

Together alone

A review of joined-up
social services

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February 2022



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Note: This paper is intended to promote informed debate about collaborative social services initiatives and to inform the Productivity Commission’s inquiry into reducing persistent disadvantage. More information and research for this inquiry is available at: www.productivity.govt.nz/inquiries/a-fair-chance-for-all/

How to cite this document: Fry, J. (2022). Together alone: A review of joined-up social services. Available from www.productivity.govt.nz/inquiries/a-fair-chance-for-all/

Date: February 2022

ISSN: 978-1-98-851978-4 (online)

Acknowledgements: The author thanks all interviewees for their time and perspectives that informed this paper. Thanks to Productivity Commission staff Ron Crawford, Geoff Lewis, Geoff Simmons and Jo Smith, and also to Rienk Asscher and Peter Wilson, for helpful discussions and comments.

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1. Overarching themes and lessons

This section draws together some overarching themes and lessons from both the main report and the material in the Appendix.

Collaborative initiatives are a part of the solution to persistent disadvantage.

Collaborative social service delivery initiatives can have important advantages over standard, single-agency approaches when it comes to helping people facing multiple systemic barriers to reaching their aspirations.

Internationally, these initiatives operate on a spectrum that ranges from efforts to increase coordination across agencies to reduce duplication and identify gaps, to cooperating to provide integrated solutions to problems faced by particular target populations, to mature collective impact initiatives with devolved funding and shared impact measurement.

Although they have many advantages, collaborative initiatives are only part of the answer to addressing persistent disadvantage in Aotearoa. Enduring solutions will require underlying causes, including colonisation, historic and current racism and power structures, patriarchy, and ableism, which are deeply embedded in New Zealand today, to be addressed. Effective conventional services, including early intervention and prevention strategies are also needed.

Different types of collaborative models are operating in Aotearoa.

A range of different collaborative models currently operate in the New Zealand social services sector.

These initiatives are not easily categorised. They sometimes include elements of coordination, cooperation and/or collective impact approaches, or lack key components of the model most closely aligned with their activities.

Compared to standard models, cooperation and collective impact-type initiatives may involve more complex and consultative commissioning, contracting and delivery arrangements, with multiple, evolving services delivered by a wider range of providers for longer periods to wider groups of recipients that can include family, whānau and aiga as well as individuals.

There have been some successes...

Recipients of collaborative services generally view them very positively. People appreciate being able to access flexible, holistic services that are whānau-centred, strengths-based, and culturally anchored, and meet them where they are. They welcome opportunities to build capability based on proven approaches, and being the architects of their own solutions.

Some proven successes, including the Whāngaia Ngā Pā Harakeke family violence programme (Appendix A.3.1.3), and Te Ara Oranga, an integrated methamphetamine harm reduction pilot (Appendix A.3.3), are being scaled up and introduced in other locations.

...including some operating outside of government.

I Have a Dream NZ (Appendix A.5.3) successfully adapted a programme from the United States to local circumstances, and made a dramatic difference to university attendance rates for its initial

cohort. Once available, the results of their experiments with scaling up and reducing resource investment per child could inform other programmes grappling with how to balance programme fidelity, achieving therapeutic effects and resource constraints.

The Inner City East/Linwood Revitalisation Project (Appendix A.5.4) illustrates both the opportunities and challenges experienced by community-led programmes. Both the Auckland City Mission (Appendix A.5.1) and South Seas Health Care Trust (Appendix A.5.2) demonstrate the value of co-located service delivery for people experiencing persistent disadvantage, and the flexibility that trusted providers can leverage quickly in a crisis.

Government agencies are coordinating better...

Government agencies are finding better ways to coordinate among themselves. It is too early to determine the effectiveness of Te Ao Mārama (Appendix A.4.1), the Debt to Government initiative (Appendix A.4.2) or Regional Commissioners (Appendix A.4.3). In their intent and style they reflect successful elements from earlier coordination approaches, but stakeholders have concerns about whether they will be able to contribute to systems change without dedicated budgets and decision-making authority beyond that available to their constituent contributors.

...sometimes in response to crisis.

Crises have provided an effective impetus for successful cross-agency working in a number of areas. However, the Covid-19 pandemic has also vividly illustrated the strong tendency for agencies to "snap back" to business as usual once the worst is perceived to be over.

There are barriers to the successful operation of collaborative initiatives.

Despite evident progress, there are a number of barriers to the effective operation of collaborative initiatives, including at the systems level.

Identifying and reaching people experiencing persistent disadvantage can be challenging...

Identifying and reaching people experiencing persistent disadvantage is not easy. Many of these people have had negative previous experiences with central government agencies and do not trust them as a result. While it is possible to identify segments of the population with high risk factors in the StatsNZ Integrated Data Infrastructure (IDI), it is much harder to quantify unmet need, and anonymised IDI data cannot be used to make contact with specific individuals, families, whānau or aiga who need services.

...and collaborative initiatives are not well-supported.

There is an overall lack of government agency understanding, capability and appetite for collective action, which is reflected in a lack of willingness to support collaborative initiatives and change systems, policies and practices in response to problems and issues they identify.

As the most recent review of Whānau Ora noted (see Appendix A.1), this can lead to both a lack of high-level sponsorship, and a tendency to leave collaborative providers to take care of operational activities that are the core responsibilities of individual agencies.

Greater devolution of funding and decision-making, and stronger incentives to share and take up best practice are required if collaborative initiatives are to realise their potential. Roles and responsibilities across and between agencies need to be clarified and delivery expectations for individual agencies need to be enforced.

There are gaps in Government funding...

Effective collaborative initiatives rely on having trusted relationships, clear shared objectives, robust data, monitoring, evaluation and dissemination protocols, and strong governance arrangements in place at the outset. There may be value in providing seed funding to help establish these core elements for new collaborative initiatives.

Once collaborative initiatives are established, Government funding is often too short-term and fails to cover the full costs of all the components these initiatives need for ongoing operations.

Inadequate funding undermines the effective functioning of collaborative initiatives. It damages relationships, limits workforce capacity and capability, delays or prevents service delivery, and makes it harder for initiatives to determine what is and is not working, communicate that to other agencies, and contribute to systems change. Initiatives sometimes respond to funding shortfalls by diverting money intended for monitoring, evaluation and dissemination to core delivery functions.

Collaborative initiatives need to be supported by adequate, ring-fenced funding commensurate with their goals. Without this, they are being set up to fail vulnerable individuals, families, whānau and aiga.

...and workforce capacity and capability constraints.

Workforce capacity and capability can be significant constraints. Some result from funding gaps. However, collaborative delivery models can also require staff with different or specialised skills, which may not be readily obtainable.

Fixing this will take time and require cross-government efforts in partnership with the education and training system, communities, and the private sector. The ability to address shortfalls through migration is likely to be limited, given the importance of having a workforce that can identify with and support Māori and Pacific clients.

Rapid turnover of staff, especially in delivery roles, occurs for a variety of reasons, including by design (e.g., the NZ Police rotates staff every two years), due to a lack of capacity, and as staff seek better pay and conditions or burn out. This negatively impacts the continuity of relationships and trust, and the safety and effectiveness of service provision.

Providing more appropriate services can bring unmet demand to light...

Attempts to work across silos may also be frustrated by the increasing demand that surfaces when services that better reflect the needs and preferences of recipients are provided. Sometimes service providers respond to increased demand by trying to set clearer service boundaries, by diluting service intensity, which can impact programme fidelity and effectiveness, or by diverting funding intended for other activities to service delivery. Most service recipients would prefer that providers respond by increasing capacity.

Service gaps can also constrain the effectiveness of collaborative initiatives. For example, stakeholders in the disability sector welcomed the greater choice and control provided by the Mana Whaikaha navigation service (see Appendix A.3.2), but noted navigators were unable to refer people on to much-needed help including respite care and mental health support, due to a lack of available services.

...which, if not resourced, can lead to serious safety issues for clients and staff.

In some cases, overwhelming demand leads providers to focus on crisis management rather than capacity building. At times, navigators can end up dealing with issues that are outside their expertise that should be managed by specialist clinicians or social workers. This, along with capacity shortfalls, can create serious safety issues for both clients and staff.

Accountability is an ongoing challenge.

When it comes to accountability, the right balance has not yet been found. Existing funding and accountability mechanisms are designed to support siloed delivery and do not serve collaborative initiatives well.

Many collaborative initiatives face excessive scrutiny. At the same time, alongside a small number of best practice evaluations, there are also examples of over-resourced assessments that fail to get to the heart of the matter: does this particular intervention help people experiencing persistent disadvantage to improve their lives?

When assessing the impact of collaborative services, it is important to distinguish between people feeling better because they are listened to, understood and treated with respect, and because they have been able to access the services they need to build the capability that will ultimately make their lives better. These are two different things, and both are necessary.

Many conventional services fail to address persistent disadvantage because they focus on individuals rather than whānau, target deficits instead of strengths, have rigid eligibility rules and ignore cultural context. Effective collaborative initiatives demonstrate impact both through correcting for these shortcomings and using proven intervention logic and specialist clinical expertise to build individual, family, whānau and aiga capability.

What is needed is a fundamental change of culture and mindset, from a situation where “collective accountability means no accountability” to one where accountability for collaborative delivery is meaningfully shared by all agencies involved. This is much easier said than done.

Monitoring and evaluation needs to be more consistent and rigorous...

Collaborative initiatives may be highly scrutinised, but many are poorly monitored and evaluated. Best practice evaluation approaches have been used to demonstrate the effectiveness of some collaborative initiatives, but these have not yet been widely shared or used as exemplars. This is a missed opportunity.

Both conventional and collaborative initiatives designed to reduce persistent disadvantage can involve long lead times between intervening and seeing results. Initiatives that involve individuals and sometimes also family, whānau and aiga receiving an integrated package of evolving, joined-up services delivered by many different providers are more complex to assess. Getting robust

information on impacts has proved difficult, and for some services, different approaches to assessing service effectiveness, such as measuring the quality of relationships, and new ways of sharing best practice, are needed.

Overall, a more consistent, rigorous approach to both “real time” monitoring and longer-term evaluation of collaborative initiatives is required. As noted earlier, adequate long-term funding for data collection, monitoring and evaluation, and dissemination needs to be provided, and it should be ring-fenced in order to prevent initiatives diverting resourcing to service delivery, particularly where there is unmet need.

There is a tendency to focus on evaluating “things that are known to work”, partly because evaluation costs are high and skilled evaluators are in short supply, but also because of a widespread perception that experiments that fail are problematic, rather than opportunities to learn. At the same time, many innovative shared service providers feel they are held to higher standards than ineffective single-agency initiatives, which are rarely subject to robust monitoring or evaluation, and as a result, do not get modified or shut down when they fail to deliver results.

...better ways of feeding results back to the centre are needed...

Collaborative initiatives are using a variety of methods to feed the insights they have obtained back to other government agencies. Some, such as the South Auckland Social Wellbeing Board (see Appendix A.2.3), provide detailed learning reports. Attempts to systematise and anonymise data collection are underway, including at Manaaki Tairāwhiti (see Appendix A.2.2), but many collaborative initiatives still rely on case studies and site visits to demonstrate “what it is that we do here” to people working in other parts of the system. Many collaborative initiatives need better ways of feeding what has been learned back to agencies.

...and more needs to be done to ensure lessons are taken on board.

Despite some successes, and considerable ongoing effort, government is not yet set up to work the way people need it to when it comes to addressing persistent disadvantage. Current funding and accountability arrangements do not incentivise government agencies to work well across silos, or to take on board the lessons that are brought to them by collaborative initiatives.

Collaborative initiatives have identified multiple problems that require systems-level solutions. However, instead of systems changing in response, it is common for people on the ground to “bend the rules” or “find a way around things”.

While it may also reflect the relatively early stage of development of some types of collaborative initiatives, which typically only start to see systems changes occurring as they mature, the need to bend the rules to make things work is a clear sign of poor system design.

Systems-level change is not yet occurring.

Although it is common for collaborative initiatives to say they want to drive systems change, examples of systems-level responses to the issues they identify are rare, and those that exist mostly occur at the local or regional level.

As the Productivity Commission made clear in the *More effective social services* inquiry, improvements in service delivery come from assessing and improving the status quo as well as from

focusing on the effectiveness of new initiatives. Notwithstanding the clear need to improve monitoring and evaluation across the board, a more proportionate emphasis is warranted. Conventional services can receive billions of dollars in funding while facing considerably less scrutiny than collaborative initiatives such as Whānau Ora, which, including Covid-19 related funding, will receive \$173 million in 2021/22. Most collaborative initiatives receive significantly less than this – the government’s two Place-Based Initiatives (PBIs) have budgets in the single digit millions, and several coordination initiatives are funded from within baselines.

Achieving systems-level changes is hard. Agreeing on shared objectives and the scope of collaborative services is not easy, and there are differing views on what systems-level changes should entail. Both how funding is allocated across agencies and how appropriation and accountability requirements work make cross-agency working difficult. More flexible commissioning models can help partners to provide more tailored, appropriate, responsive services, but they do not fix everything (as one stakeholder commented, “Whānau Ora is still the government”) and specialist commissioning expertise is in short supply.

Many collaborative initiatives are still developing the shared data systems and monitoring and evaluation frameworks they need to determine what is and is not working. Ongoing learning and evolving “best practice” are core features of operating in this space, and it is important that government agencies remain open to this fluidity, rather than seeking to lock in best practice at a particular point in time and militating against further learning.

Ultimately, more devolved funding and decision rights will be needed to improve the effectiveness of social services and drive change at the systems level.

There are things government can do to help collaborative initiatives reach their potential.

When it comes to increasing the potential to generate positive outcomes from collaborative initiatives to address persistent disadvantage, there are several important roles for government. These include:

- fundamentally devolving resourcing and decision rights to support the intent of collaborative initiatives, improve the effectiveness of social services, and ensure systems-level change;
- setting standards and establishing data protocols;
- encouraging robust and honest feedback;
- providing expertise and systems for data collection, analysis, monitoring and evaluation;
- providing adequate seed funding during the set up phase and ensuring appropriate levels of stable, long-term resourcing for commissioning, service delivery, assessment, governance and dissemination functions once collaborative initiatives are established;
- responding to identified gaps by providing sufficient services to meet needs;
- receiving, collating and packaging, sharing and helping to embed best practice approaches, including through providing an accessible repository of “what works”;
- promoting greater understanding of the roles and responsibilities of collaborative initiatives, and ensuring government agencies meet their service obligations;
- developing workforce strategies backed by action plans designed to build capacity and capability in different disciplines and roles over the medium term; and
- demonstrating a genuine willingness to learn from both success and failure. This could include providing additional resourcing to invest in the infrastructure needed to determine

the effectiveness of collaborative approaches, and exploring ways to protect and hand over trusted relationships when initiatives are found to be unsuccessful and need to be discontinued.

Identifying better ways to commission, develop, support, assess and learn from collaborative approaches should be a priority for the Productivity Commission's *A fair chance for all* inquiry.

2. Introduction

This report reviews the evidence around collaborative initiatives intended to reduce persistent disadvantage in Aotearoa New Zealand.

It updates the findings of the Productivity Commission's 2015 *More effective social services* inquiry as it relates to collaborative initiatives, and is intended to provide background information for the Commission's *A fair chance for all* inquiry.

The report begins with a high-level assessment of overarching themes and lessons followed by a discussion of the context within which this work has been undertaken. It briefly discusses terminology and targeting and explains what is meant by collaborative initiatives. It then introduces Amartya Sen's capability approach, an analytical framework that can be used to assess whether collaborative initiatives have been successful at addressing persistent disadvantage, and describes the conditions the Productivity Commission considers necessary for systems change to occur in response to collaborative initiatives. The report provides an overview assessment of whether a broad range of collaborative initiatives have met their objectives in Aotearoa. It summarises critical success factors and enablers and systems barriers, and explores the potential to scale and transfer collaborative models before concluding. The evidence used to reach the conclusions in the main report is summarised in the Appendix.

The initiatives examined include flagship government programmes such as Whānau Ora and the Government's PBIs; other government-led initiatives with completed evaluations; new cross-sector initiatives; and some examples of shared service models that operate outside government (although they may receive funding from central and/or local government).

This report is not intended to provide a comprehensive assessment of a very large area. Rather, the aim is to examine a broad range of initiatives, and to identify common themes, critical success factors and enablers, and systems barriers in order to draw out lessons that will help guide the work of the fair chance inquiry.

3. Context

The Productivity Commission's *A fair chance for all* inquiry aims to generate new insights and policy recommendations that will help people in Aotearoa facing multiple systemic barriers to reaching their aspirations. Breaking the cycle of persistent disadvantage has the potential to contribute to higher productivity, economic performance and wellbeing.

As part of the inquiry, the Commission needs to understand more about what works and doesn't work to help people move out of persistent disadvantage, and, therefore, whether there are things the Government can change to improve outcomes. A clear understanding of existing initiatives and gaps has shaped the Terms of Reference and will help identify priority areas for further research and engagement during the course of the inquiry.

This paper suggests that collaborative initiatives can be part of the answer.

Enduring solutions to persistent disadvantage will also require underlying causes, including colonisation, historic and current racism and power structures, patriarchy, and ableism, which are deeply embedded in Aotearoa today, to be addressed. Effective early intervention and prevention strategies will also be needed.

3.1 Terminology

The Productivity Commission uses “**the social services system**” or “**the system**” as convenient shorthand to describe how different government agencies commission and fund thousands of different providers to deliver thousands of different social services – including health care, social care, education and training, employment services and community services – to New Zealanders at various different times throughout their lives (Productivity Commission, 2015a, p. 1).

