and other Barnardos staff, it can be surmised that they see the outcomes as being very important, and that the whole family/whānau benefits:

> *[The PMP] is life-changing. It gives people a grasp of hope that there is something little that they might not have thought of, that they can do.*
>
> *What we often see is a chaotic home, the mind is chaotic, there is no structure, no routines in the home. A holistic view and approach is needed. It's incredible to watch [the Parent Mentor] go in. It's like the family can breathe, they can see.*
>
> *Once home is in order, other providers can come in to carry out their role.*
>
> *Who most benefits? Children – because parents are happier, feeling better and this reflects on the child – feeling safer and want to feel they're in a good routine.*

5.3_ KEQ2aiii: How sustainable are the outcomes?

The sustainability of the outcomes was found to be variable. The referral agencies noted that some families and whānau sustain the changes.

> *If people come back in, it's not often for parenting, it's for something else, and some do not come back in.*

They also noted others initially make the changes then regress to their former ways of doing things. Five out of the seven parents interviewed said they were doing some or most things put in place with Parent Mentor.

With regard to maintaining home routines, it is likely that the majority (more than half) rather than the vast majority of parents and children had their charts and routines still in place, and were mostly rather than consistently following them, based on the range of feedback. Barnardos Whangarei reported that family and whānau circumstances vary. Some families/whānau need more input from the PMP, for example needing a couple of referrals to the programme, while others require less input. Those with very high and complex needs are less likely to maintain the changes resulting from participation in the PMP. Some of the obstacles to outcomes being sustained included mental health issues and isolation. Barnardos Whangarei observed that the sustainability of changes is enhanced by community connectedness, the extent to which the period of support matches the family or whānau level of need, and parents and caregivers knowing where to go to for support when needed in the future.

5.4_ KEQ2b: To what extent does the PMP contribute to the outcomes?

Five out of the seven parents interviewed said that the PMP contributes a lot to the changes they'd experienced.

> *Home help was the biggest help that put me and my child (who was running away) at ease. We do not need to lock doors now.*

> *The difference about [the Parent Mentor] compared to other agencies was that she 'showed them' how to manage our children's behaviours. She wrote down rules and consequences, was there to talk through specific situations and show them how she would handle these. We needed the presence of someone to talk things through rather than just being given the information.*

Referral agencies' assessment of the contribution of the PMP ranged across three categories: 'hugely', 'quite a lot' and 'some'. The agencies that said PMP contributed 'hugely' or 'quite a lot' reported seeing evidence of families and whānau using parent mentor language and seeing tools and actions in place. The agencies that said the PMP made some contribution spoke about the complexity of untangling the effect of different programmes that the family and whānau were involved in.

06

Conclusion

The Barnardos Whangarei In-home Parent Mentor programme (PMP) is a small, unique, highly valued and effective programme that appears to be 'punching above its weight' given the positive outcomes achieved at a relatively low cost.

The PMP works with family and whānau members, often with complex needs, to create a stronger, stable family and home environment to help address concerns about the wellbeing, health, safety and behaviour of children and their participation in education. It does this through the provision of intensive, practical, hands-on support provided in the home, at times when families and whānau most need support – during the morning, after-school, at meal-time and with evening routines. Up to 40 hours of support is provided, commonly over a two-three week period. The programme costs approximately $2,800 per family or whānau.

Families and whānau, often with complex needs – that is, they have multiple issues, require intensive support, have children described as 'high risk' or 'vulnerable', and who have the potential for or experience of CYF intervention – are making important, immediate positive changes (outcomes). These outcomes include improved parenting and home management skills, better home routines, improved relationships between parents or caregivers and their children, and children learning and becoming more independent in their own care and participating better in the home environment. Those participating in the evaluation reported observing the benefits of the PMP's work with the parents and caregivers flowing onto the children.

The sustainability of the changes is variable. The literature reviewed noted that embedding change takes time, longer than 40 hours. Despite this, some families and whānau need less support – "they get it and are off" – and sustain most or some of their changes. Others, often those with more complex issues, need longer support from the PMP (the full 40 hours or more), and have difficulties sustaining changes they make. Barnardos Whangarei is currently applying the 'dose' of PMP as flexibly as possible.

The other factor that affects the sustainability of change is the need to address other presenting issues, supports and opportunities required to build and maintain a healthy, functioning family and home environment. Barnardos Whangarei has positioned PMP as a support to its own cluster of family and whānau wraparound services and as a support for CYF, the Children's Team and other NGOs in Whangarei. This approach recognises that while the PMP can be effective as a standalone programme for some families and whānau, for those families and whānau with complex needs, it will be most effective as part of a wider system of supports.

Like many small programmes, the PMP did not have a working programme logic or explicit programme theory. It did have a clear programme description, target group, and shared understanding of the programme purpose (both internally in Barnardos and across external agencies interviewed). It also had a reasonable set of data that was able to provide basic information on programme outcomes over the past four years. The evaluation has developed an outcomes reporting framework for the PMP, and provided recommendations on how the PMP data can be strengthened for future reporting on outcomes.

The evaluation found that the PMP is implemented well, delivering a high quality parenting and home management mentoring service to participants, and is doing well at incorporating Tikanga Māori into the programme.

A limited literature review undertaken to develop a programme theory for PMP supports the theoretical underpinnings that have implicitly informed the development and delivery of the PMP, in particular: the strengths-based approach; highly relational nature; the intensive, home-based, hands-on provision of knowledge and skills (as opposed to home-based provision of information); and the provision of this support during a 'teachable' episode (in this case, a crisis in family or whānau functioning).

Considering the small amount of funding and size of the intervention, along with the complexity of the family and whānau environments in which the programme is often operating, the PMP is doing very well to achieve the reported outcomes. These outcomes appear to support the premise on which the PMP is based – that a functioning home environment can positively contribute to the behaviour of family, whānau and their children, their relationships with each other, and their sense of wellbeing.

In considering whether the PMP can be transferred or scaled, the findings of the evaluation need to be treated with caution. The evaluation has provided evidence that the PMP is working effectively based on a small sample of PMP participants, on referral agencies' and insider observations and experience, supported by four years of data using very basic statistical analysis (counts), and a limited literature review. Confidence in the findings is provided by the consistency of feedback across a range of data sources, and the ability to attribute the immediate impact to the PMP.

The evaluation's value lies in the affirmation of the worthwhileness of Barnardos Whangarei PMP, and learning about what makes the PMP successful in this context. The extent to which these findings can be generalised, or how much the success of the PMP is due to the specific provider and context, is unknown.