Funding models reflect decisions about amounts and levels of entitlements, how flexibly these can be used (including how much risk is permitted), and various requirements for demonstrating accountability for public money.

Operating models reflect decisions about the way in which public services and supports are delivered (e.g., by the public, private or not-for-profit sectors; one-at-a-time or with other services; to individuals or wider groups).

When people talk about **systems barriers** or wanting to achieve **systems change**, they generally perceive there to be issues with either the system's operating models, funding models, or both.

Commissioning is the process of assessing and identifying people's needs and then developing policies and services that will meet those needs. **Contracting** involves developing legally binding agreements to produce services. **Delivery** refers to how services are provided and **providers** are organisations that deliver services.

The people who receive these services may describe themselves variously as members of **family**, **whānau** or **aiga**, and depending on context these groups may include people living inside or outside the household.¹

Performance management and **accountability** refer to the processes by which Parliament is assured public funds are spent on agreed outputs or services, used efficiently (not wasted), and, ideally, produce the desired results. **Monitoring** involves frequent “real time” assessments of whether delivery is on track. It informs day-to-day decision-making and enables services to modify their approaches to ensure they are working. **Evaluation** provides a longer-term judgement of effectiveness. It may focus on inputs such as systems and processes, results such as outputs or outcomes, or the quality of stakeholder relationships.

The **traditional** (sometimes called **conventional** or **siloe**d) approach refers to New Zealand’s dominant public sector operating model. This is embodied in the Public Finance Act 1989 and Public Service Act 2020. It emphasises having clear objectives and lines of responsibility through functional specialisation and vertical budgeting and accountabilities, from service providers through departmental hierarchies to ministers and ultimately Parliament. The performance management framework is based on the outputs that are provided being clearly measurable and able to be specified in advance (notwithstanding the 2013 shift to greater a focus on results and outcomes, and the introduction of multi-category appropriations).

3.2 Previous Productivity Commission work

Recognition that current service delivery is often suboptimal for some people experiencing persistent disadvantage is longstanding. The Productivity Commission’s *More effective social services* inquiry, which released its final report in 2015, noted:

Social services are funded and delivered by administrative silos – separate agencies for health, education, justice, etc... Despite some shortcomings, silos are an effective way of managing specialist services, with strong vertical accountability back to Parliament... These same features mean that the system too often performs poorly for those in society with complex needs that span across silos... For these people, accessing the services they need, in the form that they want, and when they want, can be extremely difficult and frustrating... too often these needs go unmet, opportunities for early intervention are missed and disadvantage endures (Productivity Commission, 2015a, pp. 1-2).

A lack of effective collaboration can have very high costs for the people concerned, their families, whānau and aiga, and wider society. It can also mean higher costs for taxpayers. Without effective service delivery, people often re-enter the system later and need more expensive interventions, such as those provided by hospital emergency departments and prisons (Productivity Commission, 2015a, p. 2).

In the *More effective social services* inquiry, the Productivity Commission noted that people with complex needs and low capacity to navigate the system might need both help with navigation and customised services. It also made a number of recommendations aimed at building a learning system

¹ The use of the word whānau throughout this report does not indicate any specific characterisation of “family” or particular ethnic group. Although many whānau are Māori, not all are: whānau are defined by whānau themselves.

capable of delivering well-integrated services, tailored to the needs of individual clients and their families.²

This dual focus on improving both the experience of people experiencing persistent disadvantage, and the overall social services system is echoed in the current report.

3.3 What are collaborative initiatives?

Collaborative approaches to social service delivery are becoming increasingly prevalent internationally (Kania and Kramer, 2011, p. 36). Despite this, as Majumdar noted in an early review, “there is no clearly observable pattern to the descriptions of collaboration in the literature” (Majumdar, 2006, p. 186).

Bardach says collaboration involves “joint activity by... agencies that is intended to increase public value by their working together” (Bardach, 1998, p. 8). Mattessich and others describe collaboration as “a mutually beneficial and well-defined commitment to a relationship and goals; jointly developed structures; shared responsibility; mutual authority and accountability; and sharing of resources and rewards” (Mattessich et al., 2001, p. 4). Gray defines collaboration between organisations as “a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible” (Gray, 1989, p. 5).

More recently, the former State Services Commission (2018) described collaboration as a way to address problems that cross agency boundaries.

From the point of view of a person experiencing persistent disadvantage, improving their wellbeing is likely to require access to an integrated package of joined-up services tailored to their specific needs. These services will potentially encompass the person’s wider family, whānau or aiga, and may need to be provided over a long time period. Services may be provided by different government agencies, commercial providers, non-governmental organisations (NGOs), communities or iwi working together.

From the perspective of agencies working together to achieve better outcomes for people experiencing persistent disadvantage, “collaboration” can range from **increasing coordination** across agencies to reduce duplication and identify gaps, to **cooperating to address mutually agreed problems** for a particular target population, to fully-realised **collective impact initiatives**.³

Collaborative initiatives have varying funding and operational arrangements. Some coordination initiatives are unfunded while others commit funding, either within or across silos. Cooperative initiatives generally share or pool resources, and may have protocols around how to operate locally and escalate learnings back to central government agencies. Mature collective impact initiatives address their shared agenda through devolving funding to a collective, having local decision rights

² Some of the examples discussed in this report, including PBIs, emerged, in part, as a response to the recommendations of this inquiry. Others, such as Whānau Ora, have a longer history.

³ Collaboration **within** organisations, be they public, private, for-profit or an NGO, is a normal way of doing things: people like to work together to solve problems and make things happen. In New Zealand, government departments will often contract with **outside providers** of services and, in doing so, can be said to be collaborating. What makes the collaborative initiatives that are the subject of this paper different is that they involve organisations going beyond business as usual and collaborating **across** traditional boundaries, both within and beyond the public sector.

over resource use, and having dedicated staff and “backbone” functions (which provide executive support, partner with delivery agencies, adopt structured processes and measurement systems to identify evidence on what does and does not work, and feed that information back to parent agencies and ministers with a view to changing the system).

In practice, many of the collaborative initiatives examined in this report do not fit easily into neat categories. They sometimes include elements from more than one type of delivery model, or lack key elements of the model that most closely describes them. For example, Manaaki Tairāwhiti, a PBI, combines coordination, cooperation and collective impact components. Whānau Ora is probably the closest model of a collective impact initiative in Aotearoa, but it does not yet receive sufficient funding and is still developing a shared measurement system.

Given this, it can be helpful to view collaborative initiatives as operating on a spectrum that may include coordination, cooperation and collective impact aspects, and to examine how, compared to more standard operating models, they may commission, contract and deliver services differently.

Table 1 contrasts the characteristics of the conventional delivery approach, which is at one end of the spectrum, with those of fully-developed collective impact initiatives.

Table 1: Conventional vs collective impact delivery models

Conventional impact	Collective impact
Commissioning	
Government agencies commission services based on minimal consultation with users.	Commissioning agencies build relationships, establish community priorities, and then commission services that meet identified needs.
Contracting	
Relatively simple contracts with one funder for single outputs that are specified in advance and delivered to individuals who meet set criteria.	Arrangements are more complex and may need to reflect: <ul style="list-style-type: none"> • direct and indirect contributions from multiple sources (which may include central government, local government, NGOs, iwi, community organisations, philanthropy); • evolving service needs which may not be able to be specified in advance or fit previously identified eligibility criteria; • the need for multiple outputs which may be delivered directly or by a combination of government and other providers; and • evolving target groups, which may include individuals, their immediate family, whānau, or aiga, and extended family.
Delivery	
Single provider.	May be multiple providers. Navigators may assist in identifying services/interacting with providers. Service duration may be longer due to complexity of need/interactions (e.g., family violence interventions).

As discussed in more detail in section 6.3, both conventional and collaborative initiatives should be subject to ongoing monitoring and evaluation to ensure they are working as intended.

3.4 An analytical framework

In assessing whether collaborative initiatives are achieving their objectives, there are two broad questions to consider:

- Does an initiative help people experiencing persistent disadvantage to reach their aspirations?
- Are they improving the overall effectiveness of social services?

Each of these questions requires a different framework for assessment.

3.4.1 Sen's capability approach

This report uses the lens of Amartya Sen's capability approach to consider whether collaborative programmes have successfully addressed persistent disadvantage for individuals, family, whānau and aiga.⁴

To Sen, wellbeing is the freedom to live the life one values and has reason to value. The capability approach focuses on the real choices people have, and their ability to convert resources into a life that is good for them. The observable elements of the capability approach are the activities that people do and the things they become. "Doing" and "being" are the ends that people strive for in life. Together, doings and beings are what Sen terms "functionings". "Outcomes" is an alternative term for functionings, but it is not one that Sen himself uses.

One of Sen's key insights is that more resources are not always enough to improve wellbeing: how people use the resources available to them matters, too. Initiatives that increase the level of resources that people can access **and** ensure people can convert those resources into a life they value are likely to be more effective at improving wellbeing. Using this approach can provide insights into why some programmes provided to people who struggle to convert available resources into a good life may not seem to be effective. Additional support may be needed to help people develop their "capabilities" – the range of things that they can be and do – so they can flourish.⁵

⁴ In a lifetime of work, Sen has sought to answer the question of what constitutes a good life. His work on what is now known as the capability approach started with his 1979 Tanner Lecture "Equality of what?" (Sen, 1979). Key contributions are Sen (1989, 1999a, 1999b, 2003, 2004 and 2010). For a good summary of the capabilities approach, see Dalziel and Saunders (2014a; 2014b). Robeyns (2005) provides a more technical survey and Robeyns (2017) is an open-access, book-length non-technical summary. Sebastianelli (2015, 2016) has provided interesting contributions within the tradition of the capability approach on the issue of how people convert resources into wellbeing. Wilson and Fry (2019) apply the capability approach to social disadvantage in New Zealand.

⁵ "Capabilities" do not just refer to a person's abilities: "She is capable of running 100 metres in 11.5 seconds." Rather, capabilities are the functionings (outcomes) that a person can achieve and so are critically dependent on factors that are external to the person, like social norms, resources, family support and the environment in which the person lives. Two people with the same inherent characteristics (IQ, drive, strength, genetic make-up) will have different "capabilities" as Sen defines them if, for example, one lives in poverty and the other does not.

Despite his extensive writing on the subject, Sen has deliberately never articulated a comprehensive view of what the set of capabilities needed to live a good life should consist of. His view is that it is not the job of academic experts to impose their views on others.⁶ Rather, he takes the view that it is the people who are going to experience the lives in question who should determine what it is they value:

[P]eople have to be seen... as being actively involved – given the opportunity – in shaping their own destiny, and not just as passive recipients of the fruits of cunning development plans (Sen, 1999b, p. 53).

Collaborative initiatives can directly increase capabilities through ensuring the voices of individuals, family, whānau and aiga are centred, and that they have the freedom – either individually or collectively – to determine their own goals and become the architects of their own solutions.

In practice, this might involve providing advice and support, for example through attending an open day at a potential training provider with someone. It could require helping people to develop specific life skills, as occurs through parenting programmes like Start Well (Appendix A.2.3) and Vaka Ako (Appendix A.5.2). In the case of addiction, it might require a complex mix of individual, family and whānau support, clinical and/or social detox services, tough love and other ways of holding people accountable.

3.4.2 Improving the effectiveness of social services

In order to improve the overall effectiveness of social services, the Productivity Commission noted in the *More effective social services* inquiry that it is necessary to (Productivity Commission, 2015b, p. 13):

- experiment with new ideas and test existing approaches;
- use monitoring and evaluation to determine what does and does not work, and why;
- review the performance of programmes and providers; and
- select and spread what works, and discard what does not work.

Many collaborative initiatives seek to both build capability and improve the effectiveness of the system as a whole. But it is possible for initiatives to improve capability for individuals, family, whānau and aiga, and not improve the effectiveness of social services overall, for example because best practice is not effectively disseminated, or central government agencies choose not to apply lessons learned.

⁶ Martha Nussbaum has taken a different view. She identifies ten “central capabilities” and says a person living a life worthy of human dignity should be able to achieve at least a threshold level of each of these (Nussbaum, 2011). These include being able to live a life of normal length; having good physical health; having bodily integrity (including freedom of movement, being free from assault and having opportunities for sexual satisfaction and reproductive choice); being able to experience education, literacy, mathematics and the arts and freedom of expression in relation to politics, art and religion and so on through senses, imagination and thought; being able to develop attachments to things and other people, to experience a range of emotions (such as love, grief, longing, gratitude and justified anger) and not to have one’s emotional development blighted by fear and anxiety; practical reason (being able to decide what is good, to plan and to critically reflect on life); affiliation (having social institutions that regard humans as having equal worth, support empathy and self-respect and avoid humiliation); having concern for other species and the natural world; being able to play and enjoy recreational activities; and having control over one’s environment (including through political participation, freedom of association and speech, secure property rights and work rights).

It is also possible to improve the effectiveness of social services without directly building capability for people experiencing persistent disadvantage. Some initiatives included in this report, such as those that seek to improve coordination between agencies, are primarily focused on reducing gaps and duplication. These can impact capability indirectly, for example by improving access to services.

3.5 Collaborative initiatives in Aotearoa

A growing number of collaborative initiatives are seeking to improve coordination between agencies and deliver more effective social services to people in New Zealand facing multiple systemic barriers to reaching their aspirations. This approach is by no means mature and ongoing experimentation and adaptation is common.

Some, like the Government's PBIs, which are discussed in more detail in Appendix A.2, were implemented, in part, as a response to the findings of the Productivity Commission's *More effective social services* inquiry. For other initiatives, responding to that inquiry may only be one objective among many they are aiming to achieve – if, indeed, it is considered an objective at all.

One thing these initiatives all have in common is that they seek to generate better outcomes than conventional, single-service delivery models for recipients with complex needs, including those experiencing persistent disadvantage. Beyond that, there is considerable variation – in sponsorship and leadership; in intent, scope and scale; in execution and operation; and in efforts to monitor and improve performance.

4. Methodology

This report is a study of collaborative initiatives intended to reduce persistent disadvantage in New Zealand. It draws conclusions about the effectiveness of various collaborative initiatives (see Table 2 for a complete list) including Whānau Ora, local-level pilots, and initiatives which are delivered at the family, whānau and aiga level. The report identifies critical success factors and enablers and systems barriers, and examines the potential scalability and transferability of these collaborative initiatives, before concluding.

The evidence used to reach the conclusions in the main report is summarised in the Appendix. This includes the results of published evaluations and other reports on collaborative initiatives. These published records are supplemented with input obtained through stakeholder engagement that began in the course of developing the terms of reference for the Productivity Commission's *A fair chance for all* inquiry. The material in the Appendix reflects the views of evaluators, service recipients, providers and other stakeholders, and is presented without commentary.

The initiatives described in this report were selected because they provide a broad mix of approaches, ranging from increasing coordination across agencies to reduce duplication and identify gaps, to cooperating to address mutually agreed problems for particular target populations, to including some characteristics of collective impact initiatives. The examples cover a range of health and social services and include both established and newer initiatives.

Table 2: Initiatives included in this report

Initiative	Description
Whānau Ora	A government funded, Māori commissioned and delivered, whānau-centred approach to supporting whānau wellbeing and development.
Kāinga Ora	A government agency-led PBI in Te Tai Tokerau that focused on providing integrated responses to at-risk 0–24-year-olds and their whānau. Has been discontinued.
Manaaki Tairāwhiti	An iwi and community-led PBI with government, local government and NGO members focused on improving outcomes for people with complex intergenerational needs who have previously experienced negative/damaging engagement with social sector services.
The South Auckland Social Wellbeing Board	A government agency-led PBI with 13 government and local government members focused on improving outcomes for children in south and west Auckland.
The Southern Initiative	A part of Auckland Council that works across government agencies and philanthropic organisations to drive social and community transformation.
The Joint Venture on family violence and sexual violence	Coordinates multiple government agencies working to prevent and address family and sexual violence.
Integrated Safety Response	A government agency-led family violence initiative focused on crisis management.
Whāngaia Ngā Pā Harakeke	An iwi and community-led family violence initiative focused on crisis management and prevention.
Mana Whaikaha	A pilot navigator-based initiative designed to improve choice and control for disabled people and their families and whānau in the mid-Central DHB area.
Te Ara Oranga	A joint NZ Police/Northland DHB methamphetamine harm reduction programme.
Te Ao Mārama	A new vision for the District Court that involves partnering with iwi and courts communities and incorporates best practice learned from other specialist courts.
Debt to Government	Government agencies coordinate and share information on debt, collections, and impacts on debtors.
Regional Commissioners	Designated senior regional government officials can convene, resolve and escalate issues.
Social sector commissioning	Government is exploring ways to improve social sector commissioning in partnership with tāngata whenua, communities and service partners including NGOs and philanthropic funders.
I Have a Dream NZ	Navigators provide intensive academic and life support to a cohort of children throughout their school years. Fees are paid for those who go on to university.
Auckland City Mission	Provides co-located health, social and residential services to vulnerable Aucklanders.
South Seas Healthcare Trust	Provides connected and integrated health and social services in Ōtara.
Inner City East/Linwood Revitalisation Project	Collaboration between local residents, Christchurch City Council and central government seeking to revitalise the earthquake-damaged community.

5. High level assessment of effectiveness

Across these programmes and initiatives, a key question this report seeks to answer is whether they are effective in meeting their objectives. Impacts will likely only be evident over the long term, which implies a need for ongoing monitoring. With this in mind, the report also examines the quality of evaluation methodologies used to assess performance against objectives.