Appendix One:

Supporting evaluation questions

Key evaluation questions

The key evaluation questions (KEQs), and their relationship with the rubrics (Appendix Two), are as follows:

KEQ 1: How well is the implementation and delivery of the PMP working, to support positive outcomes for the child(ren) and their family or whānau?

a. How is the programme intended to work?
b. How well is the PMP being implemented? (Rubric 1)
c. How well are the PMP services working in practice? (Rubric 2)
d. How well is the PMP working in incorporating Tikanga Māori? (Rubric 3)

KEQ 2: How well is the PMP contributing to sustainable, positive outcomes for the child(ren) and their family or whānau? (Rubric 4)

a. In what ways, and to what extent, is/are the child(ren) and their family or whānau experiencing positive change?
    i. What outcomes (changes) are experienced, in what circumstances and for whom?
    ii. How important are these changes?
    iii. How sustainable are these changes?
b. To what extent does the PMP contribute to these changes?

The supporting questions included:

Process questions

1. How well is the implementation and delivery of the PMP working, to support positive outcomes for the child(ren) and their family or whānau?
    a. How is the programme intended to work?
        i. What is the key issue that the programme is intended to address?
        ii. What group of children and family or whānau is the programme intended to support?
        iii. What are the intended outcomes (expected changes) for participants – children and their whānau?
        iv. What is the 'theory' that underpins the programme and how does it intend to address the 'issue' and effect the desired outcomes? Is this based on evidence?
        v. How is the programme intended to work with Māori whānau?
    b. How well is the PMP being implemented?
    c. How well are the PMP services working in practice?
    d. How well is the PMP working in incorporating Tikanga Māori?

Further questions to assist with addressing KEQ1:

i. Who does the programme work well for? Who is accessing the programmes and who is missing out?

ii. Which members of the family or whānau are mainly involved? Are these the right people?

iii. What are the main issues for participating families or whānau?

iv. How are these issues addressed?

v. Do parents/caregivers engage for the intended period? Does the intended length of engagement work?

vi. What are the learnings in relation to working with Māori whānau? What works and doesn't work for Māori whānau?

vii. What are the key factors that are making a difference for programme participants? What evidence supports this?

viii. How does the programme help to address underlying issues?

Outcomes questions

1. How well is the PMP contributing to sustainable, positive outcomes for the child(ren) and their family or whānau?

   a. In what ways, and to what extent, is/are the child(ren) and their family or whānau experiencing positive change?

      i. What outcomes (changes) are experienced, in what circumstances and for whom?

      ii.How important are these outcomes (changes) to / how are they valued by:

      – Participating children

      – Participating parents and caregivers

      – Wider family and whānau

      – Barnardos and referral agencies?

      iii. How sustainable are these changes?

      – How long are the changes maintained?

      – What works, or would work, to support and maintain the changes?

   b. To what extent does the PMP contribute to these changes?

Appendix Two:

Evaluation criteria and rubrics

The four evaluation rubrics were developed in consultation with Barnardos (local and national management and staff) to address the key evaluation questions (these KEQs are listed in Appendix One, along with the related rubrics.) Rubrics were developed for the evaluation questions – those questions that require judgments of merit, worth, quality or value, e.g. 'How well is something happening". The other questions were research queries, that is, descriptive questions such as "How is something intended to happen", "What happened".

For each rubric, a set of criteria was identified in discussion with Barnardos. They are listed under 'What matters'. For each of these criteria, descriptors were developed for different levels of effectiveness – 'excellent', 'good', 'OK/needs work', 'not OK'. The evidence gathered in the evaluation was considered against these descriptors in order to make a judgement in answering the KEQs. The selection of the criteria and the development of the descriptors were informed by Barnardos and the evaluators' experience and knowledge of relevant literature.

The following presents each rubric and the criteria that were used to make judgements about how well the programme was working in terms of implementation, services being delivered, Tikanga Māori and the programme outcomes. For something to be assessed as excellent (working very well), it needs to meet each of the criteria (the bolded headings) and their descriptors listed in the corresponding box as well as those from the previous levels.

RUBRIC 01

Implementation

Core concept	This rubric is about the implementation (what happens in practice) of the *In-home Parent Mentor Programme* (the programme): KEQ 1b: How well is the programme being implemented?
What matters	Referral pathways and triage Programme and service linkages Leadership and staff capability Quality of programme systems and safety
What matters	**Descriptors**[18]

Excellent (working very well)
Must meet *all* criteria
	• **Referral pathways and triage:** The referral pathways, triage, prioritisation and communication processes for the programme work very well with *virtually all* families/whānau. ('Virtually all' means close to 100%, with only small numbers of reasonable exceptions). Working very well means:
	  • there are well-defined referral pathways to and from the programme
	  • the programme is clearly appropriate for the family or whānau situation
	  • a triage system is in place that enables the right response to the level of need (immediate vs. delayed response)
	  • there is clear communication with the family or whānau so they have clear expectations about the timeframe for inclusion on the programme, and the type of service that the programme will provide.
	• **Programme and service linkages:** Barnardos Whangarei has in place (as much as is possible within its control), linkages to ALL other programmes and services that will likely be needed to support the range of programme clients' challenges. Barnardos Whangarei has done all it can to ensure movement of clients between this programme and other programmes or services is based on a shared understanding between the programmes/services of the child and their whānau needs, is seamless, supported by excellent organisational systems and is undertaken in a manner that is client focused.
	• **Leadership and staff capability:** There is outstanding, proactive leadership supporting the programme. Leadership at the national level includes ensuring the programme is connected to, and aligned with Barnardos strategic direction and outcomes, and accountability and organisational systems. Leadership at the local level includes high quality advice and guidance provided by the Manager to the Parent Mentor, with a focus on the quality, safety and ongoing improvement of the programme. The particular skill set required to deliver the programme is well-defined. The Parent Mentor is well-trained, receives supervision, and feels well-supported in relation to the programme. There is clear guidance, training and support for how the programme may be implemented to respond to differing cultural needs of Māori, Pasifika and families from other ethnicities. Leaders manage resources to the best effect.
	• **Quality of programme processes and safety:** The programme's processes and procedures are comprehensive, outlining expected standards of practice within an explicit framework. The programme assessment and planning tools are user-friendly (for staff and clients) and record information to enable monitoring of changes for the parent and their child(ren) (outcomes reporting). The guidance, information and tools for the parent mentoring task enable flexibility to meet the differing needs of parents, families or whānau and the children, which optimises the potential for learning and change. Processes or systems are in place that successfully manage over-demand for the programme in a manner that ensures the wellbeing and safety of the children.

18 'Virtually all' = close to 100%, with only small numbers of reasonable exceptions; 'the vast majority' = usually about three-quarters or more; 'the majority' = most = more than half; 'at least some' = substantial numbers = not just a handful, but likely to be fewer than half; 'increasing numbers' = substantially more than previously; increases are practically, not just statistically, significant.

Good (working well)
Must meet all criteria for 'good' (and additional criteria under 'OK/ needs work')
	• **Referral pathways and triage:** The referral pathways, triage, prioritisation and communication processes work well with the *vast majority* (three-quarters or more) of families/whānau. Working well means:
	  • there are referral pathways to and from the programme
	  • the programme is appropriate for the family or whānau situation
	  • a triage system is in place that enables the right response to the level of need the *vast majority* of the time
	  • the vast majority of family or whānau understand the timeframe for inclusion on the programme, and the type of service that the programme will provide.
	• **Programme and service linkages:** Barnardos Whangarei has in place SOME linkages to other programmes and services that will likely be needed to support the range of programme clients' challenges. Movement of clients between the Parent Mentor programme and other programmes or services is based on a shared understanding between the programmes/services of the child and their whānau needs.
	• **Leadership and staff capability:** The local Manager manages the programme, including providing advice and guidance on the quality and safety of the programme. Staff are trained, can check-in with the Manager as needed, and feel supported in their work the *vast majority* of the time. The Parent Mentor and Manager discuss how the programme may be implemented to respond to differing cultural needs of Māori, Pasifika and families from other ethnicities. Resources are managed well.
	• **Quality of programme processes and safety:** The programme's processes and procedures are documented. The programme assessment and planning tools record useful information for the Parent Mentor and enable reporting on what has occurred (outputs reporting). The guidance, information and tools for the parent mentoring task enable *appropriate responses* to addressing the needs of parents, families/whānau and the children. Processes or systems are in place that mostly manage over-demand for the programme.

OK/needs work Must meet all criteria	• **Referral pathways and triage:** The referral pathways are in place. They need work to ensure that the families/whānau most in need are effectively triaged and prioritised. *Most* of the time (more than half), it is clear that the family or whānau is eligible (meets the criteria) to participate in the programme. Most families and whānau are informed about their timeframe for inclusion, and the type of service that the programme will provide. • **Programme and service linkages:** There are linkages with other programmes or services in place that respond to the immediate, obvious challenges for the child and their whānau. However better coordination and communication is needed between the programme and the range of people/agencies involved to better enable and well position the child and their whānau for the future. • **Leadership and staff capability:** There is a clear allocation of staff roles and responsibilities and a minimum level of training and supervision. Staff feel adequately supported to minimally fulfil their roles. Discussion and support for how the programme may respond to differing cultural needs is inconsistent and ad hoc. There are challenges managing demand for the programme which need to be addressed. • **Quality of programme processes and safety:** The programme's processes and procedures are mostly documented. The minimum processes (including confidentiality and safety protocols) are in place to support the safety of programme participants. Work with clients complies with core Barnardos policies which address relevant legislation (e.g. Vulnerable Children Act, 2014; Health and Safety Act 2016; Children, Young Persons and Their Families Act 1989; Privacy Act 1993). Staff who need to comply with these know about them.
Not OK (is not working well)	Any of the criteria for *OK/needs* work requirements is not met.

RUBRIC 02

Programme services

Core concept	This rubric is about the *services* being delivered: KEQ 1c: How well are the *In-home Parent Mentor Programme* services working in practice?
What matters	Mentoring • Engages and works with family or whānau *as* a 'family or whānau', to ensure children's wellbeing • Client-led and strengths-based • Responsive Home and parenting management strategies, and their application • Evidence-informed tools and approaches • Dose appropriate to need • Parent Mentor has expertise to tailor the application of the tools and approaches
What matters	**Descriptors**

Excellent (working very well)
Must meet *all* criteria
	• **Mentoring:** *Virtually all* (100%, with only small numbers of reasonable exceptions) of the programme participants, other people who work with or know the family or whānau, the Parent Mentor and Barnardos Whangarei Manager report that the mentoring undertaken:
	  • Engages and works with family or whānau *as* a 'family or whānau' to ensure children's wellbeing
	  – With Māori whānau, includes an understanding of Te Āo Māori and what is important (or not) to the whānau (and similarly for other cultures)
	  • Is client-led and strengths-based, for example:
	  – Is non-judgmental, respectful and caring, encouraging and positive, inspiring and motivational
	  – Involves walking alongside, and awhi of the family or whānau
	  – Recognises and affirms the household systems and processes, and adds value to what is already in place
	  • Responsive, that is:
	  – Responsive to family or whānau presenting needs, issues and dynamics (works with where the family or whānau is at)
	  – Responds to teachable moments rather than follows a script
	  – Uses resources and tools that are appropriate and fit for the family or whānau
	  – Includes the courageous conversations
	  – Is reflective and adaptive – constantly assessing what works (and doesn't) with the family or whānau.
	• **Home and parenting management strategies, and their application:** Evidence-informed tools and approaches are being successfully utilised and applied. The Parent Mentor is well able to adapt and use the tools and approaches in response to the range of family needs (including cultural and contextual). The Parent Mentor has the professional expertise to identify the best place to start with the family through filtering, prioritising and listening to client needs.

Good (working well)
Must meet all criteria for 'good' (and additional criteria under 'OK/ needs work')
	• **Mentoring:** Programme participants, other people who work with or know the family or whānau, the Parent Mentor and Barnardos Whangarei Manager report that the *vast majority* (three-quarters or more) of the mentoring is undertaken in at least two of the following three areas:
	  – Engages and works with family or whānau *as* a 'family or whānau' (with children's wellbeing at the centre)
	  – Is client-led and strengths-based
	  – Responsive
	• **Home and parenting management strategies, and their application:** Evidence-informed tools and approaches are being applied. The Parent Mentor is mostly able to adapt and use the tools and approaches in response to the range of family needs (including cultural and contextual). The dose of home and parenting management strategies is responsive to need.