5.1 Have collaborative initiatives built capability?

Table 3 provides a high-level assessment of the effectiveness of the initiatives discussed in detail in the Appendix. This is based on available evaluations and reports and input from stakeholders, and draws on Amartya Sen's capability approach. Note that while many collaborative initiatives adopt elements Sen would recognise as building capability, they may or may not use this terminology.

Overall, the ability to assess impacts can at best be considered a work in progress.

There are a small number of collaborative initiatives, including Whāngaia Ngā Pā Harakeke (which reduces harm from family and sexual violence – see Appendix A.3.1.3), Te Ara Oranga (which addresses methamphetamine harm – see Appendix A.3.3) and the school-based I Have a Dream NZ (see Appendix A.5.3) that seek to build the capability of individuals, families and whānau, and have been demonstrated to be effective as a result of robust evaluations.

This does not necessarily mean that other initiatives are not effective.

Several promising initiatives, including Whānau Ora (Appendix A.1), Mana Whaikaha (Appendix A.3.2) and the Manaaki Tairāwhiti and South Auckland Social Wellbeing Board PBIs (Appendix A.2) focus on developing the capability of programme recipients.

In some cases, outcomes are hard to quantify because the initiatives are relatively new and more time is needed to determine how they are performing. In other instances, initiatives have been established for longer but have struggled to undertake effective monitoring and evaluation. Some initiatives have taken a while to figure out shared objectives. Some did not have immediate access to the funding and skills needed to establish data collection and analysis protocols. Some are still grappling with how to assess the impact of services that are not delivered to narrowly-targeted individual recipients.

5.2 Have collaborative initiatives improved the effectiveness of overall service delivery?

In general, it is very early days when it comes to taking learnings back to the centre and achieving overall improvements in social services. As discussed in further detail in section 8.7, greater progress has been made on identifying problems that need to be fixed than on fixing them. So far, most collaborative initiatives have tended to find ways to work outside and around the existing system rather than changing it.

These are challenges that need to be overcome in order to scale up or transfer effective collaborative operations. The fact that there are already effective collaborative initiatives being expanded shows that this is possible.

Table 3: Overall effectiveness of initiatives and impact on capability development

Initiative (start date)	Overall effectiveness	Impact on capability development
Whānau Ora (2010)	Whānau Ora has been highly scrutinised, but there has been limited conventional evaluation. The most recent review did not examine impact on outcomes. The programme operates differently in different locations and has some highly effective components, such as He Toki ki te Mahi.	Whānau Ora respects whānau choice and autonomy and an explicit focus on building capability is woven throughout. The most recent review found whānau are making progress on building resilience and capability but said it is too soon to tell if this will be enduring.
Kāinga Ora (2016-19)	Low. Has been disestablished.	Not applicable.
Manaaki Tairāwhiti (2016)	Promising, but Manaaki Tairāwhiti's success framework is still being developed and tested. An earlier evaluation was unable to quantify impacts on outcomes.	The Manaaki Tairāwhiti "way of working" centres whānau voice and choice and builds capability. An evaluation found whānau are "more empowered and confident to take greater ownership of their future—mana motuhaketanga".
South Auckland Social Wellbeing Board (2016)	Promising, but the SASWB's success framework is still being developed and tested. An earlier evaluation was unable to quantify impacts on outcomes.	Principles of capability building and whānau choice are embedded in many SASWB pilot programmes, including Start Well parenting support.
The Southern Initiative (2012)	Promising, but too soon to assess impact. TSI's Niho Taniwha evaluation framework is still being developed.	Several pilot programmes have an explicit capability development focus. The Amotai supplier diversity intermediary service now operates nation-wide.
The Joint Venture on family violence and sexual violence (2018)	Concerns raised by the Auditor General are currently being addressed.	Aims to improve system effectiveness, which if successful, could indirectly improve individual and whānau capability.
Integrated Safety Response (2016)	High, but there were concerns about responsiveness to whānau Māori and the emphasis on crisis response.	Primary focus is on crisis management and making people safe rather than capability development.
Whāngaia Ngā Pā Harakeke (2016)	High, based on high-quality evaluation.	Capability development occurs as whānau are supported in understanding and addressing underlying causes of family harm.
Mana Whaikaha (2018)	Promising, but the initial evaluation identified some capacity challenges. A follow-up evaluation is underway.	Focus on improving choice and control is consistent with capability approach, but too soon to determine impacts.
Te Ara Oranga (2017)	High, based on high-quality evaluation.	Focuses on building capability for both participants and whānau.
Te Ao Mārama (2020)	Too soon to tell.	This is a new model, which has potential to build capability.
Debt to Government (2018)	Too soon to tell.	The focus of this initiative is on collaboration, not building capability.
Regional Commissioners (2019)	Too soon to tell.	Primary focus is on improving collaboration, not building capability.
Auckland City Mission (1920)	No evaluation available.	Delivery model and specific programmes are consistent with capability approach.
South Seas Healthcare Trust (1999)	No evaluation available.	Delivery model and specific programmes are consistent with capability approach.
I Have a Dream NZ (2003)	High for original programme. Follow-up evaluation delayed due to Covid-19.	Original programme was highly effective at building student capability.
Inner City East/Linwood Revitalisation Project (2017)	No evaluation available.	Ongoing focus on building capability at the community level.

Source: Appendix.

The sections that follow examine critical success factors and enablers, systems barriers, and the potential for collaborative initiatives to be scaled or transferred to other locations, in detail.

6. Critical success factors and enablers

Although collaborative initiatives to address systemic disadvantage are relatively new in Aotearoa, a number of critical success factors and enablers are already apparent. Some of these, such as adequate resourcing and staffing, are common to more conventional delivery approaches, but others are either specific to collaborative initiatives, or take on greater weight in that context.⁷

6.1 Trusted relationships

The single most important factor in delivering effective services to people with complex needs boils down to forming and maintaining trusted relationships. Without trusted relationships among providers and with the recipients of support, other critical success factors and enablers are unlikely to be effective.

Trust is developed when providers take the time to listen to individuals, families, whānau and aiga, to understand what matters to them, and to figure out what they want and need. This may include feeling safe, respected, understood and heard; being in control of their lives, including through expressly providing consent and seeking change for themselves; and choosing who supports them, how and when. Trust is built on responsive, flexible, confidential and culturally-appropriate services which hold people accountable, keep them updated and don't judge or rush them. Having clear boundaries around individual roles and responsibilities for both providers and clients helps to manage expectations and maintain relationships.

Many people experiencing persistent disadvantage have had negative previous experiences with central government agencies and do not trust them as a result.⁸ It may be easier for them to develop trusted relationships with independent navigators or NGO staff for a variety of reasons, including the absence of a traumatic history, greater willingness to make time to listen and understand, and increased flexibility to respond to expressed needs.

Developing trust requires staff with skills and capabilities that may differ from those in more standard service delivery models – for example, empathy, adaptability and knowledge networks may be more important for navigators than efficiency or the ability to follow a standardised plan or checklist.

⁷ Although they have been drawn from evaluations of and discussions related to specific New Zealand collaborative initiatives, these conclusions are broadly consistent with the results of the collective impact literature. See for example Kania and Kramer (2011) and Preskill et al. (2013 a, b, c).

⁸ Examples may include being declined financial assistance by Work and Income, being arrested by NZ Police, being fined, subjected to Community Service or imprisoned by Corrections, or having children uplifted by Oranga Tamariki.

6.2 Clear, shared objectives

Effective collaborative initiatives start with clear, shared objectives at the outset. These objectives need to be jointly developed by funders and providers, with input from people who are facing multiple systemic barriers to realising their aspirations.

The process is often iterative and non-linear. As the examples in the Appendix show, some collaborative initiatives have set out with the intent of providing a particular delivery model, and through the process of trying, learning and adapting, ended up providing something very different. Others have ended up in a similar point to where they started after a period of experimentation.

As circumstances and the needs of people and communities change, objectives may need to evolve. For example, although Whānau Ora (see Appendix A.1) had not previously played a significant role in addressing food insecurity, it has provided food parcels to families and whānau during Covid-19 lockdowns. Changes in shared objectives should be explicitly discussed and agreed, rather than occurring by default.

6.3 Robust shared data, monitoring, evaluation and feedback protocols

Shared data protocols, monitoring and evaluation systems, and feedback approaches should be set up before substantive collaborative initiatives get underway.⁹ Without these, and in particular in the absence of baseline benchmarking, it is much harder to assess the effectiveness of service delivery, minimise gaps and duplication, provide guidance for improvements, determine value for money and identify learnings to disseminate.

Building a social services system that consistently learns and improves over time requires a significant upfront investment. This needs to be ring-fenced to ensure funds are not diverted to service delivery, especially when there is unmet demand. However, if appropriate protocols are not established at the outset, this should not be used as an excuse for inaction. It is still possible to obtain meaningful information after the fact, for example by comparing outcomes for people who received particular services with those for similar people who did not.

Best practice data collection and sharing protocols ensure consent is ongoing, and appropriate protections are in place to ensure confidentiality and minimise the risk of unauthorised use or disclosure either initially or at a later time. Ensuring consistency is resource-intensive, but shared systems are more efficient and cost effective, and can improve the quality and credibility of data. They also reduce the safety risks that inconsistent protocols can create for both staff and clients.

Monitoring involves frequent “real time” assessments of whether delivery is on track. It informs day-to-day decision-making and enables services to “test, learn and adapt” their approaches to ensure they are working.

Evaluation provides a longer-term judgement of effectiveness. It may focus on inputs such as systems and processes, or results such as outputs or outcomes.

There is ongoing debate around what constitutes best practice evaluation for cross-sector initiatives, especially for services delivered to Māori. Kaupapa Māori evaluation can provide very helpful

⁹ For some clients, sharing of information with government agencies may be a barrier to accessing services, including for the reasons outlined in footnote 8 above. Collaborative initiatives seek to address this by investing time in building trust, obtaining consent at every interaction, and protecting confidentiality.

insights but needs to be appropriately resourced and use researchers with matched ethnicity. The process needs to be navigated in a way that respects protocols and tikanga, acknowledges the vulnerability of Māori communities, and is aware of potential bias and prejudice.

There are some effective conventional evaluations of cross-sector initiatives based on control groups, but these are not common, and typically relate to services where there are a small number of providers working together to provide integrated services. The evaluations of the Whāngaia Ngā Pā Harakeke family and sexual violence initiatives and Te Ara Oranga methamphetamine harm reduction programme, which are discussed in sections A3.1.3 and A3.3 in the Appendix, are examples. There is considerable scope to share and apply these best practice evaluation approaches.

Alternative approaches are at various stages of development. For example, in a working paper released earlier this year, Ken Warren suggests governments could provide accountability for funds used for collaborative initiatives by assessing the quality of relationships and the mana of collectives, rather than focusing on their outputs or outcomes (Warren, 2021, p. 2). While there are a number of practical issues that would need to be worked out before this approach could be operationalised, it provides an excellent starting point for discussion.

Once it has been collected, feedback on what does and does not work needs to be collated and widely shared. Particularly where new approaches to service delivery are being tested, as is the case with collaborative initiatives, there can be considerable value in sharing evolving best practice with a view to reducing duplication of effort and improving overall standards.

This is not something can be achieved with annual funding and pilot schemes. It is a long-term game that requires backbone support to handle data collection and reporting, systematic identification of effective processes and practices, robust communication and consistent follow-up.

6.4 Effective architecture and governance arrangements

Successful collaborative initiatives have robust governance arrangements with strong leadership and members with a good balance of skills, experience and knowledge. Governance groups that have a clear vision, take a long-term view, and are committed to supporting and supervising the teams delivering that vision and holding them accountable, are the most effective.

Good working relationships and high levels of trust between governance groups, programme leadership and delivery teams, between delivery team members, and between delivery teams and their clients, are essential. Participants need a sound mandate from their home organisations, so information fed up from the grass or flax roots can be actioned.

Arrangements vary across successful collaborative initiatives. Some effective arrangements are led by government agencies and others are iwi-led. When it comes to transferring learnings back to the centre, good data, and governance members with the mana to influence core agencies are needed.

6.5 Adequate staffing

As with any service delivery model, successful collaborative initiatives require adequate staffing and, as Box 1 shows, this can be challenging for a number of reasons.

Box 1: Workforce capacity and capability

“Whatever it takes” models of collaborative service delivery can lead to better results for families, whānau and aiga, and provide satisfying, rewarding jobs for staff. But compared to conventional service delivery models, they can require staff with different skills and capabilities. Rather than specialist clinical nursing or social work skills, navigators may need higher levels of emotional intelligence and a skillset more akin to that of a parent or a life coach. “Test, learn and adapt” approaches require staff with “systems mindsets”. People with data science and evaluation skills are also needed.

Some collaborative delivery models have assumed capacity will be able to be found, only to discover that people with the skills that they need are not always readily available. Given the importance of having a workforce that can identify with and support Māori and Pacific clients, shortfalls may not be able to be addressed through bringing in migrant workers. Some initiatives that are mandated to use people with certain skills or a certain number of people have adapted and developed ways to deliver effective services using fewer people and/or people with different skills.

Funding insecurities and constraints, the nature of the job, and the need to build new capability across the sector are key drivers of behaviour that can impact on performance and cause significant levels of workplace stress and burnout. This can play out in high staff turnover and unplanned absences and contribute to frontline workers with good knowledge and skills moving around organisations. “Poaching” is common: people often train in NGOs, where pay is lower, and once they are skilled, are attracted to the significantly higher salaries paid in government agencies.

People who work in this space often come from the same communities as those they are working with. They may be putting personal networks, relationships and themselves on the line to help others. For many staff there is no separation between work and home: they do not “go home” to another place at night. The cultural load created by operating within Pākehā frames and institutional mindsets while serving communities with other world views and value systems can be intense. The result can be a vulnerable, low-paid, overstretched workforce trying to support vulnerable whānau, with relationships changing across the lifetime of a case as people move around. Whānau who do not receive consistent support have to tell their story time and time again, which is distressing and damages trust. Staff, burdened by red tape, having to report over and over, would rather focus on the job they signed up for: helping people.

In some cases, overwhelming demand leads providers to focus on crisis management rather than capacity building. At times, navigators can end up dealing with issues that are outside their expertise that should be managed by specialist clinicians or social workers, potentially creating serious safety issues for both clients and staff.

Workplace stress also shows up in the different ways that people manage their workloads and what they will or won't do when supporting families and whānau. Frontline staff may push themselves, in some cases to the point of collapse, in order to provide support, or they may set limits that support their own wellbeing, which reduces their availability to whānau.

Source: From meetings between The Southern Initiative, Manaaki Tairāwhiti, the South Auckland Social Wellbeing Board and the Productivity Commission.

Collaborative initiatives have developed a range of strategies to try to minimise and manage staff stress and burnout and to maintain staffing continuity. These include:

- having a clear, shared purpose focused on the greater good of whānau;
- building a network and community of practice that can provide expertise and support;
- having clear boundaries around individual professional roles and responsibilities so staff know when to call in specialist help;
- having leaders who support staff, model speaking truth to power, and build a learning culture where “pulling for support” and “stopping the line” where necessary are emphasised (rather than blaming, protecting individual positions or being risk averse);
- building workforce capacity and capability through workforce strategies, training and development, and ensuring funding reflects the resourcing that is needed; and
- building in data collection, monitoring and evaluation funding and capability to keep track of what does and doesn't work from the outset, and using this information to learn and adapt.

In some cases, addressing shortages in capacity and capability might involve more than additional training or professional development – a whole-of-sector workforce strategy may be required.

6.6 Adequate resourcing and decision rights

All of the critical success factors identified so far rely on adequate resourcing. Both the quantum of funding and confidence that it will be maintained over the long haul are important to ensure continuity of function and relationships, and the safety of staff and customers.

The initiatives discussed in this report have different degrees of devolved decision rights and resourcing. At one end of the spectrum are examples like the Debt to Government (see Appendix A.4.2) and Regional Commissioners (see Appendix A.4.3) initiatives, which do not have additional dedicated funding or decision rights beyond those already possessed by participants. At the other end is Whānau Ora, discussed in Appendix A.1, which devolves decision rights and funding to Commissioning Agencies.

Collaborative initiatives need resourcing and decision rights commensurate with their goals. Those seeking to improve coordination across multiple agencies, such as the Joint Venture on family violence and sexual violence (see Appendix A.3.1), will need more than initiatives involving smaller numbers of agencies and addressing less complex issues. To be effective, mature collective impact-type models need sufficient funding and devolved decision rights.

There are major risks from ceasing funding, and there have been a number of instances where a lack of funding, or uncertainty around continuity of funding has negatively impacted trust, relationships and/or delivery functions. These issues are particularly acute when seeking to deliver kaupapa Māori services consistent with tikanga. For example, some of the initial problems experienced by the Joint Venture in relation to engagement with Māori discussed in the Appendix can be traced back to insufficient funding for governance and relationship building in the early stages of the initiative.

7. Systems barriers

Systems barriers can make developing and delivering collaborative initiatives to address persistent disadvantage more challenging. None of the barriers identified here are unique to collaborative initiatives, but given the additional complexity these initiatives involve, their impact is often greater than in the case of conventional delivery approaches.

7.1 Underlying structural causes of disadvantage

Several stakeholders noted that some underlying causes of ongoing disadvantage, including colonisation, historic and current racism and power structures, patriarchy, and ableism are deeply embedded in Aotearoa.