OK/needs work Must meet all criteria	• **Mentoring:** Programme participants, other people who work with or know the family or whānau, the Parent Mentor and Barnardos Whangarei Manager report that the mentoring approach is less agile or fluid or in sync, for example, applied rigidly, lacks originality, and is not tailored or responsive to the presenting situation. The engagement by the family or whānau tapers off quickly. There is 'not much of' a relationship with the family or whānau. The mentor does not engage in courageous conversations with the family or whānau. • **Home and parenting management strategies, and their application:** The Parent Mentor is following a standard approach, which may or may not consider the range of family needs (including cultural and contextual). The tools and approaches used are 'tried and true' (may be dated) and applied in a standard manner, irrespective of the presenting situation. The dose of home and parenting management strategies is also standard, irrespective of need.
Not OK (is not working well)	Any of the criteria for *OK/needs work* requirements is not met. • **Mentoring:** The mentor ends ups 'doing' it for the whānau/family. The whānau/family is not empowered with the ability to do things for themselves.

RUBRIC 03

Tikanga Māori

Core concept	This rubric is about the Tikanga Māori aspects of the programme being delivered: KEQ 1d: How well does *In-home Parent Mentor Programme* work for incorporating Tikanga Māori?
What matters	• **Rangatiratanga** – whānau are determining the change/the way. Children are actively involved in programme activities. Whānau are standing strong. Whānau are being supported to make the necessary changes they determine • **Kawa and Tikanga** – kawa (protocols) and Tikanga (rituals) are affirmed and developed alongside the children and whānau to support a well-structured home life • **Awhi Mai/Awhi Atu** – children and whānau are supported (awhi) to grow and nurture one another in a supportive home environment where tasks are shared amongst all and work is done collectively to ensure the smooth running of the household • **Moemoeā/Ka Taea/Kia Āhei** – the programme supports the children and whānau see new possibilities. Children and whānau are motivated and inspired by the programme to make positive changes

What matters	Descriptors
Very good (working very well) Must meet *all* criteria	• **Rangatiratanga** – whānau are clearly determining the change/the way. Children are 100% actively involved in programme activities. Whānau have made many changes and are able to sustain them and seek further support when needed • **Kawa and Tikanga** – each whānau has kawa (protocols) and Tikanga (rituals) developed alongside the children and whānau to support a well-structured home life • **Awhi Mai/Awhi Atu** – children and whānau are clearly supported (awhi) to grow and nurture one another in a supportive home environment where tasks are shared amongst all and work is done collectively to ensure the smooth running of the household • **Moemoeā/Ka Taea/Kia Āhei** – the programme supports all whānau members to see new possibilities. There is a high level of enthusiasm for making and maintaining the changes experienced in the programme
Good (working well) Must meet all criteria for good (and additional criteria under OK/needs work)	• **Rangatiratanga** – whānau are clearly determining the change/the way. Most of the whānau members are actively involved in programme activities. Whānau have made some changes and know where to get support • **Kawa and Tikanga** – most whānau have kawa (protocols) and Tikanga (rituals) developed alongside the children and whānau to support a well-structured home life • **Awhi Mai/Awhi Atu** – children and whānau are clearly supported (awhi) to grow and nurture one another in a supportive home environment where tasks are shared amongst the majority of whānau members and work is done by most to ensure the smooth running of the household • **Moemoeā/Ka Taea/Kia Āhei** – the programme supports all whānau members to see new possibilities. There is some level of enthusiasm for making and maintaining the changes experienced in the programme
OK/needs work Must meet all criteria	• **Rangatiratanga** – whānau are involved in some way in deciding what changes happen. Some whānau members are involved in programme activities. Whānau have made some changes • **Kawa and Tikanga** – some whānau have kawa and Tikanga, however the home life needs further structure • **Awhi Mai/Awhi Atu** – children and whānau are clearly supported (awhi) to grow and nurture one another in a supportive home environment, however tasks are not shared and there are tensions around keeping the household running smoothly • **Moemoeā/Ka Taea/Kia Āhei** – the programme supports all whānau members to see new possibilities. However, there is no enthusiasm for making and maintaining the changes experienced in the programme
Not OK (is not working well)	Any of the criteria for *OK/needs work* requirements is not met. • **Tikanga Māori** – there is no evidence of any Tikanga Māori approaches being encouraged or implemented

RUBRIC 04

Outcomes

Core concept	This rubric is about programme outcomes: KEQ 2: How well is the PMP contributing to sustainable, positive outcomes for the child(ren) and their family or whānau?
What matters	• Positive experience and change occur for ALL programme participants (children and their family or whānau) • Changes are valued by children and their whānau or family, and other stakeholders • Changes are consistently maintained • Whānau will re-engage/seek support if needed • Change supports/leads to other positive outcomes
Level	**Descriptors**
Excellent (working very well) Must meet *all* criteria	• **Practical outcomes:** The *vast majority* (three-quarters or more) of charts and routines are in place AND being followed on a consistent basis for parents and children. Systems (routines, rosters) are highly evident, easily working (have become natural) and continued post-programme • **Changes in knowledge, behaviour and abilities:** The *vast majority* of whānau and family have a good level of knowledge about 'how to' care for a home, including how to adapt and respond to presenting situations. They are caring for their home, experience a sense of worth, pride and value about their home, and pass knowledge onto others. Parents are role-modelling good home management and boundaries. Children engage well with boundaries, communicate their needs and feeling appropriately, and demonstrate positive behavioural responses to the household routine the majority of the time. The programme has contributed to the family or whānau *ability to manage* their whānau, social, cultural and environmental influences
Good (working well) Must meet all criteria for 'good' (and additional criteria under 'OK/ needs work')	• **Practical outcomes:** The *majority* (more than half) of charts and routines are in place and mostly being followed by parents and children. Systems (routines, rosters) are evident, and working most (more than half) of the time, including post-programme • **Changes in knowledge, behaviour and abilities:** The *majority* of family and whānau have knowledge about 'how to' care for a home. They are mostly valuing and motivated to care for their home. Parents are role-modelling good home management and boundaries most of the time. Children mostly engage with boundaries, and demonstrate positive behavioural responses to the household routine the majority of the time. The programme has contributed to the family or whānau *recognising* the influence of whānau, social, cultural and environmental influences, and *how to seek help and support*
OK/needs work Must meet all criteria	• **Practical outcomes:** *Some* (less than half) charts and routines are in place AND being followed sometimes by parents and children. Some systems (routines, rosters) are evident and working some of the time • **Changes in knowledge, behaviour and abilities:** Family and whānau have some knowledge about 'how to' care for a home. Family and whānau are somewhat valuing and motivated to care for their home. Children's behaviour demonstrates they understand household boundaries and routines some of the time. The programme has contributed to the family or whānau recognising the influence of whānau, social, cultural and environmental influences • **Safety:** Based on observation, the Parent Mentor *confirms that the children are safe* in their home environment
Not OK (is not working well)	The *OK/needs work* requirements are not met.

Appendix Three:

PMP Programme logic and theory

Barnardos did not have a comprehensive programme logic model or an articulated programme theory, which is common to many small programmes. Part of the work of the evaluators was to 'uncover' what the organisational and worker understanding was of the programme and how it worked. This appendix describes both the process and results from the evaluation capability building work undertaken to develop a programme logic and theory for the PMP, in a way that could be used or replicated in the future. Some information provided in the main body of the report is repeated in this Appendix so it can act as a standalone document.

The purpose of developing a programme logic and theory was to addresses the question:

KEQ1a: How is the programme intended to work?

The research sub-questions[19] that were explored in order to answer KEQ1a include:

i. What is the key issue that the programme is intended to address – the problem definition?
ii. What group of children and whānau is the programme intended to support?
iii. What are the intended outcomes/expected changes for participants – children and their whānau?
iv. What is the 'theory' that underpins the programme and how does it intend to address the 'issue' and effect the desired outcomes? Is this based on evidence?
v. How is the programme intended to work with Māori whānau?

What is a programme theory?

A programme theory is an explicit theory or model of 'how' an intervention, such as a project, a programme, a strategy, an initiative or a policy, contributes to a chain of intermediate results and finally to the intended or observed outcomes.[20]. It often has two parts, describing:

1. An intended sequence of logical steps or processes that will occur in order for change to happen to bring about desired outcomes
2. The theory of how this change will come about.

Why is programme theory important?

From a funding and service provision perspective, identifying programme theory is particularly important for those programmes being funded by the Ministry of Social Development (MSD). A key element of MSD's Community Investment Strategy is building the evidence base for effective programmes and services.[21] Australia's Victoria Centre for Community Child Health[22] has found that effective community-based services for children and families have "clear theoretical frameworks that show how the services that are delivered achieve the desired outcomes"[emphasis added].[23]

19 Refer to Appendix One.
20 Funnell S.C, Rogers P. J. (2011). Purposeful Programme Theory – Effective Use of Theories of Change and Logic Models. Jossey-Bass, San Francisco, p.xix.
21 Ministry of Social Development. (2016). Investing in Services for Outcomes: Community Investment Strategy Update msd.govt.nz/documents/about-msd-and-our-work/work-programmes/community-investment-strategy/community-investment-strategy-update-2016.pdf. Accessed 27 September 2016.
22 The Centre undertakes research into early childhood development and behaviour, and translation of the research to inform public policy, service delivery and practice. rch.org.au/ccch
23 Centre for Community Child Health. (2007). Policy Brief No 6: Effective community-based services. The Royal Children's Hospital: Parkville, Victoria, Australia. (p.3).

From an evaluation perspective, it can be difficult to interpret evaluation findings without a programme theory.[24] A programme theory can assist with:

Contribution

- Determining whether it is PMP, or something else, or a combination of factors that are contributing to the outcomes experienced by participants
- Identifying what and how PMP specifically contributes to participant outcomes

The reasons that something works (or not)

- Identifying the elements of the programme that works well and less well
- Determining, where something does not work, whether this is about "implementation failure (not done right) or theory failure (done right but still did not work)".[25]

Identifying programme theory is also important if programmes or interventions are being considered for replication or scaling up and/or for dealing with complexity, both of which are applicable to PMP.

Developing a theory for programmes with very small budgets

For programmes with very small budgets, organisations with limited evaluation resources, and/or evaluations with limited budgets, developing a programme theory poses both a capability and capacity challenge.[26]

In response, a *provisional* programme theory has been developed about how PMP works to support and facilitate positive change in the child(ren) and their family and whānau who participate in PMP. It is *provisional* in the sense that it has yet to be fully informed by a comprehensive review of relevant literature and further discussed within Barnardos.

The provisional programme theory for PMP has been developed using a combination of inductive (ground-up) and deductive (fit with existing frameworks and literature) processes. The evaluators facilitated workshop sessions with local, regional and national Barnardos staff involved in the evaluation (hereon all referred to as the *evaluation team*). The information from these sessions was then located in relation to Barnardos existing outcomes thinking, and a small number of literature sources from MSD and Superu.

The results of this work are presented in relation to each of the KEQs they were addressing.

24 ibid footnote 20.
25 ibid footnote 24.
26 Addressing this challenge was part of the wider brief of this project and is discussed in the Lessons Learned report.

KEQ1ai: What is the key issue the PMP is intended to address?

The key issues the PMP is intended to address are parenting and/or home management issues that are contributing to concerns about the wellbeing, health, safety and behaviour of children and their participation in education.

Often the Parent Mentor is asked to work in homes that are chaotic, stressed, shambolic and sometimes dirty. The children are not regularly attending school and there are no or few routines (for example, getting up and going to school, mealtimes or bedtimes). There is no or minimal food, an absence or not enough basic home supplies (e.g. bedding, heating), cleanliness issues and chronic health problems. There are behavioural challenges, an absence of or difficulties putting in place boundaries, and a lack of quality time and engagement between the parents and their children.

The causes of these problems are varied, including stress associated with lack of employment and income, poverty, alcohol and drug abuse, domestic violence, relationship breakdown, death of a parent, sole parenting, isolation (not well connected with family and whānau or other community supports) and/or parents not having learnt parenting and home management skills.

KEQ1aii: Who is the PMP intended to support?

As already described, the target population for the programme is families and whānau where the children are at risk of being notified to Child, Youth and Family (CYF) or the families and whānau are involved with CYF.

MSD considers the PMP as "intensive support" for high-risk children. This places the programme in the second-highest level of MSD's funding triangle under the Vulnerable Children's Framework as illustrated in the following diagram.[27]

27 Ibid footnote 2. The highest level is children who are under statutory intervention and considered as at 'extreme risk' of poor outcomes.

KEQ1aiii: What are the intended outcomes (changes) for participants?

The following section briefly describes the programme processes, then provides a logic model stepping through the components needed to implement and deliver the programme, and immediate and wider outcomes for the PMP.