At the service delivery level, there is considerable uncertainty about how to respond to these underlying structural causes of disadvantage. Is it better to work with these structures, to work against them, or to try to dismantle them? Can alternative power structures be embedded that do not create other forms of disadvantage, or are trade-offs inevitable? Can trade-offs ever be made in a fair and principled way or is bias unavoidable?

Stakeholders noted that there is a limit to the extent to which systemic causes of disadvantage can be addressed at the national level, and beyond this:

[Co]mmunities must learn for themselves how to tackle these wicked problems because they manifest differently in each location depending on demographics, poverty, workforce capability, leadership, environment, availability of resources and a whole host of other dynamics.

However, the extent to which communities can reasonably be expected to drive change for themselves is inextricably linked with both how, and how much, power and decision-making are devolved to them.

Tensions between local and national priorities can also get in the way of addressing structural causes of disadvantage. For example, the Manaaki Tairāwhiti systems improvement team working in the Department for Corrections describes having “evidenced what needed to change and tested alternative ways of working with great results”, but “when Covid-19 arrived, leaders from above pulled the resourcing to scale the work and it has subsequently come to a halt”.

7.2 Divergent objectives

It is common to hear people working on collaborative services advocating for systems change. Unfortunately, there does not yet appear to be an agreed view of what “systems change” entails in this context.

The Productivity Commission’s *More effective social services* inquiry concluded that while there is room for improvement, the social services system “is doing a good job for many people, most of the time,” particularly for people with straightforward needs (Productivity Commission, 2015a, pp. 1-2). However, for people with more complex needs, “the system needs to be able to deliver well-integrated services, tailored to the needs of individual clients and their families” (Productivity Commission, 2015a, p. 2).

An alternative view, shared by many people working in collaborative initiatives in the community, is that the assumption that the current system works well for many people is flawed. In their experience, most people they are seeking to help have “more than one thing going on”, and the reason that siloed service delivery models do not recognise this is that “they do not take time to build trusted relationships with people and ask them what they need”.

It is entirely possible that based on the groups they observe and work with, both viewpoints have merit. That is, at the national level, existing programmes may work well for many people, but in some local contexts, longer-term, whānau-led, more integrated packages of joined-up services tailored to specific needs may typically be needed to address persistent disadvantage.

Divergent perceptions can be problematic when they lead different groups to have to have very different objectives. To the extent that central government agencies believe the traditional system works well for many people, they may seek changes at the margin, or to develop separate approaches designed to improve outcomes for the (perhaps significant) minority of people for whom it is not effective. For people working in communities where large numbers of people experience persistent disadvantage, the failure of standard delivery models to make a difference for their customers points to the need for a more fundamental reshaping of the core social service system. Without broadly agreed objectives, there is considerable potential for miscommunication and frustration, and it is difficult to see how effective change will actually occur at the systems level.

7.3 Operating, funding and accountability models

The social sector's standard operating model seeks to reduce costs and waste and improve production efficiency through central planning, having highly-specified processes, and micro-managing inputs (Mansell, 2015, p. 1). The system is designed to ensure that value primarily comes through providing specialist services within individual agencies.

Funding and accountability models have been designed to support this operating model. Service providers (whether departmental chief executives and their staff or non-Government providers), are accountable to ministers, ministers are accountable to Cabinet, Cabinet is accountable to Parliament for the use of public money and Parliament is accountable to voters (who are also taxpayers) via elections.¹⁰

These “vertically integrated” operating, funding and accountability models work well when a single agency is providing clearly-defined services, but make it difficult for the social sector to fund, deliver and account for integrated, holistic services that are provided by many different agencies. Initiatives delivered by two or three agencies can be effective, but beyond that, shared funding, delivery and accountability becomes increasingly problematic.

As the Auditor General commented in relation to Whānau Ora:

Government agencies need to be able to explain what results are expected – or hoped for – and achieved from spending public funds. Clearly understood aims generally lead to clear accountability and good reporting. Good reporting is particularly important with innovation, because it allows changes to be made when required (Office of the Controller and Auditor General, 2015, p. 4).

A consistent message from stakeholders involved with collaborative services is that when they work, this is despite, not because of, the system. Recent public sector experiences of responding to Covid-19, which are discussed in more detail in Box 2, clearly illustrate this phenomenon.

While trust-based relationships are essential for engaging with people experiencing persistent disadvantage, where operational staff end up relying on trust and relationships (or mana or personal influence) instead of the system to make things happen, the system is not working. Fixing this will require more than an operational mindset shift – it will require different approaches to everything from commissioning, information-sharing and policy design, to monitoring, evaluation and accountability.

¹⁰ As Mark Prebble and Andrew Ladley have pointed out, in New Zealand, Parliamentary accountability takes place within the context of an intense battle between political parties for victory at elections. In their view, oppositions are not holding the government to account to improve the delivery of public services, but to replace them at the polls. Thus, finding fault and rejecting the approach adopted by the government of the day are paramount. If there is a change of government, then previously criticised ideas will be rejected, regardless of their objective value (Prebble and Ladley, 2010).

Box 2: Lessons from the response to Covid-19

<p>The Government’s response to Covid-19 has shown what is possible when it comes to working collaboratively.</p> <p>When the pandemic began, there was general agreement across agencies that “people need to get what they need”.</p> <p>Officials involved described a mindset shift at the centre of government from “we are the leaders” to “you are our partners”. Data sharing, manaaki, and co-design occurred at speed. Trust-based relationships with providers with a strong delivery track record enabled contracts to be collapsed together, joint providers to be supported, and health and social service delivery to be joined up.</p> <p>Several of the initiatives discussed in this report – including Whānau Ora, the Auckland City Mission, and the South Seas Healthcare Trust – received additional government funding during lockdowns. This funding enabled the Government to rapidly scale up testing and vaccination capacity, and to deliver food and other urgent supplies to individuals, families, whānau and aiga in need.</p> <p>Central government agencies also worked together to provide economic support for business, rapidly developing and agreeing on the details of the wage subsidy scheme, and establishing dedicated Managed Isolation and Quarantine facilities.</p> <p>Government officials spoken to after the first lockdown in 2020 highlighted both the effectiveness of the high-trust, “do whatever it takes” data sharing and decision-making environment engendered by the pandemic, and the speed with which “the elastic band of government went back to the original settings of risk and trust within and across agencies” as the initial crisis faded.</p> <p>Knowing what is possible has not led to systems change. Rather, it has demonstrated the extent to which highly-responsive collaborative services can be delivered despite, not because of, current systems.</p>
<p>Source: Meeting between the Productivity Commission, the Department of the Prime Minister and Cabinet, the Mental Health and Wellbeing Commission, Ministry of Health, Ministry of Justice, Ministry of Social Development, Oranga Tamariki, the Social Wellbeing Agency and Te Puni Kōkiri.</p>

7.4 Data and privacy issues

The Privacy Act 2020 plays a number of important roles when it comes to protecting people’s personal information. It ensures people know what is happening with their information, know who has access to it, can ensure it is correct, and can decide whether or not they consent to having it shared further.

The paradigm underlying the Privacy Act and the professional practices of service providers (especially the medical and social work professions) can, however, combine to require the same information to be collected from individuals, families, whānau and aiga multiple times. The idea of “taking a history” is very strong in the health sector, as anyone who has visited a new GP or gone to a hospital emergency department will know.

At the same time, these histories and other information are often required to be held securely by the service provider. This system can have two effects:

- different agencies working with people who have complex needs can struggle to get the full picture of what is going on in their lives; and
- people often have to tell (very traumatic) stories over and over again to different agencies.

As a result, some things “fall through the cracks” and sometimes services are duplicated. Several collaborative services, including the South Auckland Social Wellbeing Board and Manaaki Tairāwhiti PBIs, have constructed “journey maps” to demonstrate the extent to which this happens in individual cases. For confidentiality reasons these maps cannot be included in this report, but they

demonstrate repeated failures when it comes to providing support and meeting people's needs, along with alarming levels of resource waste.

In response to these issues, different initiatives (and in some cases, different parts of the same initiatives) have developed their own systems and workarounds. Currently, there are examples of both gaps and duplication, with different commissioning agencies and providers, sometimes including those under the same parent organisation, developing their own data protocols and electronic case management approaches.¹¹

Rather than continuing to evolve models independently, this is an area where a whole of government effort drawing on, bringing together, resourcing and disseminating best practice would be helpful. For example, the approach to data sharing permitted by family violence legislation could be applied elsewhere.¹² Any changes will need to respect Māori Data Sovereignty, which recognises that Māori data should be subject to Māori governance.

7.5 Limited service hours relative to needs

Standard service delivery hours and work days often do not meet the needs of families, whānau and aiga with complex needs. With the exception of emergency responders and hospitals, there is a lack of 24/7 services.

This is a systemic problem which is currently largely addressed by staff going “above and beyond” what is required and risking burnout, and through pilot approaches seeking to provide better coverage.

For example, the South Auckland Social Wellbeing Board's MDCAT (multi-disciplinary cross-agency team) pilot discussed in Appendix A.2.3 was initially established in response to recognition that demand for family violence services rose around Christmas time as families and whānau faced increased stresses. Before this programme was introduced, families, whānau and aiga had access to fewer services than at other times of the year, due to the public sector culture of closing down services over the Christmas break.

While this workaround has improved services for people living near the original pilot site in Manukau Central and a second site in Papakura, it highlights the need for a broader reassessment of collaborative delivery models and may also necessitate increased workforce capacity and funding shifts.

¹¹ The most recent review of Whānau Ora recommended Commissioning Agencies look to collaborate on these approaches to reduce duplication (Rangi et al. 2018, p. 5).

¹² The Family Violence Act 2018 introduced information sharing laws to allow the family violence sector to collect, use and disclose personal information for specified purposes. The Act recognises that safe information sharing plays an important role in helping to protect people from harm and in ensuring better, more consistent responses to family violence (Ministry of Justice, 2019).

7.6 Inadequate tools for managing unmet needs

Many of the design features of collaborative initiatives, such as taking time to build trusted relationships, having “no wrong door” for accessing help, and doing “whatever it takes” to resolve the challenges people are facing, bring to light unmet and sometimes previously unidentified needs. Individuals, family, whānau and aiga who are already receiving services may share other needs once they feel more comfortable doing so, and the reputational benefits that come with providing more supportive and effective services may encourage others to seek help as well.

When appropriate services are provided in response to complex needs, it is often assumed that, over time, overall resourcing requirements will fall, including as a result of reducing the waste that comes from ineffective interventions and pointless and duplicative bureaucracy, and providing more effective prevention and early intervention (Locality and Vanguard Consulting, 2014; Destremau and Wilson, 2016).

However in the initial stages, resourcing requirements for collaborative initiatives often increase relative to what is required for standard service provision. In addition to addressing previously unmet need, this may be because time is spent developing trusted relationships; because collaborative initiatives provide services to families, whānau and aiga in addition to individuals; because the number, frequency, intensity, complexity and/or duration of services is greater; or because monitoring, evaluation and accountability requirements are more complex.

Standard delivery models use a range of well-established tools to determine who can receive services. They may have clearly-defined target populations, strict eligibility criteria and need thresholds, and service duration limits (such as the Accident Compensation Corporation’s standard “10 sessions” limit on services).

By design, collaborative initiatives operate with much more flexible operational criteria. Without effective tools to manage demand, there is the potential for resources to be wasted, service capacity to be overwhelmed, quality to be compromised and staff to be overworked and burn out.

This is an area where much more needs to be done. A clear assessment of the resources these initiatives require would be a good start. Many collaborative approaches have sought to “ring-fence” service delivery based on geography, but this report identifies a number of examples where demand has still exceeded capacity.¹³ Some initiatives have initially sought to limit service to a specified number of clients, and expanded in response to identified need.¹⁴ Some have developed informal mechanisms for sharing cases based on available capacity, but this approach is neither sustainable nor scalable.¹⁵ Some have expanded caseloads, which can dilute programme effectiveness, increase the burden on staff, and cause serious safety issues for both staff and customers.¹⁶ Providers who serve people with complex needs say people often miss out altogether or experience very long wait times.

¹³ See, for example, the discussion around the introduction of Mana Whaikaha in Appendix A.3.2.

¹⁴ For example, the “50 Families” initiative at Manaaki Tairāwhiti expanded to serve 120 families, before deciding to focus on targeting need instead – see Appendix A.2.2.

¹⁵ During the South Auckland Social Wellbeing Board’s MDCAT pilot, agencies with greater capacity would offer to take the lead with new clients – see Appendix A.2.3.

¹⁶ As noted in Appendix A.3.2, Mana Whaikaha was planned on the basis of a caseload ratio of one Kaitūhono (connector) to 40 clients. During the initial phase, this expanded to 1:100.

7.7 Inadequate monitoring, evaluation and feedback

Making the most of collaborative delivery approaches requires robust monitoring and evaluation. However, there is a widespread perception in Aotearoa that experiments that fail are problematic, rather than opportunities to learn. At the same time, many innovative shared service providers feel they are held to higher standards than wasteful and ineffective single-agency initiatives, which are rarely modified or shut down.

Pilots are a particular problem. They are politically appealing because they demonstrably involve “doing something” that can be clearly identified with a particular agency or government. But without well-established data, operational, monitoring and evaluation protocols, it is difficult to determine how well pilots work, and these require large upfront investments which are rarely provided. Pilots are therefore vulnerable to being rebranded or eliminated when their sponsors move on, which damages trusted relationships in vulnerable communities.

The failure to regard monitoring and evaluation as a routine component of service delivery is an issue that goes beyond pilots. Conventional evaluation of many shared social services is lacking, of poor quality, or not used to improve decision-making and service delivery. In some cases, a lack of understanding of what evaluation actually entails leads to excuse-making and wasteful effort. In instances where there are resource shortfalls, some collaborative initiatives prioritise service delivery over data collection, analysis, and identifying system improvement.¹⁷ This points to the importance of ensuring funding for data collection, monitoring, evaluation and feedback is ring-fenced.

There are some credible, robust evaluations of collaborative initiatives that demonstrate what kinds of assessments are possible, but these are not yet published expeditiously or widely used as exemplars. Instead, the results of collaborative initiatives are commonly illustrated by way of case studies. While these often show clear impacts at the individual, family, whānau and aiga level, they do not generally allow for meaningful comparative assessments. The Government could add considerable value though setting out expectations, making guidance explicit, and sharing best practice in this area. The Treasury’s CBAX spreadsheet model for undertaking cost-benefit analysis, is an example of this approach.

Current evaluation culture also skews towards assessing newer initiatives and finding positive outcomes. Evaluations can be expensive, and there is a tendency to use scarce resources to assess the impact of experimental initiatives that are “known to work”, and to stay quiet about problems. Cabinet papers seeking funding to expand collaborative initiatives often gloss over limitations and emphasise what is working well.

At the same time, many conventional services receive minimal scrutiny, to the evident frustration of collaborative service providers. As one commented:

[We] have evidenced a huge amount of waste work in [standard] government services... If we spent one quarter of each agency baseline funding on prevention, we’d be so much better off.

Collaborative initiatives use a range of different mechanisms to feed learning back to the centre. Site visits “so people can understand what it is that we do” are a common tool, as are detailed learning

¹⁷ For example, see comments by Walton and Martin in relation to the Te Ara Oranga methamphetamine harm reduction programme (Walton and Martin, 2021a, p. 6).

reports. As discussed in more detail in Appendix A.2.2, other approaches are being worked on, but these are in the very early stages of development. However, even where robust results are identified and communicated back to the centre, central government agencies appear to have a limited appetite for integrating new understandings of best practice and modifying or closing unsuccessful programmes.

7.8 Culture and mindsets of government, ministers and agencies

What comes through clearly in the discussions of the various initiatives in the Appendix is that there are serious problems with government systems. These include:

- failing to identify or reach people experiencing persistent disadvantage;
- funding and accountability mechanisms that are designed to support siloed delivery;
- government funding that is too short-term and does not cover the full costs of collaborative initiatives (such as funding for data infrastructure, monitoring, evaluation and feeding lessons learned back to government agencies);
- insufficient workforce capacity and capability; and
- an overall lack of government agency understanding, capability and appetite for collective action, which is reflected in a lack of willingness to change in response to issues identified by collaborative initiatives.

Addressing these problems will require fundamental shifts in culture and mindset. In practice, change will require greater devolution of funding and decision rights; a more strategic approach to workforce capacity and capability that supports the development of Māori and Pacific staff; and a much stronger commitment to identifying what does and does not work and changing commissioning, policy and practice as a result.

8. Scalability and transferability

When assessing the potential to scale or transfer existing collaborative initiatives, several factors need to be considered.

8.1 Identifying unmet needs

A necessary first step when evaluating the potential scope to expand delivery of collaborative initiatives – either within an existing context, or to another location – is identifying people with unmet needs, understanding the constraints they are facing, and determining whether conventional or collaborative services are likely to be the most appropriate response.

Although unmet needs can come to light as a result of developing trusted relationships and providing more appropriate collaborative services, systematically identifying unmet need can be very difficult. The StatsNZ Integrated Data Infrastructure (IDI) could be used to identify population segments with high risk factors, but quantifying unmet need, for example, by linking this to gaps in uptake of entitlements or access to services, is much harder. Even if this could be done, anonymised IDI data cannot then be used to make contact with individuals or their families, whānau or aiga needing services.

8.2 Provider capacity and capability

The most effective transfers of collaborative initiatives rely on an understanding of what might be described as “programme chemistry”, where local solutions to unmet needs are developed based on a proven method using local ingredients, rather than “copying and pasting” or following an exact recipe for delivering narrowly specified services to particular target groups.

Unlike conventional pilot programmes, where maintaining strict fidelity to who receives what services and how they are delivered is crucial when expanding or transferring to other sites, successful collaborative initiatives often “test, learn and adapt”, adjusting core programme elements in response to specific local needs, circumstances, capability and characteristics as they go along.

Along with sufficient capability and resources to staff, deliver, monitor and evaluate services, providers in new locations need to develop and maintain trusted relationships with their customers, communities and governance bodies. This process cannot be rushed. In the case of Whāngaia Ngā Pā Harakeke, which is discussed in Appendix A.3.1.3, NZ Police, iwi and community partners have identified that it can take around two years to develop the trust and relationships necessary to provide a solid foundation in new locations.

Expanding existing initiatives is easier than setting up new sites, but still requires adequate capacity and capability.

Whether setting up in new sites or scaling up existing ones, provider capacity and capability need to be explicitly discussed, particularly where the model includes referral to other services. A key element of Te Ao Mārama, the new vision for the District Court discussed in Appendix A.4.1, involves judges helping ensure individual defendants can access services that would be beneficial to them. Stakeholders and delivery partners have noted that providers may have service thresholds or be required to prioritise based on intensity of need, so capacity cannot be assumed.

8.3 When to expand

Ideally, being able to demonstrate that the services provided by collaborative initiatives have made people’s lives better would be a precondition for expansion, but in practice this can be challenging. Many investments in collaborative initiatives have long lead times, and the pathways to improved outcomes for people facing complex barriers to achieving their aspirations are rarely simple or linear.

This is where intermediate indicators can be helpful. Knowing that collaborative services are reaching individuals, families, whānau and aiga who have previously not engaged with conventional service providers is a good sign. So is having people share additional needs that they may not have mentioned initially as they develop trusted relationships with providers. Having the time and capacity to examine and begin to address the complex, inter-related and often intergenerational causes of challenging issues such as family and sexual violence is clearly better than responding to individual elements without understanding the whole picture.

8.4 Leaps of faith

In some cases, the Government has committed to funding, or expanded funding for, promising initiatives.

This can be seen in Table 4. Table 4 takes the first two columns from Table 3 on page 17, which summarise collaborative initiatives and any associated evaluation results, and adds a new column indicating the extent to which collaborative initiatives have been, or have the potential to be, scaled up and/or established in other locations.

Green shading is used to indicate both the existence of robust evaluation results, and where initiatives have been expanded or transferred to new locations.

As the table shows, the South Auckland Social Wellbeing Board and Manaaki Tairāwhiti PBIs have expanded coverage of some of their pilot programmes and now receive baseline funding, and Whānau Ora has received several funding increases, including to support families and whānau impacted by Covid-19. As discussed in more detail in Appendix A.1 and A.2, most evaluations of these initiatives have been unable to quantify their impacts on outcomes yet.¹⁸

Table 4 also demonstrates that a positive evaluation does not necessarily lead to a programme being scaled up or transferred to other locations. For example, in the case of the Integrated Safety Response initiative which is discussed in Appendix A.3.1.2, the evaluation was largely positive, but a different family and sexual violence programme that was also successfully evaluated, Whāngaia Ngā Pā Harakeke (see Appendix A.3.1.3), is being rolled out instead. Whāngaia Ngā Pā Harakeke is preferred because it has more of a focus on prevention, and, since it is iwi- and community- rather than agency-led, it has been found to be more responsive to whānau Māori.

There have not yet been any collaborative initiatives that have been discontinued in as a result of receiving poor evaluation results. The Kāinga Ora PBI discussed in Appendix A.2.1 was discontinued while an evaluation was being completed.

There is a clear theory of change underpinning these initiatives, and the available reviews and evaluations make it clear that many families and whānau with complex unmet needs prefer trust- and relationship-based delivery models. However, given the challenges involved with demonstrating programme effectiveness, this strategy involves considerable risk. Better ways to track, assess and share feedback on impact should be prioritised.

¹⁸ While this is the case for the initiatives overall, there are more robust evaluations of individual programme components. For example, as noted in Box 4 on page 48, the cost-benefit evaluation of He Toki ki te Mahi, a Whānau Ora initiative funded by Te Pūtahitanga o Te Waipounamu, found the programme generated potential economic benefits that outweigh the economic costs it incurred by a factor of more than 7 to 1.

Table 4: Effectiveness, scalability and replicability of initiatives

Initiative	Effectiveness	Scalability/replicability
Whānau Ora	Whānau Ora is highly scrutinised, but there has been limited conventional evaluation. The most recent review did not examine impact on outcomes. The programme operates differently in different locations and has some highly effective components, such as He Toki ki te Mahi.	Funding has been increased, including in response to Covid-19. New initiatives, such as Ngā Tini Whetū, which is funded by ACC and Oranga Tamariki, are being tested.
Kāinga Ora	Low. Has been disestablished.	Not applicable.
Manaaki Tairāwhiti	Promising, but the Manaaki Tairāwhiti success framework is still being developed and tested. An earlier evaluation could not quantify impact on outcomes.	Coverage of pilot initiatives (e.g., 50 Families) has expanded. Manaaki Tairāwhiti is taking a conservative approach to expansion. Their focus is on embedding their “way of working” and driving systems change.
South Auckland Social Wellbeing Board	Promising, but the SASWB’s success framework is still being developed and tested. An earlier evaluation could not quantify impact on outcomes.	Coverage of pilot initiatives has grown (e.g., the MDCAT pilot expanded from Manukau Central to Papakura). They aim to drive systems change.
The Southern Initiative	Promising, but too soon to assess impact. TSI’s Niho Taniwha evaluation framework is still being developed.	Coverage has expanded from south to west Auckland. TSI seeks to drive systems change.
The Joint Venture on family violence and sexual violence	The Auditor General’s concerns are currently being addressed.	Already operating nationwide.
Integrated Safety Response	High, but there were concerns about responsiveness to whānau Māori and the emphasis on crisis response.	NZ Police prefers to expand community-led Whāngaia Ngā Pā Harakeke model which has stronger prevention focus.
Whāngaia Ngā Pā Harakeke	High, based on high-quality evaluation.	High, with appropriate preconditions. Awaiting evaluation results for newer, unfunded sites.
Mana Whaikaha	The initial evaluation identified some capacity challenges. A follow-up evaluation is underway.	Unclear.
Te Ara Oranga	High, based on high-quality evaluation.	Intention to expand to other sites (East Coast, Bay of Plenty) announced.
Te Ao Mārama	Too soon to tell.	Unclear.
Debt to Government	Too soon to tell.	Way of working (looking for repeat/cumulative impacts on the same people) could be applied elsewhere.
Social sector commissioning	Too soon to tell.	Explicit focus on building capability. Eminently scalable.
Regional Commissioners	Too soon to tell.	Already operating nationwide.
Auckland City Mission	No evaluation available.	Capacity expanded in response to Covid-19 outbreak.
South Seas Healthcare Trust	No evaluation available.	Capacity and functions expanded in response to Covid-19 outbreak.
I Have a Dream NZ	High in original programme. Follow-up evaluation delayed due to Covid-19.	Unclear. Currently testing whether results can be achieved more affordably and at greater scale in Tikipunga and Ōtāngarei.
Inner City East/Linwood Revitalisation Project	No evaluation available.	Not clear. Illustrates opportunities and challenges of an organic community partnership model.
Source: Appendix.		

8.5 Scaling sustainably

Enduring funding and expansion of collaborative initiatives relies on being able to convince different ministers that the interventions provided have improved outcomes for people facing complex barriers to achieving their aspirations. There is more work to be done here.

As noted earlier, there are evaluation models which have been used to identify effective collaborative initiatives which could be applied in other contexts.

An ongoing challenge when it comes to scaling or transferring initiatives is distilling the core structural elements that contribute to their effectiveness. Many effective collaborative programmes rely on charismatic leaders who, along with their teams do “whatever it takes”, but these are not scalable components. In order to expand or successfully establish new sites, it is necessary to be able to articulate clearly **what it takes**. This will involve developing robust systems, processes, operational components and competencies, including measurement and accountability tools.

If scaling sustainably is the goal, less time and fewer resources should be spent piloting, and more should be spent on devolving resources and decision-making and building a learning system. In addition, fewer resources should be directed to providing descriptive assessments of impact, and more to quantifying a small number of key outcomes and identifying transferrable systemic elements. This is important both to build the evidence base required to justify more sustainable scaling and transferability of successful collaborative initiatives, and to identify where initiatives are not delivering results, and should therefore be modified or discontinued.

8.6 Expanding the PBI model?

Each of the successful PBI models has evolved throughout its operation. The Southern Initiative, discussed in Appendix A.2.4, has expanded geographically, to encompass west as well as south Auckland, and grown from a small team to a networked organisation of more than 40 staff (Burkett and Boorman, 2021, p. 17). Manaaki Tairāwhiti (Appendix A.2.2) and the South Auckland Social Wellbeing Board (Appendix A.2.3) are still working in their original geographic areas, but both are now partnering with and receiving funding from the Joint Venture on family violence and sexual violence (the Joint Venture), and Manaaki Tairāwhiti is getting more involved in commissioning (Minister for Social Development, 2020, pp. 1, 5). Continued evolution is to be expected as these models respond to the needs expressed by their communities and the priorities of their funders.

Should PBIs be introduced in other locations, the experiences of existing models provide some useful lessons, which are discussed in Box 3.

Box 3: Lessons from the development of PBI models

The right structures, people, evidence and processes are needed to build government agencies' capacity and capability to act as a collective, deliver shared services, and contribute to systems change. These elements take time to develop.

Both successful central government-led PBIs have a governance group with cross-agency representation and independent chairs to help hold government to account; an operational group that implements evidence-based initiatives and identifies opportunities to change practice, policy and systems; a local "backbone" function that provides executive support, works in partnership with agencies and NGOs and identifies evidence from new ways of working; and a national support function which reports progress back to their lead agency and minister.

Testing and adapting these structures to reflect local conditions and identifying people with the authority and expertise to work collectively took time, and initially both agencies experienced a lack of operational support (Smith et al. 2019, p. 22). The combination of changes in government agency personnel and the novel and dynamic nature of the PBI model means creating and maintaining a shared cross-agency understanding of the work of the PBIs requires ongoing effort.

A Cabinet mandate was intended to help mobilise agencies to work collectively, build collaborative capacity, provide the resources and authority needed to develop local solutions, and feed learnings back to the centre in order to influence system design and improvements. But, as the experience of Kāinga Ora (see Appendix A.2.1) demonstrates, such mandates can also reinforce the perception that agencies are "doing to" communities, rather than walking alongside them. There are also some significant gaps between intentions and results, particularly when it comes to agencies responding to identified learnings and changing policies, practices and systems.

Effective cross-agency working requires agreed protocols for consent and data sharing. These are required at all stages of the process from triage and referral, to service delivery, to outcomes monitoring and evaluation. Currently, the PBIs have developed their own individual protocols, but there is scope to reduce duplication and develop more centralised protocols based on existing best practice, while remaining alive to local issues and preferences.

Some funding uncertainties are inevitable with the development of new ideas and approaches. However, these have particularly high costs in environments that rely on the development of enduring, trusted relationships. While moving expenditure into baseline has reduced these uncertainties for existing centrally-funded PBIs going forward, it would be worth exploring whether there are ways to minimise disruptions caused by the discontinuity of funding, delivery and staffing for any new initiatives while maintaining transparency and accountability. Communities understandably experience delivery models that arrive, test and leave as a violation of trust.

More generally, there is a perception among PBIs that Government contracting requirements and funding arrangements can hinder flexible and holistic whānau-centred ways of working, collaboration and collective action. As the 2019 evaluation notes:

Procurement and contracting processes are important to ensure transparency and accountability over the allocation and use of public funds. However, traditional contracting and funding processes do not foster or enable the agile test and learn approach of the PBIs (Smith et al., 2019, p. 26).

At one point, Manaaki Tairāwhiti asked for less funding than they were offered as the proposed increase had conditions they were not comfortable with, and "they did not want to be constrained by Wellington" (Smith et al. 2019, p. 26).

This lack of sufficient devolved funding and decision rights is a key failure in the current system architecture that needs to be addressed. Both ensuring robust accountability for public funds and enabling the degree of courage and calculated risk-taking required to trial these new ways of working are necessary for success, and to an extent, these are in tension with each other.

Source: Smith et al. (2019).

8.7 Achieving systems-level changes

When it comes to achieving systems-level changes, more progress has been made on identifying problems that need to be fixed than on fixing them. To date, collaborative initiatives have tended to find ways to work outside and around the existing system rather than changing it.

For example, as discussed in Box 4 in the Appendix, Manaaki Tairāwhiti has access to a modest discretionary fund that is used in situations where no-one else pays for services, where it would take too long to access services, or to avoid debt, because another service would require the money to be paid back (Manaaki Tairāwhiti, 2021, p. 16). These situations all reflect an endemic lack of systems capacity which leads to a failure to address identified need (let alone the unidentified and unmet need noted earlier). Similarly, Mana Whaikaha, which is discussed in Appendix A.3.2, relies on the personal connections and knowledge of Kaitūhono (connectors), rather than more systemic approaches, in order to support disabled people and enable them to access the help they need.

Collaborative initiatives often struggle to get people with the power to make changes within government agencies to understand what is going on and do what needs to be done. A primary tool many collaborative initiatives use to help people from government agencies to “get it” is to have them visit delivery sites so they can “understand what it is we do here”.

To an extent, the lack of change at the systems level may reflect some of these initiatives being at a relatively early stage of development. The literature on collective impact initiatives finds that it is common for such initiatives to focus on understanding context, identifying issues and problems and building relationships in their early years. However, as they develop over time, collective impact initiatives should expect to see changes in patterns of professional behaviour, cultural norms and funding flows, and public policy and systems beginning to transform as a result of their efforts (Preskill et al., 2013a, pp. 5-6).

To ensure change occurs at the systems level in future, several things are needed.

One is compelling data that makes the case for change. Here, there are solid examples of best practice to draw on. Manaaki Tairāwhiti tracks both barriers that arise with high frequency (which are often around unmet health and disability needs) and barriers that occur infrequently but have serious ramifications. The South Auckland Social Wellbeing Board produces detailed learning reports which examine lessons on everything from governance (which includes Treaty of Waitangi requirements and Te Ao Māori principles) to funding and commissioning, delivery models, workforce capacity and capability, data collection, monitoring and evaluation, and information technology.

Another is willingness on the part of government agencies to support the operation of collaborative initiatives, devolve funding and decision rights, and change their own policies and practices. Resistance from agencies with strong vertical funding and accountability arrangements and a lack of understanding of, and support for, collaborative initiatives are still major issues in New Zealand. For example, the most recent review of Whānau Ora noted that some central government agencies were failing to deliver some of their core functions and expecting Whānau Ora to pick up the slack.

Central government agency mindsets and approaches reflect the incentives they face. Although many collaborative initiatives intend for accountability to be shared across agencies, in practice, existing funding, operational and accountability structures create much stronger accountability to “parent” agencies. The extent of devolved funding and decision-making is still relatively limited. Where they receive funding, the amounts provided to collaborative initiatives (which currently range

from single digit millions for the two PBIs to low hundreds of millions for Whānau Ora) are modest relative to the billions of dollars that central government agencies receive to provide health and social services.

Finally, collaborative initiatives require adequate resourcing and workforce capability in order to improve the effectiveness of service delivery and embed change over time. New staff may need to be hired, and existing staff, including management, may need to be trained in new processes and procedures.

9. Conclusion

In the 2015 *More effective social services* inquiry, the Productivity Commission noted that social services which are funded and delivered by single agencies often perform poorly for people with multiple complex needs.

Accessing the services they need in the form that they want, when they want, can be extremely difficult and frustrating. Many people experiencing persistent disadvantage have had negative previous experiences with central government agencies and do not trust them as a result. This can make it harder for government agencies to identify, reach and serve the individuals, families, whānau, aiga and communities who require the most help. As a result, needs often go unmet, opportunities for early intervention are missed and disadvantage endures.

Recognising these challenges, government agencies have long grappled with how to work better together, to fund and deliver more joined-up services in order to improve people's lives. Joined-up services are particularly beneficial for helping people facing multiple, complex barriers to reaching their aspirations.

In the six years since the Commission's earlier inquiry, new initiatives have emerged and existing initiatives have expanded. This report has examined 18 different collaborative initiatives which are discussed in more detail in the Appendix, with a view to determining how well they are working.

These initiatives span a broad range of approaches. They can involve increasing coordination across government agencies to reduce duplication and identify gaps; cooperating to address mutually agreed problems for particular target populations; and "collective impact"-type initiatives which operate with devolved funding and share impact measurement. All are trying to achieve more effective and joined-up social services for people in the greatest need.

Compared to standard models, these initiatives may involve more complex and consultative commissioning, contracting and delivery arrangements, with multiple, evolving services delivered by a range of providers for longer periods to wider groups of recipients that can include family, whānau and aiga as well as individuals.

Successful collaborative initiatives rely on building trusted relationships, both among providers and with the recipients of support. Other conditions for success include having clear, shared objectives across participating organisations, sound governance and adequate staffing. Effective data collection, monitoring and evaluation are also crucial – in particular having meaningful metrics that enable providers to adjust their approach as they go. All these things require adequate, dedicated funding from the outset.

Many recipients of collaborative services view them very positively. People appreciate being able to access flexible, holistic services that are whānau-centred, strengths-based, and culturally anchored, and meet them where they are, and being the architects of their own solutions.