Logical steps in order for change to occur

The following picture shows the series of programme processes that occur to help facilitate change in parenting and/or home management. While depicted as a series of steps, several of these can happen at the same time within one visit, e.g. initial engagement and assessment or initial engagement, assessment, planning and implementation.

> *You see what needs to be done and just do it! This may be starting to fold the huge pile of washing on the couch with the mother while talking about what's going on and what she would like help with. Or getting stuck in with the parent to clear out the clutter in the house that has meant people have stopped coming to visit. Or going with one of the parents to WINZ to access financial support to purchase carpets to make the house warmer.*

The evaluation team developed a logic model to guide the focus of, and data collection for, the evaluation.

The development of the model again firstly engaged an inductive process, building up a picture of the outcomes observed by staff. The team then undertook a deductive process, retro-fitting the PMP outcomes with *Barnardos Māiatanga Assessment, Planning and Review Framework* to achieve outcomes for children. The subset of relevant outcomes is referred to as the Kāinga Ora (healthy, well-functioning, safe home) set of Māiatanga outcomes.[28]

The logic model in diagram seven below shows the:

1. Components required to successfully deliver the PMP – infrastructure, services and Tikanga Māori
2. Intended and observed immediate practical results for both caregivers (Kaitiaki Mokopuna) and children (Mokopuna)
3. Resulting intended and observed changes in knowledge, behaviour, abilities and wellbeing
4. Contribution of the PMP to a subset of Barnardos Māiatanga framework of outcomes – the Kāinga Ora set of Māiatanga outcomes
5. Contribution of the PMP to the wider Barnardos and MSD outcomes.

28 These two processes and the rationale for the fit of the PMP with a subset of Māiatanga outcomes is documented in the Powerpoint presentation, *Barnardos Outcomes and Logic Modelling – 5 May Discussion 2016* (internal Barnardos document).

Diagram 7_PMP logic model

Logic model for Barnardos Whangarei In-Home Parent Mentoring Programme (PMP)

A Barnardos programme contributing to Barnardos and MSD goals for vulnerable children

Programme	Programme outcomes		Barnado outcomes framework	Wider outcomes	
Delivery	**Immediate practical results**	**Resulting in changes in knowledge, behaviour, abilities and wellbeing**	**Contributing to the Kāinga Ora Māiatanga Outcomes framework**	**Barnardos outcome**	**MSD outcome for vulnerable children**
	Kaitiaki Mokopuna Outcomes				
Infrastructure • Programme linkages • Referral pathways and triage • Leadership and staff capability • Quality of programme systems & safety **Services** • Mentoring • Home and parenting management strategies	Practical parenting strategies in place Home management resources in place Improved or affirmed communication strategies with children Better setting of boundaries with children Quality, focused time with child/children Involvement in child's education	Rediscovered or improved sense of confidence, control, safety, empowerment, motivation and happiness Regained or reaffirmed coping strategies Improved positive role modelling Better engagement with needed social and health services	▶ Parenting factors: increased personal resilience, caregiver wellbeing Safety: known risk validated, unknown risk identified, less violence in home Basic care: routines and stability in place ▶ Relationship with child or young person: improved emotional interaction and connectedness Knowledge and parenting skills for developmental stage increased or affirmed ▶ Guidance and supervision: role modelling, boundaries, consequences and discipline strategies	Increasing resilience: More children are provided with the best start in life	Children are resilient, experience positive parenting and education outcomes.
	Mokopuna Ora Outcomes				
Tikanga Māori • Rangatiratanga • Kawa and Tikanga • Awhi Mai / Awhi Atu • Moemoeā/Ka Taea/Kia Āhei	Home routine and charts and visuals in place Consistent meal, school and sleep routines in place Attending school Any unattended chronic health issues addressed Experience quality play time and focus from parents	Knows and accepts the home 'rules' and boundaries Increased ability to communicate Increased ability to express emotions Increased sense of empowerment, happiness, self-responsibility, motivation and problem-solving	▶ Health: chronic issues addressed Learning and achieving: increased self-care and independence skills Education: better attendance and engagement ▶ Identity and culture: sense of identity, culture and beliefs		
Responsive and acceptable to Māori and Pacific children, young people and their families/whānau and those from other ethnicities					

The evaluation focused on the programme delivery components, the programme outcomes and the Kāinga Ora subset of Māiatanga outcomes.

KEQ1aiv: What is the theory that underpins the PMP? Is it based on evidence?

A logic model depicts the intended series of steps. It becomes a programme theory when an explanation is provided of *how* the sequence operates, that is, by articulating the theory of change underpinning why the sequence operates as it does.

Theories of change aim to describe "the central processes or drivers by which change occurs for individuals, groups or communities – for example, psychological processes, social processes, physical processes and economic processes".[29] A theory of change can draw on some larger social science theory or be developed for an individual programme (a local theory of change). Theory of change can be a hybrid of both local theory and social science theory.[30]

Provisional theory of change for PMP

As in the case of the PMP, it is not uncommon for theories of change to be operating without being clearly articulated.[31] In these circumstances it is a process of uncovering the "unstated, tacit understanding about how things work".[32]

The following is put forward as a provisional theory of change for consideration and further development. The support for these statements in the literature is then explored.

PMP is a 'non-clinical, non-therapeutic, non-statutory, relational, strengths-based intervention' that supports change to occur in four key ways:

Building adult capabilities to effect positive outcomes for children

1. By working with those present in the home on a daily basis, primarily the parents or caregivers, along with the children, in the belief that by building the parent and caregiver capabilities, this will effect positive outcomes for the children (and potentially for the wider family and whānau).

Through a strengths-based, relational approach

2. By establishing a positive, non-judgmental, supportive, strengths-based, partnership-based, caring and trusting, family and whānau-centric relationship that enables courageous, honest conversations.

Addressing basic, practical needs effecting immediate results

3. By addressing family and whānau needs through the provision of hands-on practical help in the home, using evidence-based tools and practices that produce immediate results, in turn creating confidence, hope and a way forward for the family and whānau to address other challenges in their lives.

As part of a wider system

4. By being part of a wider system of support for families and whānau, through Barnardos wraparound family and whānau services and relationships with other providers, to support the sustainability of, and contribute to other changes needed to ensure positive outcomes for children.

29 Ibid footnote 18.
30 Patton, M., Q. (2012). *Essentials of Utilisation-Focused Evaluation.* Sage: Thousand Oaks. (p.236).
31 Centre for Child and Family Policy Research. (2005). *Outcome/impact evaluation of Family Start*. Auckland UniServices Ltd. Report prepared for CSRE, MSD.
32 Ibid footnote 18.