Proven successes, including the Whāngaia Ngā Pā Harakeke family violence programme, and Te Ara Oranga, a methamphetamine harm reduction pilot, which have been shown to build individual and whānau capability, are being scaled up and introduced in other locations. Based on promising initial results, the Government has also expanded some flagship programmes, including Whānau Ora, prior to being able to quantify impacts on outcomes. There are effective collaborative approaches operating outside government as well, including I Have a Dream NZ and co-located services provided by the Auckland City Mission and South Seas Healthcare Trust. New models are continuing to emerge.

Government agencies are coordinating better among themselves, although the potential impact of new coordination initiatives such as Te Ao Mārama, the Debt to Government initiative or Regional Commissioners may be constrained by a lack of dedicated budgets and limited decision-making authority.

Crises can be a powerful motivator for government agencies to work together better to ensure people get the help they need. Covid-19 has demonstrated both the clear benefits from more collaborative approaches, and the strong tendency of agencies to “snap back” to business as usual as soon as the worst is perceived to be over.

However, despite the promising results, collaborative initiatives are encountering barriers with the way government operates. These barriers include:

- An overall lack of government understanding of, and capability and appetite for supporting collaborative action. This includes a reluctance to genuinely decentralise funding and decision-making to community-based initiatives.
- Government funding which is insufficient, uncertain and too short-term, and typically comes with complex accountability requirements. This results in service gaps and unmet needs.
- While mechanisms exist for providers to “feed back” systems-level problems to government, these are not being addressed. Instead, it is common for people on the ground to “bend the rules” or “find a way around things”.

Collaborative initiatives are experiencing other challenges, too. For example, when they start to reach more people with more appropriate services, they can uncover huge volumes of previously unseen and unmet need. This can result in services being overwhelmed, leading to service gaps and potentially serious safety issues for both providers and recipients. Many social services also face significant workforce constraints that will require long-term investment and planning across the education and training system, communities and the private sector to resolve. Migration is likely to be of limited help in addressing staffing shortfalls, given the importance of a workforce that can identify with and support Māori and Pacific clients.

Participating organisations are also seeing systemic drivers of persistent disadvantage, such as colonisation, racism, power structures, patriarchy and ableism.

There are important roles for Government in devolving resourcing and decision rights, setting standards, providing expertise and resourcing, disseminating best practice, developing workforce

capacity and capability, ensuring adequate levels of service provision, and helping change accountability structures and mindsets.

Identifying better ways to develop, support, assess and learn from collaborative approaches to working should be a priority for the Productivity Commission's *A fair chance for all* inquiry.

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Appendix: Collaborative initiatives

This Appendix summarises the evidence used to reach the conclusions in the main report.

This evidence includes the results of published evaluations and other reports on collaborative initiatives. These published records are supplemented with input obtained through stakeholder engagement.

The material in the Appendix reflects the views of evaluators, service recipients, providers and other stakeholders, and is presented here without commentary.

A.1 Whānau Ora

The Government established Whānau Ora in 2010 in response to the lack of progress of existing health and social health service delivery models when it came to improving outcomes for whānau Māori.¹⁹ According to the 2018 Whānau Ora review, Tipu Matoro ki te Ao:

Whānau Ora is a culturally anchored approach, shaped by Māori worldviews, cultural norms, traditions and heritage. Its foundational premise is that by empowering whānau to be self-determining and providing support, encouragement and inspirational ideas and opportunities, whānau can be the architects and drivers of a positive future. It is aspirational and strengths based. Whānau Ora puts whānau in charge of decision-making, empowering them to identify their aspirations to improve their lives and build their capacity to achieve their goals (Rangi et al., 2018, p. 5).

Unlike traditional delivery approaches that primarily address the needs of individuals, Whānau Ora focuses on increasing the wellbeing of individuals in the context of their whānau. It focuses on relationships, provides flexible support, and uses a joined-up approach that considers economic, cultural, and environmental factors alongside social factors.

Implementation occurred in two phases.

Phase one (2010 - 2014) focused on building a whānau-centred approach and the provider capability needed to design and deliver whānau-centred services.

During this phase, Te Puni Kōkiri administered two funding streams. One was designed to strengthen the capability of providers to deliver whānau-centred services through the establishment of provider collectives, and the other to support whānau to develop and implement whānau plans. From 2011, provider collectives employed navigators who assisted with whānau planning and supported whānau directly. Within regions, Regional leadership groups provided direction and coordination (Productivity Commission, 2015c, p. 9).

¹⁹ The 2010 Taskforce on Whānau-Centred Initiatives was asked to develop an evidence-based framework that would lead to “strengthened whānau capabilities, an integrated approach to whānau wellbeing, collaborative relationships between state agencies in relation to whānau services, relationships between government and community agencies that are broader than contractual, and improved cost-effectiveness and value for money” (Taskforce on Whānau-Centred Initiatives, 2010, p. 6).

By the end of this phase, “8,916 whānau were receiving whānau-centred services, 4,138 whānau were working with navigators, and [there were] numerous stories of whānau achieving greater wellbeing” (Productivity Commission, 2015c, p. 11).

A 2013 review of outcomes highlighted “big improvements” across a wide range of wellbeing dimensions (Te Puni Kōkiri, 2013, p. 12). However, the Productivity Commission’s 2015 case study observed that, in practice, “individual providers within collectives were still accountable to their funding agencies for delivery of individual services and contracts” (Productivity Commission, 2015c, p. 11). Integrated contracts were not leading to increased flexibility and change in service delivery, compliance costs had not been reduced and short term contracts with navigators and provider collectives threatened the sustainability of services. The Commission concluded that government agencies, which needed to create more contracting flexibility in order to achieve the initial vision for Whānau Ora, “appear to have lagged” (Productivity Commission, 2015c, pp. 11-12).

Phase one was “gradually wound down in tandem with the second phase being ushered in during 2014” (Rangi et al., 2018, p. 5).

In **Phase two (2014 - present)**, the emphasis of Whānau Ora moved away from Government contracting directly with providers. Te Puni Kōkiri contracted three not-for-profit Commissioning Agencies to invest in flexible and innovative initiatives and services to meet the needs of whānau and communities:

- Te Pou Matakana (now known as the Whānau Ora Commissioning Agency) works with whānau and families in the North Island.
- Te Pūtahitanga o Te Waipounamu works with whānau and families in the South Island.²⁰
- Pasifika Futures works with Pacific Island families across the country.

A Whānau Ora Partnership Group, made up of six iwi leaders and six senior ministers of the Crown, provided strategic oversight and direction for Whānau Ora. The Group, which was disestablished in 2019, agreed the Whānau Ora Outcomes Framework. According to Te Puni Kōkiri, this framework includes outcomes and monitoring measures, and defines short-, medium- and long-term goals for whānau which will be achieved when whānau are:

- self-managing and empowered leaders
- living healthy lifestyles
- participating fully in society
- confidently participating in Te Ao Māori (the Māori world)
- economically secure and successfully involved in wealth creation
- cohesive, resilient and nurturing, and
- responsible stewards of their living and natural environment.

²⁰ Te Pūtahitanga o Te Waipounamu is a legal partnership of the nine iwi of the South Island: Ngāi Tahu, Ngāti Apa ki te Rā Tō, Ngāti Tama, Ngāti Kuia, Ngāti Koata, Te Ati Awa, Ngāti Toa Rangatira, Rangitāne and Ngāti Rarua (Savage et al., 2016, p. 9).

The Commissioning Agencies act as brokers, contracting with and investing in Whānau Ora provider collectives, community providers (iwi, marae, education providers, church groups, land trusts or sports groups) and whānau and whānau collectives. Funding priorities and investment strategies are based on extensive and ongoing consultation with whānau, to ensure these are adapted and refined as whānau aspirations evolve.

Each of the agencies developed and implemented its own commissioning model to build whānau capability based on their values and the priorities of the communities, whānau and families they serve:

Te Pou Matakana and Pasifika Futures focus heavily on navigation and planning with whānau, delivered through Whānau Ora navigators, providers and a range of community organisations. Te Pūtahitanga o Te Waipounamu has taken a social enterprise approach to its commissioning by investing in whānau-developed and local-level initiatives. It is also growing a Whānau Ora navigation approach to respond to the immediate and longer-term needs of whānau (Te Puni Kōkiri, 2017, p. 17).

Navigators (Kaiārahi) work closely with whānau to build trust and confidence, identify specific needs and aspirations, support whānau to plan, and then connect whānau with the support they need to achieve their goals.

Each Commissioning Agency now produces quarterly progress updates. The agencies are developing their own approaches to monitoring and evaluation. Earlier evaluations, such as that undertaken by Savage et al. (2016), were largely narrative-based, but there are also examples of more structured impact assessments. The Whānau Ora Commissioning Agency has moved toward assessing outcomes based on the social return on investment,²¹ and Te Pūtahitanga o Te Waipounamu has used cost-benefit analysis.

Box 4 summarises the results of a cost-benefit evaluation for one programme, He Toki ki te Mahi.

²¹ See for example Te Pou Matakana (2017), which explains the Social Return on Investment (SROI) approach, and examines a case study of the SROI on the Taitamariki programme from Te Whānau o Waipareira.

Box 4: He Toki ki te Mahi cost-benefit case study

In May 2017, the Agribusiness and Economics Research Unit at Lincoln University undertook a cost benefit analysis of He Toki ki te Mahi, a Whānau Ora initiative funded by Te Pūtahitanga o Te Waipounamu.

He Toki ki te Mahi Trust supports pre-trade graduates to gain and complete construction industry apprenticeships.

Participating rangatahi receive practical support from a mentor, which helps them feel less overwhelmed and culturally isolated; a Kaupapa Māori approach is used to network each cohort so they support each other as whānau; and the Trust works with participating employers to mitigate some of the risks associated with hiring apprentices, for example through paying wages, administering leave, and providing safety equipment.

He Toki ki te Mahi was chosen as a case study “because it specifically aims to invest in the economic potential of its participants through skills development, which can be expected to produce lifetime benefits” (Dalziel et al., 2017, p. 5).

Based on conservative assumptions, the cost benefit analysis calculated that the potential economic benefits from He Toki ki te Mahi outweigh the economic costs by a factor of more than 7 to 1. Total potential economic benefits were estimated to be above \$5,500,000 and total economic costs over six years, including substantial set-up costs, were estimated to be \$780,000. A sensitivity analysis showed these results to be robust (Dalziel et al., 2017, p. 25).

In addition to ongoing monitoring, there have been two external reports, a formative evaluation and an external review published since the commissioning model was implemented.

A.1.1 Auditor General’s report (2015)

The high-level conclusion of the Auditor General’s report was that bringing whānau members together to prepare plans to improve their lives was a success. Whānau Ora also appeared to generate benefits beyond the plans themselves. Reconnected whānau members supported each other, learned about available whānau skills and expertise, and shared the experience of setting goals, and planning and managing projects and budgets to achieve them. Provider collectives made it easier for people to access a range of services, and intensive support enabled some whānau to move “from crisis to resilience” (Office of the Controller and Auditor General, 2015, p. 5).

However, as with the Productivity Commission’s case study, the Auditor General concluded that core government agencies, particularly the Ministries of Health and Social Development, lacked responsiveness to the new funding model. In particular, these ministries did not plan to change to a funding model that made the most of the effort and money (at that time, \$68 million) paid to providers in order to facilitate more whānau-centred service delivery.

Reinforcing the need for shared mutual objectives to be agreed upfront as a pre-condition for funding, the Auditor General also struggled to get a handle on exactly what Whānau Ora entailed:

We wanted to clarify for Parliament and the public what Whānau Ora is, where the funding has gone, and what Whānau Ora has achieved after four years. It was not easy to describe what it is or what it has achieved...We could not get a consistent explanation of the aims of the initiatives in Whānau Ora from the joint agencies or other people that we spoke to (Office of the Controller and Auditor General, 2015, p. 4).

Finally, the Auditor General noted that almost a third of the \$137.6 million spent on Whānau Ora during its first four years went to administration (including research and evaluation), and suggested that a greater share of funds could have been spent on the whānau and providers the programme was intended to help. Her hope was that the next phase of Whānau Ora would learn from and

address these criticisms, because “an innovative idea should not be abandoned just because of implementation problems” (Office of the Controller and Auditor General, 2015, p. 5).

A.1.2 Productivity Commission case study (2015)

As noted earlier, the Productivity Commission completed a detailed case study of Whānau Ora as part of the *More effective social services* inquiry in 2015. The Commission concluded that:

The evolving nature of Whānau Ora has made developing a performance management approach particularly challenging. Te Puni Kōkiri has developed new accountability arrangements for commissioning agencies. Greater transparency of these arrangements would improve understanding and credibility of Whānau Ora (Productivity Commission, 2015c, p. 1).

The Commission also noted that Whānau Ora “embodies concepts important to Māori and holds much potential to improve Māori and Pasifika wellbeing and mana whakahaere” and that “having a more clearly defined population and a dedicated budget based on the assessed needs of that population” would strengthen the Whānau Ora approach (Productivity Commission, 2015c, p. 1).

A.1.3 Formative evaluation (2015)

A 2015 formative evaluation examined how well the Whānau Ora commissioning model had positioned each agency to achieve the Whānau Ora outcomes. The evaluators reviewed documents, conducted individual interviews and held hui/group discussions. To ensure responsiveness to cultural context, Māori and Pacific evaluators were matched to Māori and Pacific Commissioning Agencies. They interviewed agency leaders, managers, staff and board members; providers, navigators and whānau; and Te Puni Kōkiri staff responsible for managing the contracts with each of the Commissioning Agencies (Te Puni Kōkiri, 2015, p. 8).

The evaluators found strong evidence that networks and stakeholder management were highly developed, that is, embedded at all levels across all three Commissioning Agencies and their partners and providers, with a clear line of sight to the Whānau Ora outcomes. Across all three agencies, the evaluators found good evidence that both strategic planning and service specification and development were consistently occurring, but more work was required to embed these aspects within the commissioning agency or partner/providers. Contracting frameworks were embedded less evenly across the three agencies. In Pasifika Futures and Te Pou Matakana, contracting arrangements, systems and processes were highly developed, whereas these elements were still consolidating in Te Pūtahitanga (Te Puni Kōkiri, 2015, pp. 29, 32).

The evaluators noted that adaptiveness is a key feature of the commissioning model:

The Commissioning Agencies believe their partners are best placed to connect with whānau and understand their needs and aspirations. As a result, they take an enabling and non-punitive approach to contracting arrangements and are flexible and open to changing the contract terms. Contracts have been renegotiated, and values increased when significant underfunding has become apparent (or volumes renegotiated), and on occasion, contracts have been downsized and/or funding reallocated due to partners not being able to meet their contracted obligations (Te Puni Kōkiri, 2015, p. 37).

There was also less uniformity on research and monitoring functions: these were assessed as consolidating in Pasifika Futures and Te Pou Matakana, and still developing in Te Pūtahitanga, partly

reflecting the newness of the organisation (Te Puni Kōkiri, 2015, pp. 29, 32). At the time of the evaluation, the outcomes framework and IT systems of Te Pūtahitanga o Te Waipounamu were relatively new and had not yet begun to inform reporting to Te Puni Kōkiri. Pasifika Futures and Te Pou Matakana had more robust evidence and reporting capability, but the evaluators noted that “the extent to which their data capture and reporting systems will cope with more complex reporting and analysis such as the attribution of outcomes to Whānau Ora and the sustainability of outcomes over time, remains to be seen” (Te Puni Kōkiri, 2015, p. 38).

A.1.4 Review of the Whānau Ora Commissioning Approach (2018)

The most recent review of Whānau Ora examined the extent to which the commissioning approach has resulted in sustainable change in the wellbeing and development potential of whānau; the extent to which the approach is accountable and transparent; and whether Whānau Ora provides a useful exemplar to improve whānau outcomes across Government, particularly in the social sector.

Has there been sustainable change for whānau?

The review concluded that the Whānau Ora commissioning approach has resulted in positive change for whānau:

In all the areas we visited, and across all the monitoring reports we reviewed, we have seen whānau progress towards achieving their self-identified priorities. However, the approach is relatively new, and we believe it is too early to form a view as to whether or not that positive change will be enduring. We believe that the intentions of Whānau Ora, to build resilience and capability within whānau to be self-managing and to be the architects of their own solutions, create the conditions to achieve sustainable change (Rangi et al., 2018, p. 5).

Features of the Whānau Ora model that contribute to its success include that it is culturally-anchored, whānau-centred, strengths-based and flexible; that the Commissioning Agencies provide partners, providers and whānau entities with a high level of support; and that it is supported by a committed, passionate workforce who can connect with whānau and communities and are invested in their success (Rangi et al., 2018, p. 5).

Some challenges with the commissioning model were identified, along with possible solutions. More localised commissioning options, particularly in the North Island, where the area served by the Whānau Ora Commissioning Agency is large, could make it easier to stay tightly connected to whānau and communities, and shared investments in common systems could reduce the duplication created by bespoke administrative arrangements for delivery and accountability. The evaluators concluded that more work is needed to ensure Whānau Ora reaches rural areas and deprived populations (Rangi et al., 2018, pp. 5-6).