When seeking to understand 'how change occurs' in a programme, two aspects are usually considered, namely:

1. How individual change occurs for the people the programme works with, in this case children and their family and whānau
2. How the programme intervenes to facilitate that change.

In addition, we have also asked how the PMP is intended to work for Māori whānau.

The following explores the evidence base – theories and aspects of effective community-based parenting services – to assist with considering the provisional theory of how the PMP effects and contributes to change.

How individual change occurs for children and their family and whānau

While the ultimate target of the PMP (and of Barnardos) is the wellbeing of the children, the programme primarily works with the parent or caregiver in order to benefit the child(ren). A theory supporting this approach is described in the next section on how PMP intervenes to facilitate change.

The PMP programme is neither 'social work' nor a 'therapeutic relationship'. However the concepts 'stages of change' and 'self-determination' in therapeutic models appear to have some relevance and are put forward for consideration. A brief description of stages of change theory is provided below, followed by the five stages of change and influences for parents identified by SKIP research. A brief description of self-determination theory is then provided.

Stages of change theory[33]

The stages of change theory, subsequently developed and renamed the trans-theoretical model[34], is a theory about the readiness of individuals to change behaviour. Such change is considered to be a complex process that goes through a sequence of stages as follows:

1. Pre-contemplation – not intending to take action in the foreseeable future
2. Contemplation – intending to make change in the near (specified) future
3. Preparation – intending to make change in the immediate future
4. Action – specific and overt changes in lifestyle over the past six months
5. Maintenance – working to prevent relapse and growing confidence in changed behaviour
6. Termination – conviction that there will not be a return to old habits as a way of coping.[35]

33 Summary from a literature review undertaken by Rae Torrie (2014).
34 Prochaska, J. O., and DiClemente, C. C. (1983). "Stages and Processes of Self-Change of Smoking: Towards an Integrative Model of Change." *Journal of Consulting and Clinical Psychology*, 51(3), pp 390-395. Quoted in Funnell S.C, Rogers P. J. (2011). *Purposeful Programme Theory – Effective Use of Theories of Change and Logic Models*. Jossey-Bass, San Francisco, p.320, 326-332.
35 Ibid., p.326.

SKIP Stages of change for parents[36]

From research undertaken on the SKIP initiative, five stages of change for parents are described as follows:

1. Unaware – taking parenting for granted, reacting instinctively, repeating own experiences, may see no reason to change
2. Becoming aware – could start with a trigger, begin to realise change is possible
3. Ready to change – recognising own patterns and parenting style, open to change and want ideas
4. Taking action – are making positive changes, recognising what makes a difference, working towards goals, assessing what they are doing
5. Maintaining change – automatically using new thinking and ideas.

SKIP – Influences on parents[37]

Research by SKIP identified five actions important to influencing parents and caregivers:

- Target the whole family, not just the parents
- Provide options and strategies, rather than definitive solutions
- Provide information AND skills and support, not just information
- Provide follow-up support and reinforcement, not just one-off events
- Ensure cultural appropriateness.

Self-determination theory[38]

Self-determination theory (Ryan and Deci, 2000)[39] identifies three 'needs' essential for facilitating optimal growth and integration, constructive social development and wellbeing, namely: the needs for competence, relatedness and autonomy.[40] In psychology, self-determination in the therapy process refers to the client as driving their own 'healing process' and treatment being tailored to their needs.[41] Duncan and Miller (2000) argue that research is clear that the client is the single, most important contributor to psychotherapeutic outcomes (despite a focus on models and techniques in the psychotherapeutic literature which accounts for only 15% of outcome variance in psychotherapy results, p.170-173). Duncan and Miller argue that the client's models, their ideas about what their problems are and ideas about fixing them, their resources, and the things that influence their lives, are critical contributors to change. Similarly Prochaska et al argue (1994) that "all change is self-change, and that therapy is simply professionally coached self-change".[42]

36 SKIP – The five stages of change. community.skip.org.nz/how-skip-works/the-research/the-five-stages-of-change.html. Accessed 27 September 2016.

37 SKIP – Research on working with parents. community.skip.org.nz/how-skip-works/the-research/research-on-working-with-parents.html. Accessed 27 September 2016.

38 Summary from a literature review undertaken by Rae Torrie (2014).

39 Ryan, R. and E. Deci (2000). "Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being". *American Psychologist*. 55 (1) 68-78. Referenced in Peace, R. (2009). *A framework for identifying, commissioning, and implementing strengths-based research in the context of a Māori Potential Approach*. Draft discussion paper for Te Puni Kōkiri. Unpublished, pp.23-24.

40 Ibid., p.68.

41 Wong, Y. J. (2006). "Strength-Centered Therapy: A Social Constructionist, Virtues-Based Psychotherapy". *Psychotherapy: Research, Practice, Training*. Vol. 43, No. 2, 133-146. Referenced in Peace, R. (2009). *A framework for identifying, commissioning, and implementing strengths-based research in the context of a Māori Potential Approach*. Draft discussion paper for Te Puni Kōkiri. Unpublished, p.24.

42 Quoted widely in social work and counseling literature. Originally from Prochaska, J.O., Norcross, J.C. & DiClemente, C.C. (1994). Changing for Good. New York: Morrow, p.17.

How the programme intervenes to facilitate that change

Two theories and research regarding effective services are put forward for consideration about how the PMP intervenes to facilitate change: a theory of change regarding building adult capabilities to benefit children, strengths-based theories, and factors key to successfully engaging with families.

Building adult capabilities in order to benefit children

The purpose of the PMP programme is to promote child wellbeing by facilitating a stronger, more stable family environment.[43] While the ultimate target of the programme (and of Barnardos) is the children, the PMP primarily works with the parent or caregiver in order to benefit the child(ren).

This approach is supported by a theory of change that the capabilities of parents need to be strengthened for children to do well, as illustrated in the following video from the *Center on the Developing Child* at Harvard University. This theory posits that the capabilities of the adults important in children's lives (such as parents, caregivers and child centre workers) need to be built and strengthened, along with the home environment. It also states that improving adult capabilities needs to occur via active skill building (coaching, training, and active practice), NOT through the provision of information and advice (as noted earlier in the list of SKIP's five parental influences).[44]

Use this link to see the video: developingchild.harvard.edu/resources/building-adult-capabilities-to-improve-child-outcomes-a-theory-of-change/

43 From Barnardos *In-Home Parent Mentor Programme: Business Case* (date) and Barnardos PMP promotional pamphlet.

44 It also outlines that community resources, programmes and their staff, and policies need to be focused on removing toxic sources of stress and strengthening parents' abilities to provide for their children.