There were also challenges relating to the wider operating environment. Some Wellington-based government agencies do not understand how Whānau Ora works. This has hindered buy-in and uptake, and in some instances, led central government agencies to “[opt] out of their own responsibilities” (Rangi et al. 2018, p. 8). At an operational level, demand for Whānau Ora “outstrips the funding and resources available to partners, providers and whānau entities to provide support” (Rangi et al. 2018, p. 7). In some cases, overwhelming demand led Whānau Ora partners to focus on crisis management rather than capacity building. At times, navigators were dealing with issues outside their expertise that should have been managed by clinicians or social workers funded by central government agencies or NGOs, potentially creating serious safety issues for both clients and

staff. Submitters to the review also expressed concerns about the workload and availability of navigators (Rangi et al. 2018, pp. 7-8; 49; 51-52).

Overall, the review concluded that “there must be a stronger set of expectations that government agencies will meet their own responsibilities. Whānau Ora is not a substitute for central government inaction” (Rangi et al., 2018, p. 57).

Is the commissioning model accountable and transparent?

The review noted that there is a “significant and formal accountability regime attached to the Whānau Ora Commissioning Approach” (Rangi et al., 2018, p. 9). However this regime is primarily focused on process, not outcomes. Partners and providers consider reporting tools to be “unnecessarily time-consuming and not fit for purpose” (Rangi et al., 2018, p. 9), and the lack of Pacific voice in the Whānau Ora Partnership Group was a concern. While decision-making is supported by checks and balances, there is a lack of “downward transparency” — that is, the criteria, rationale and processes for decision-making are not visible to partners, providers and whānau themselves.

The Commissioning Agencies “do not resile from being held accountable”, but they note the “disproportionate level of external scrutiny applied to Whānau Ora” and are “frustrated that this level of scrutiny does not seem to be applied even-handedly to other government-funded initiatives” (Rangi et al., 2018, p. 9).

Is the Whānau Ora approach a useful exemplar?

Having not considered alternatives, the reviewers did not consider themselves in a position to determine whether Whānau Ora could constitute an exemplar (best approach) for improving whānau outcomes across Government, or indeed the social sector. Nonetheless, they noted that the Whānau Ora Commissioning Approach is an example which “results in positive change for whānau”, “creates the conditions for that change to be sustainable”, meets accountability requirements, and operates transparently (Rangi et al., 2018, p. 10).

The reviewers concluded that:

There is a culture shift needed within government, and to that end we have recommended that Te Puni Kōkiri work with other agencies to capitalise on opportunities, and address the perceived barriers that inhibit the uptake of Whānau Ora [by central government agencies], and whānau-centred approaches (Rangi et al., 2018, p. 11).

The Minister for Whānau Ora broadly agreed with the results of the review (Te Minita mō Whānau Ora, 2019a). In a follow-up paper to Cabinet, the Minister noted:

My vision is for Whānau Ora and whānau-centred approaches to be integral to policies, programmes and services across government to improve the wellbeing of New Zealanders. This includes ensuring Whānau Ora is adequately resourced to support whānau to achieve their aspirations, is appropriately supported across government agencies, and that whānau are able to play a key role in local decision making regarding Whānau Ora support (Te Minita mō Whānau Ora, 2019b, p. 1).

A.1.5 Broadening whānau-centred approaches

In 2019, Cabinet established an independent reference group reporting to Te Minita Whānau Ora “to provide strategic level advice on Whānau Ora and broadening whānau-centred approaches across the public sector” (Cabinet Social Wellbeing Committee, 2019, p. 1).²² The 2019 Wellbeing Budget allocated \$80 million to Whānau Ora over four years to expand coverage and impact (Te Minita mō Whānau Ora, 2019b, p. 5). Leveraging wider buy-in from across mainstream agencies was a key focus, along with enhancing navigator capabilities and testing whānau-centred approaches more broadly.

A flagship co-designed initiative, Paiheretia te Muka Tāngata/Unite the Threads of Whānau, which is jointly led by Te Puni Kōkiri, the Department of Corrections, and the Ministry of Social Development in partnership with Māori, introduced a kaupapa Māori approach to reduce the Māori prison population (Te Minita mō Whānau Ora, 2019b, p. 6). According to Te Puni Kōkiri, specialised navigators work directly with tāne Māori aged under 30 and their whānau, helping them to set goals and access the services and support they need in their journey through the system. The programme incorporates tikanga Māori and Te Ao Māori values and focuses on restoration and healing.

Te Puni Kōkiri also identified communities with limited (or no) access to Whānau Ora services and programmes to trial localised commissioning. The website says that local agencies with resources and networks are contracted to commission (buy) services or programmes “to help whānau to make transformative, positive change: for example, housing repairs, alcohol, and drug counselling, parenting programmes or employment advice”. Agencies listen to community members and, “knowing what is available locally and what will work”, design an approach that supports what whānau want and need. Three of the four initial trials are still operating. They are run by Raukawa Settlement Trust in Tokoroa, Te Whare Maire o Tapuwae Charitable Trust in Wairoa, and Huria Trust in Western Bay of Plenty.

In 2020, the Government announced the introduction of “a new, whānau-centred early intervention prototype designed to strengthen families and improve the safety and wellbeing of children” (Minister for Children, 2020). A collaborative programme funded jointly by Oranga Tamariki, Te Puni Kōkiri, ACC and the Whānau Ora Commissioning Agency, Ngā Tini Whetū will provide intensive additional early support to around 800 North Island whānau.²³ The aim is to increase cross-government engagement with Whānau Ora, build stronger partnerships between agencies and providers in communities, and test different approaches and gather evidence on their effectiveness.

Te Puni Kōkiri also notes that Whānau Ora has received additional funding to help whānau to “respond, recover and rebuild from the Covid-19 pandemic”. The 2020 Wellbeing Budget allocated an additional \$136 million over two years, of which \$53 million was provided to Whānau Ora Commissioning Agencies to help whānau with urgent needs manage the direct impacts of Covid-19; and \$78 million was directed to additional whānau engaging with Whānau Ora as a result of the pandemic (Ministers of Māori Development, 2020). In September 2021, the Minister for Whānau Ora announced the provision of a further \$23 million to provide lockdown support and to assist with the rollout of vaccinations (Dunlop, 2021). In total, Whānau Ora will receive \$174 million in 2021/22, including Covid-19 related funding.

²² This group has now been disestablished following the completion of the objectives set out in its Terms of Reference.

²³ The three agencies have invested a combined \$42.4 million over two years, with Oranga Tamariki and ACC transferring money to Te Puni Kōkiri to commission services from the Whānau Ora Commissioning Agency.

A.2 Place-Based Initiatives

In New Zealand, Place-Based Initiatives (PBIs) have been established by both central and local government. This section begins with brief background to the introduction of government-led PBIs, and a high-level discussion of the challenges involved with evaluating them. It then considers each of the three initial PBIs (Kāinga Ora, Manaaki Tairāwhiti, and the South Auckland Social Wellbeing Board) in turn, before discussing the Southern Initiative (TSI), which is led by local government.

In 2016, in part in response to the recommendations of the Productivity Commission’s *More effective social services* inquiry, Cabinet agreed to establish three PBIs. These initiatives were designed to improve outcomes for at-risk children and their whānau by shifting collective decision-making and discretion to the local level (Social Investment Agency, 2017).

Three sites were selected:

- Kāinga Ora in Te Tai Tokerau (which was disestablished in 2019),
- Manaaki Tairāwhiti, and
- The South Auckland Social Wellbeing Board (SASWB).

PBIs were intended to have a “tight, loose, tight” framework – with clear targeting on at risk young people aged 0-24, loose rules for how local leaders would deliver, and tight accountabilities. Each PBI was expected to make decisions based on data and evidence, have a consistent approach to data and analysis, monitor progress towards outcomes, and meet legal and government process requirements (Smith et al., 2019, p. 14).

A national support function, located initially in MSD and from January 2019 in the Social Investment Agency (SIA), was set up to assist with the provision of target population data and analytics (including via building capability around data protocols, information sharing, and data ethics); share lessons between the PBIs, determine whether the level of decision rights provided sufficient flexibility to improve outcomes, and evaluate the PBI model (Smith et al., 2019, p. 15).

An evaluation to assess how well the PBI model worked “as a mechanism for collective action to address complex needs” was commissioned by the SIA and completed in 2019 (Smith et al., 2019, p. 10). The evaluation assessed implementation, value and emerging outcomes for the three Place-Based Initiatives.

A number of factors hampered the development of an effective evaluation approach. One was a lack of clarity around the purpose of the initiatives at the outset (Smith et al., 2019, p. 99). Another was uneven levels of support during the business case and establishment phase. Each of the three PBIs needed to analyse data in order to develop a collective vision and baseline, and to identify target populations and geographical areas for social investment. The SASWB drew on significant local resources and worked with the SIA, but Manaaki Tairāwhiti and Kāinga Ora had more limited local data analysis capability, and did not receive the SIA support they had expected (Smith et al., 2019, p. 24). Finally, the SIA did not develop a shared success measurement framework for PBIs at the outset. This created uncertainty for the initiatives around success measures, indicators and data collection (Smith et al., 2019, p. 25).

The evaluators also noted that PBIs are challenging to evaluate because they “do not deliver tightly defined services with strict individual eligibility criteria to address prescribed wellbeing outcomes under established success criteria” (Smith et al., 2019, p. 117). Rather, PBIs are designed to be

dynamic and adaptive in order to improve their responsiveness to whānau with complex, intergenerational needs.

There is not, and nor is it appropriate for there to be, a standard definition of whānau. Wellbeing is whānau-defined and multifaceted, and available data provides poor proxies for important cultural elements such as taha wairua/spiritual health. Because services and support vary according to whānau need, start and end points and service intensity vary. Since whānau with complex needs can struggle to access services and entitlements, PBI initiatives also tend to have flexible eligibility criteria – to “do what whatever it takes” (Smith et al., 2019, p. 117).

The evaluation team concluded that these features made identifying credible comparison groups impractical, which made assessing quantitative impacts on whānau outcomes relative to a randomised control impossible. As a consequence, the evaluators reported that they could not quantify PBI impacts on whānau outcomes, or wellbeing (Smith et al. 2019, p. 114).

The evaluators identified three areas of follow-up evaluation activity in conjunction with the Social Wellbeing Agency and the PBIs (Smith et al., 2019, p. 117):

- Developing an explicit success measurement framework for PBIs.
- Mapping and assessing the contribution of PBIs to wider system change at the local, regional and national level in order to understand their influence on sustainable policy and practice changes, and their potential impact on a wider group of whānau.
- Using descriptive IDI analysis to better understand local needs in order to help system improvement.

Success measurement frameworks

Tailored success measurement frameworks were subsequently developed for both the South Auckland Social Wellbeing Board and Manaaki Tairāwhiti. As set out in Box 5, these frameworks are underpinned by the principles of Te Tiriti o Waitangi.

Box 5: Principles of Te Tiriti o Waitangi underpin the PBI success frameworks

Article 1 – Kāwanatanga

PBI governance and management should involve Māori and Māori leadership at all levels including decision-making, prioritising, purchasing, planning, policy development, and implementing and evaluating services.

Article 2 – Tino rangatiratanga

PBIs should create and resource “opportunities for Māori to exercise tino rangatiratanga, control, authority, and responsibility over Māori wellbeing”, including though “by Māori, for Māori” initiatives and restoring iwi self-management.

Article 3 – Oritetanga

PBIs should ensure Māori are equitably represented through active recruitment and retention policies that value cultural competence, and should provide Māori staff with sufficient structural and pastoral support.

Article 4 – Wairuatanga

PBIs should invest time and money to ensure engagement with Māori is informed by respect for and knowledge of Māori spiritual dimensions of wellbeing. Cultural and spiritual practices should be accorded proper respect and attention and be Māori-led.

Source: Summarised from Smith et al., 2020, Table 1, p. 10.

The frameworks emphasise different elements at different phases of development, from pre-establishment and initial setup through testing and learning to achieving collective actions and outcomes:

- Initially, **Māori and the Crown** work together to identify problems, design processes and develop solutions. Once ready for collective action, Māori decide what to do and the Crown assists with implementation.
- **Central government** then devolves decision-making to the local level, provides funding to support a “test and learn” approach, creates pathways to share learnings more widely, and uses these learnings to change social sector policy and practice.
- At the **regional** level, the initial focus is on building relationships, followed by establishing purpose-led governance and operations teams that over time develop effective and responsive cross-agency services that lead to improved outcomes and systems change.
- **Whānau** have voice, in defining their aspirations, saying what is and isn’t working, and co-designing services that improve collective outcomes for their communities.

Different PBIs, and different participants within individual PBIs, may reach different phases at different times.

A case study approach based on reflective questions is then used to assess performance against the framework. Table 5 provides an overview of the reflective questions used.

Table 5: Reflective questions used to inform case studies

PBI initiative	Key reflective questions to explore
Overview of success story	<ul style="list-style-type: none"> For what reason is this PBI initiative a success in enabling system change? What evidence supports the success story?
Te Tiriti o Waitangi	<ul style="list-style-type: none"> Article 1 – Kāwanatanga: How are Māori influential decision-makers at all levels of the PBI? Article 2 – Tino rangatiratanga: How is self-determination for Māori evident in the PBI? Article 3 – Oritetanga: How does the work of the PBI strive for and deliver equitable outcomes for Māori? Article 3 – Wairuatanga: How is the work of the PBI framed by Te Ao Māori, tikanga Māori, and mātauranga Māori?
Demonstrating local system change	<p>The following questions seek to identify the system change conditions. Not all questions will be relevant:</p> <ul style="list-style-type: none"> Policies: What policies, rules, regulation or priorities have changed to enable positive whānau outcomes? Practices: What practices or institutional behaviours (both formal and informal) have changed? Resource flows: How have flows of money, people, information and other resources changed? Relationships: How have pathways for whānau changed to support and enable them? Power: How has the initiative changed power distribution both formally and informally? Mindset: How have deeply-held assumptions or beliefs changed?
Whānau outcomes	<ul style="list-style-type: none"> How have the system changes affected or benefited whānau? How have the system changes affected or benefited whānau Māori?
Central government	<ul style="list-style-type: none"> How has central government enabled system change at regional and national levels based on PBI evidence? If implemented, what are the potential ripple effects for whānau Māori and whānau outcomes?
Source: Smith et al., 2020, Table 2, p. 18.	

A.2.1 Kāinga Ora

Kāinga Ora was a Ministry of Education-led PBI in Te Tai Tokerau with five government agency members and two iwi representatives who had previously worked together collaboratively. Its independent, non-government chair was a highly-respected member of the Northland community.

Local leaders in Te Tai Tokerau were frustrated with the limited effectiveness of siloed delivery and viewed the social sector system as disempowering and undermining the mana of whānau with complex needs. They were considering how to collectively act to improve their systems and prepared to work differently (Smith et al. 2019, pp. 17-18).

When the three PBIs were established, Kāinga Ora was allocated contingency funding of around \$3.7m from 2016 to 2019 (Smith et al., 2019, p. 15). The initiative aimed to provide integrated responses to at-risk 0–24-year-olds and their whānau to shift intergenerational patterns of behaviour and build community self-help, capability and resilience.

Having a Cabinet mandate for this mahi came with clear advantages, including mobilising government agencies to work collectively, providing the authority to develop local solutions to improve whānau outcomes, and providing resources to develop collective ways of working locally.

However the mandate also generated negative perceptions:

Distrust of government initiatives is high in Northland, reflecting the historical context and generations of being 'done to by the Crown'. Feedback suggests communities had a high level of cynicism about Kāinga Ora from the outset (Smith et al., 2019, p. 20).

An early review of Kāinga Ora by Ernst & Young reportedly found its roles, responsibilities and functions were not clearly defined. It noted the lack of a shared vision and clear strategic framework, an operational infrastructure that did not facilitate collaboration, and insufficient data analytics capacity to create local evidence (Ernst & Young, 2017, cited in Smith et al. 2019, pp. 6, 17).

Following this review, Kāinga Ora sought to reset their strategic direction and refresh their operating model, and capability. However, a later evaluation concluded that rather than adapting, Kāinga Ora “remained focused on delivering nationally-set, results-based accountabilities to achieve specific targets for at-risk children and young people” (Smith et al., 2019, p. 17).

Kāinga Ora was not given the flexibility to implement its vision and use a “test, learn and adapt” approach to generate system improvements. Efforts to refine and develop whānau-centred ways of working were hindered by government agency barriers and Ministerial directives. Stakeholders spoken to during the Commission’s initial engagement for the fair chance inquiry described agencies being “more focused on demonstrating they had met their own accountability requirements than on working together”. Ultimately, the drive for fast results and frequent reporting from Wellington resulted in a traditional service model experienced as “doing to” whānau. Kāinga Ora was disestablished in June 2019.

Given the sensitivities around the disestablishment, which was underway as the evaluation took place, the evaluators only interviewed four people, including national level stakeholders and some Kāinga Ora Board members.²⁴ Some stakeholders spoken to in the context of the current report said they viewed the willingness of the government to discontinue an initiative that wasn’t working to be very positive. Others gave examples of the Te Tai Tokerau community coming together to collaborate on a range of effective co-designed initiatives (for example, on school attendance, suicide prevention, and housing), indicating that a lack of community capacity was not the underlying cause of the PBI closure.

A.2.2 Manaaki Tairāwhiti

Manaaki Tairāwhiti combines local expertise and reach with smarter use of government resources across the social sector to accelerate and effect transformational change for at-risk families. The initiative leverages the high level of existing collaboration and united leadership in Tairāwhiti and central government support for responses tailored to local circumstances to provide connected governance and stewardship of programme and service delivery.