Strengths-based theories[45]

Like many NGOs, Barnardos is strongly strengths-based in its approach in all of its programmes. A strength-based approach to human development provides an alternative to deficit-model thinking in the delivery of social services. Deficit-based policies and programmes in relation to people aim to 'fix' something that is wrong or not working and tend to put a focus on the problem at the centre. A strengths-based approach puts the person – in Barnardos case, the child/ren and their whānau – at the centre.

A strength-based approach is a perspective that assumes that people are active participants in the helping process (empowerment), that all people have strengths, often untapped or unrecognized, that strengths foster motivation for growth, and that strengths are both internal and environmental. Strengths include talents, skills, knowledge, interests, dreams/hopes/goals, creativity, passion, connections etc.[46]

Martin Seligman is closely associated with the development of strengths-based approaches in psychology through the field of positive psychology.[47] Although there is no single, cohesive definition of a strength-based approach across disciplines, there is a great deal of research and evidence that supports its positive orientation including in social work, mental health, and indigenous literature, in addition to psychology. All strengths–based approaches "tend to focus on 'what works' in the context of pre-existing resiliencies, individual and collective strengths, well functioning relationships, and robust networks and capacities".[48]

In Aotearoa/New Zealand, the important contribution of strength-based theories to a social work profession 'saturated with a pathologised, treatment-oriented, medical approach' was "the premise that individuals and communities have inherent capacities for restoration, growth and change" (2008, p.358.). A strengths-based approach focused attention on identifying, harnessing and maximising resources and supports in personal and family networks and support systems through a fundamental reliance on strong, positive and engaged relationships, clients being the experts and authors of their changes, and practitioner and client working in collaboration and partnership to a shared agenda (2010, pp.35-48).

Factors key to successfully engaging with vulnerable and marginalised families and whānau

Australia's Victoria Centre for Community Child Health highlights that "there is a growing consensus that rather than thinking about certain families being hard to reach, it is more useful to think of them as being people whom services find difficult to engage and retain" (p.1). They go on to further highlight that "the success of interventions is determined as much by the *way* in which they are delivered as by *what* is delivered".[49]

45 Based on a literature review undertaken by Rae Torrie (2014).
46 Wayne Francis Charitable Trust (Youth Advisory Group 2011). *Positive Youth Development in Aotearoa. "Weaving connections – Tuhonohono rangatahi"*, wfct.org.nz p.18.
47 Positive psychology grew out of, and in response to, Seligman's development of the theory of 'learned helplessness'.
48 Peace, R. (2009). *A framework for identifying, commissioning, and implementing strengths-based research in the context of a Māori Potential Approach*. Draft discussion paper for Te Puni Kōkiri. Unpublished, p.21.
49 Centre for Community Child Health. (2010). Policy *Brief No 18: Engaging Marginalised and Vulnerable Families*. The Royal Children's Hospital: Parkville, Victoria, Australia. p.3.

They identify the following six *essential* factors for effective engagement of vulnerable parents by mainstream services. They note these "function in an all-or-nothing manner and are the preconditions for successful service delivery":[50]

- Quality of relationships between the parent and service provider (that is positive, non-judgmental and partnership-based relationships with parents and children)
- Establishing shared decision-making
- Cultural awareness and sensitivity
- Non-stigmatising interventions and settings
- Minimising the practical or structural barriers to accessing services
- Providing crisis help prior to other interventions.

They also note that services need to be family-centred, that is to say:

- Acknowledge and build on families' strengths and competencies
- Respond to family needs and priorities
- Give families greater control over what happens to them and what resources they need.

"Vulnerable families are particularly appreciative of and more likely to engage with services that recognise their basic needs and offer various forms of practical help".[51]

They also identify six *additional* factors that are also relevant to the PMP and related Barnardos services:

- Provision of a range of evidence-based parenting programmes and high quality early childhood programmes
- Provision of multiple opportunities for families to meet others and build their own support networks
- Provision of assertive outreach and support to families not yet connected to services
- Having a variety of entry points to the service
- Strong reciprocal links with other relevant services
- A suitable, non-stigmatising, comfortable and convenient location, that provides refreshments.

50 Ibid footnote 41.
51 Ibid footnote 42.

KEQ1av: How is the PMP intended to work with Māori whānau?

To assist with developing a PMP theory of change regarding working with Māori whānau, the following section provides a description of effective parenting programmes with Māori whānau from Superu's *What Works* series.[52] The document highlighted that effective kaupapa Māori and culturally adapted programmes (the latter being those programmes "derived from generic programme theory which is then adapted to match the cultural context in which it is delivered"[53]) include the following practices:

- Whānau-centred
- Skilled Māori facilitators, navigators, role models
- A focus on strengths
- Whānau planning and capability
- A focus on wellbeing
- Advocacy on behalf of whānau
- Home visits
- Social and community support for parents.

The publication further highlighted that:

- It is important that Māori validate the responsiveness of [culturally adapted programmes].
- Kaupapa Māori and culturally adapted parenting programmes validate Māori values and practices inclusive of Tikanga and te reo Māori.
- They help build transformative practices within the whānau and community by strengthening cultural identity and growing knowledge of traditional community practices.
- Programmes using Māori facilitators known and respected in their communities meant whānau were not 'hard to reach'.

Superu also noted that a major theme in kaupapa Māori literature is that "Māori children are members of whānau, hapū and iwi. The responsibility for their upbringing extends beyond the immediate family, fostering the child's sense of belonging and identity. The Māori Affairs Select Committee enquiry [2013] into the wellbeing of the tamariki Māori found that:

- the wellbeing of tamariki Māori is inextricable from that of their whānau
- acknowledging a Māori child's collective identity recognises a whānau-centred approach to their wellbeing
- collaboration and partnership between whānau, hapū and iwi, government and other stakeholders is central to empowering relationships for delivering effective service with whānau".[54]

52 Superu. (2015). What Works: Parenting programmes effective with whānau.
53 Ibid footnote 44.
54 Ibid footnote 44.

Social Policy Evaluation and Research Unit

superu

Families Commission Kōmihana ā Whānau

The Families Commission operates under the name Social Policy Evaluation and Research Unit (Superu)