The aim is to re-orient existing programme delivery in order to better understand and improve the cumulative impact of services and increase shared responsibility for results. Through trialling new whānau-centred, cross-agency ways of working and identifying system improvements, Manaaki Tairāwhiti seeks to create better outcomes for whānau with complex, inter-generational needs at

²⁴ The evaluators spoke to one Government agency involved in the PBI and three people involved in PBI governance.

both the local and national level. As well as helping to lift people up, Manaaki Tairāwhiti is also focused on identifying and seeking to address government interventions that push them down.²⁵

History

In 2016, Tairāwhiti community leaders were invited to a NZ Police meeting to discuss a new family violence initiative, Whāngaia Ngā Pā Harakeke (see Appendix A.3.1.3). The aim was to provide an opportunity for community input.

Initially, all of the agencies present wanted to lead the new initiative's governance function, but the conversation quickly turned to the amount of member and leadership time that was already tied up attending meetings. Funding typically came with a requirement to have a governance group, and the funding was needed to help whānau who were hurting – but the process itself was exhausting and ineffective.

As a result, the community decided to establish a single new, united governance group led by the independent Iwi Chairs of Te Rūnanganui o Ngāti Porou and Te Rūnanganui o Tūranga-nui-a-Kiwa.²⁶ Participants in the different groups and agencies involved recognised that most whānau with complex needs were experiencing a cluster of issues that would require ongoing agency collaboration to address. Anne Tolley, the local MP, invited the group to write a proposal for a PBI, Manaaki Tairāwhiti, which was approved by Cabinet in 2016.

Manaaki Tairāwhiti was allocated total contingency funding of ≈ \$2.3m between 2016 and 2020. In each of 2020/21 and 2021/22, Manaaki Tairāwhiti was allocated baseline funding of \$1.05m. Since 2016, the Ministry of Social Development has been the lead agency for Manaaki Tairāwhiti.

Evolution, operation and impacts

Manaaki Tairāwhiti works with whānau with complex intergenerational needs who have previously experienced negative and damaging engagement with social sector services (including racism or an inability to access entitlements).

Collective action focuses on five inter-related, evidence-informed areas – mental health and addictions, family harm, housing, child wellbeing, and early childhood education. A “test, learn and adapt” method is used to trial holistic approaches to working with whānau at their pace, on issues important to them” and “builds trust and relationships and supports whānau on a transformative change pathway” (Smith et al., 2019, p. 18).

The priority areas for Manaaki Tairāwhiti are also a high priority for government agencies. The initial idea was to have navigators who worked outside the system, but this was quickly realised to be naïve, because everyone involved was in the system. Instead, the focus turned to governance and systems improvement: changing how people worked and then sending lessons learned back to Wellington. With the support of the State Services Commission (now Public Service Commission) and

²⁵ For example, a mother having to choose between appearing in court or taking her child for life-saving surgery would lose either way, since neither a judge nor a surgeon arrange their schedule around the needs of their clients.

²⁶ The Manaaki Tairāwhiti Governance Group includes Te Rūnanganui o Ngāti Porou (co-chair), Te Rūnanga o Tūranganui-ā-Kiwa (co-chair), Gisborne District Council, Ministry of Social Development, Tairāwhiti District Health Board, Te Puni Kōkiri, Ministry of Education, NZ Police, Barnados, Tūranga Health, Department of Corrections, Oranga Tamariki, and Housing New Zealand (Minister for Social Development, 2020, p. 2).

coaching support from the Better Every Day/Vanguard team in the Ministry of Social Development, navigators engage with whānau and provide feedback to both frontline providers and the centre.

Co-design with whānau has informed the Manaaki Tairāwhiti way of working from the start. Research sought to hear and understand the realities whānau faced, identify which issues were most important to them and determine how the system impeded whānau in meeting their needs.

One result was “50 Families”, a flexible, strength-based initiative designed to address presenting issues and test the ability of social service systems to adopt a “whatever it takes” approach to addressing complex need. Reflecting the relatively small inter-connected population and access barriers, there are no eligibility criteria, thresholds or service specifications for 50 Families – whānau are referred based on need, and navigators work to provide help at the earliest opportunity (Smith et al., 2019, p. 30). Over time, with the benefit of ongoing system improvement work and Joint Venture funding, the 50 Families prototype has evolved into the Manaaki Navigator approach, whereby ten navigators contracted through seven local providers are currently working with more than 200 whānau. The navigators work with two navigator supervisors located within Manaaki Tairāwhiti to ensure consistent, joined-up practice.

Through their networks, navigators know what services are available and how to access them. They walk alongside whānau, helping them to identify the right providers, clarify their rights and obligations and make informed decisions. Navigators advocate for whānau and work around systems where necessary – for example, through negotiating with providers if their need does not meet provider criteria or thresholds for service delivery (Manaaki Tairāwhiti, 2021, p. 16).

After initially tracking the number of families assisted, Manaaki Tairāwhiti now focuses on needs met instead, viewing this as a better indicator given the highly variable nature of whānau needs.

Having access to a modest discretionary fund enables Manaaki Tairāwhiti to work outside and around the existing system in order to generate better outcomes for whānau. As shown in Box 4 below, this fund is used in situations where no-one else pays for services, where it would take too long to access services, or to avoid debt where another service would require the money to be paid back (Manaaki Tairāwhiti, 2021, p. 16).

Box 6: How the Manaaki Tairāwhiti discretionary fund is used

Situation 1: Two teenagers moved back into their mother’s care following a house fire. Their mother had bad credit and the house had no electricity connected. She promised to pay the bill if one of her daughters got the power reconnected in her name, but then moved out of the district leaving a large unpaid power bill. Her daughters were left with no income and responsibility for a significant debt.

Manaaki Tairāwhiti worked with Te Pa Harakeke/Tairāwhiti Children’s Team (the lead agency), Matapuna, Work and Income, and Turanga Ararau/Youth Services, to ensure the teenagers had access to accommodation, kai, clothing, personal care items, household essentials and education. The siblings were paid an independent benefit and were able to start with a clean financial slate after Manaaki Tairāwhiti paid \$1,445 for the power arrears instead of applying to Work and Income for a recoverable debt.

Situation 2: Manaaki Tairāwhiti paid legal fees of \$1,530 associated with grandparents getting a parenting order so they could care for their moko given their mother was transient, using drugs and in an abusive relationship. The children’s grandfather, the primary income earner for the whānau, stopped work due to a terminal cancer diagnosis, and was unable to pay the bill. The family’s other needs were met by other providers including the Cancer Society, Hauora Tairāwhiti Oncology Specialist, Nurse, Social Worker, Palliative Care, Work and Income, Psychologist and local high schools.

Source: Manaaki Tairāwhiti (2021).

Stakeholder feedback

Manaaki Tairāwhiti stakeholders noted that deeply embedded systemic causes of disadvantage (including colonisation, racism, power structures, patriarchy and ableism) still need to be addressed in Aotearoa. Only some of this can be done at a national level, and beyond that, “communities must learn for themselves how to tackle these wicked problems because they manifest differently in each location depending on demographics, poverty, workforce capability, leadership, environment, availability of resources and a whole host of other dynamics”. However, how much local communities can reasonably be expected to drive change for themselves depends on how, and how much, the power and decision-making are devolved to them.

Tensions between local and national priorities can get in the way of addressing structural causes of disadvantage and achieving systems change. As one example, the Manaaki Tairāwhiti systems improvement team had been working in the Department for Corrections for some time, and had “evidenced what needed to change and tested alternative ways of working with great results”, but “when Covid-19 arrived, leaders from above pulled the resourcing to scale the work and it has subsequently come to a halt”.

In response to issues identified through their work with whānau, Manaaki Tairāwhiti has recommended that partner organisations increase system flexibility to enable better responses to changing whānau needs. One specific example would be to enable people to apply for legal aid retrospectively (Manaaki Tairāwhiti, 2021, p. 16).

Working with other agencies to scale up system improvements is a key focus of the Manaaki Tairāwhiti 2021 Strategic Plan (Manaaki Tairāwhiti, 2021, p. 6). Having navigators identify and document barriers, including policy and process issues, wait times and service gaps enables the Manaaki Tairāwhiti system improvements team and governance group to make decisions based on information gathered directly from local whānau and the people who work with them (Manaaki Tairāwhiti, 2021, p. 9). It is also intended to help the systems changes needed across the health, education, justice and welfare sectors to be identified and prioritised by the centre (Manaaki Tairāwhiti, 2021, p. 14).

While acknowledging that Manaaki Tairāwhiti is “fairly new at collecting information and packaging it up for leaders to act on”, they cannot yet say that “the centre” has changed – except to the extent that Manaaki Tairāwhiti has been given the opportunity to “do things differently” in the region.

At the local level, through contracting with providers, Manaaki Tairāwhiti has been able to “power up” providers who are not MSD accredited and “give new people a chance to prove that what they can do adds value to whānau”. These providers are working with “hard to reach” cohorts such as homeless men and in remote communities like Ruatōria. Manaaki Tairāwhiti has also put social support into an alternative education provider that is not funded by the Ministry of Education. This provider is not focused on educational outcomes, but on the root causes of distress that lead young people to disengage from education. This may include working with whānau members, “something that not many education providers can do within their current funding”.

Manaaki Tairāwhiti has built strong collaboration across agencies, including through delivering the backbone support, method and measures for other services. For example, they are subcontracted to deliver on the Mayor’s Taskforce for Jobs, which the Mayor leads. Manaaki Tairāwhiti also plays a leading role in Whāngaia Ngā Pā Harakeke, a NZ Police-sponsored initiative working in partnership with local iwi/hapū to reduce family harm which is discussed in more detail below.

Manaaki Tairāwhiti has built new pathways for communication between agencies and the community, including from the governance group, to the operational leaders and into community providers. This has helped improve the focus of the social sector in Tairāwhiti, which now has a shared purpose, locally defined “way of working” and measures that monitor the performance of the whole system from the perspective of whānau.

However, Manaaki Tairāwhiti notes that having identified barriers, “it is now up to the leaders of the various agencies to act on those barriers”. Navigators cannot change barriers in agency systems. They can work around barriers, and share their tools for doing that with others, “but the agencies themselves have to investigate, understand and test doing things differently within their own agencies and in the spaces between agencies for systems change to occur”.

Evaluation

The recent evaluation of the initiative (Smith et al. 2019) used a case study approach to gather feedback from whānau who were supported by Manaaki Tairāwhiti.²⁷

Whānau who were interviewed for the evaluation commented positively about the holistic support they received, saying they appreciated having someone reliable to turn to and felt listened to and heard. They reported being more aware of their entitlements and how to access them, having the confidence to ask for help, learning new skills, and other positive outcomes such as having a safe home, getting health checks, and getting a drivers licence (Smith et al., 2019, p. 34). Whānau were encouraged to keep exploring other possibilities for change and provided with support to realise future aspirations, including for training and employment. They “felt more empowered and confident to take greater ownership of their future—mana motuhaketanga” (Smith et al., 2019, p. 75). However, quantifying the impact of Manaaki Tairāwhiti on whānau wellbeing outcomes was “not feasible at this point” (Smith et al., 2019, p. 7).

Adapting to local conditions and changing government priorities, it took Manaaki Tairāwhiti around two years to achieve substantial collaboration and collective action – although both are a work-in-progress. Having the “right” people involved – senior managers in government agencies (and other agencies) who understand, and are ideally from, the region – has been critical. Manaaki Tairāwhiti senior leaders tend to live in the region, know each other and are committed for the long-term.

Going forward, Manaaki Tairāwhiti plans to continue to develop and refine the success framework introduced following the evaluation. Rather than collecting standard provider reporting information such as completed social work plans or sessions attended, a method designed to encourage shared understanding, responses, feedback and reflection is being tested. Measures collected relate to:

- **Whānau need/demand** – what are you asking for help with?
- **Response** – how did the agency/organisation respond to your need?
- **Barriers** – was there anything that got in the way of you getting the help you asked for? If so, what was it?
- **Timeliness** – did you get what you needed in the timeframe that you needed it?
- **Complexity** – how many other people/agencies/organisations are involved?

Programmes like 50 Families have led to local level systems change by bringing issues and barriers to the attention of the agencies concerned, which are then able to action improvements. Getting

²⁷ The evaluators conducted 28 interviews comprised of four whānau, three frontline providers/navigators, two agencies working with whānau/providers, four Government agencies involved in the PBI, ten people involved in PBI governance, and five people involved in PBI operations.

central government agencies to change policy and practice has proven to be more difficult. Manaaki Tairāwhiti is now tracking barriers that arise with high frequency (including unmet health and disability needs) and less common barriers that have serious consequences. An app being developed via a GovTech project is intended to provide more accurate, timely anonymised data. The hope is that making communication less cumbersome and time-consuming for navigators will help speed up the flow of information back to the centre and make a more compelling case for systems change than the site visits and case studies that are currently being used.

A.2.3 The South Auckland Social Wellbeing Board

The vision of the South Auckland Social Wellbeing Board (SASWB)²⁸ is for all children in south Auckland to be healthy, learning, nurtured, connected to their communities and culture, and building a positive foundation for the future. The SASWB is a government agency-led PBI with 13 government agency and local government members and an independent non-government chair.²⁹ It is focused on identifying learnings that can improve the system and getting services to families and whānau who have not engaged previously.

History

At the time PBIs were being considered by the Government, the Counties Manukau District Health Board (CM Health) was in discussions with other local government agency leaders about working cross-agency to address the social determinants for health, and their principles and values helped shape the vision and work of the SASWB. CM Health provided substantial financial, information technology, evidence and insight expertise, and human resources to support the establishment of the SASWB. Access to these in-kind resources helped to buffer initial implementation challenges. CM Health also helped develop the use of population and public health methods for SASWB's evidence and insights (Smith et al., 2019, p. 17).

The South Auckland Social Wellbeing Board was allocated contingency funding of ≈ \$7.5 m from 2016 to 2020. In both 2020/21 and 2021/22, the SASWB was allocated baseline funding of \$2.5m. The SASWB's lead agency was the State Services Commission (SSC) from 2016-2018, and the Ministry of Social Development from 2019 (Smith et al., 2019, p. 14).

²⁸ The South Auckland Social Wellbeing Board was initially called the Social Investment Board. The name was changed in 2018.

²⁹ The Ministry of Social Development, Ministry of Health, Te Puni Kōkiri, Ministry of Education, NZ Police, Ministry of Pacific Peoples, Ministry of Justice, Department of Corrections, Oranga Tamariki, Housing New Zealand, Auckland Council, and the Accident Compensation Corporation comprise the SASWB Board. Counties Manukau District Health Board is the host agency (Minister for Social Development, 2020, p. 2).

Evolution, operation and impacts

The South Auckland Social Wellbeing Board works with whānau with complex intergenerational needs who have previously experienced negative and damaging engagement with social sector services. The ability to design and trial holistic, whānau-centred approaches and work flexibly at an operational level is critical to building trust and being able to respond at the right time in the right way to the complexity that whānau face in their lives.

Effective collective action relies on the development of appropriate contracts, triage, referral and consent processes and data sharing and a commitment to “test, learn and adapt”. The SASWB focuses on five inter-related, evidence-informed areas which are also high priorities for central and local government – mental health and addictions, family harm, housing, child wellbeing, and early childhood education. This reinforces the value of shared insights and learnings for PBI members and central government.

The SASWB uses visual “journey maps” to collate risks identified across agencies and illustrate the extent of agency involvement in people’s lives. People may initially present with a few issues and appear to agencies to be at relatively low risk. The real issues people are facing surface as agencies develop trusted relationships with individuals and whānau and between themselves, which leads to increased information sharing. It has become apparent through the construction of journey maps that experience of family violence often provides a sensitive marker of high and complex family need.

One key difference between successful and unsuccessful interventions is the involvement of a trusted person. A strong relationship with someone at high risk with high needs can turn things around. On the other hand, ending a strong relationship can be catastrophic for the person concerned and enormously costly for their whānau and wider society. It is better to invest upfront to ensure continuity of relationships. Operational flexibility and systems change may also be needed, for example when criteria mean someone might “age out” of access to a trusted support person.

The SASWB has trialled several prototypes using a “test, learn and improve” approach. Take-up of successful examples has been mixed, and does not obviously correlate with identified impact.

The Family Harm Awareness Alert Pilot discussed in Box 7 has not been picked up nationally, despite its apparent effectiveness.

Box 7: The Family Harm Awareness Alert Pilot

In May 2018, the Ministry of Education, NZ Police, and the SASWB established the Family Harm Awareness Alert pilot (“the alert pilot”). There are 17 schools with a combined population of 13,476 students participating in the pilot, representing around 13 per cent of south Auckland students.

Schools participating in the alert pilot receive an email when one of their students is involved in a “red-flagged” family harm call-out. Red flags occur when a child calls 111, self-harms, is a victim or the aggressor, is visibly upset when Police attend the incident, or where there is known repeated exposure to harm due to frequency, severity, and/or regularity:

Receiving this alert enables the school staff to consider or be mindful of the child’s wellbeing and respond with increased sensitivity to any behavioural issues, decreasing the chances of disciplinary action and enabling provision of suitable pastoral support or other services to the child, in accordance with the school’s Child Protection Policy (SASWB, 2020, p. 4).

Schools find the alert system helpful, and have integrated it into their existing pastoral care systems. They say it does not require additional resourcing, and has a positive impact on student wellbeing, including educational achievement. Alerts can prevent harm, trigger extra academic and financial support, and enable multi-agency action.

Despite the apparent success of the pilot, and the efforts of the SASWB Evidence and Insights team to package learnings and identify opportunities to improve and roll out the approach, the Ministry of Education has not applied it nationally.

Source: South Auckland Social Wellbeing Board (2020).

The multidisciplinary cross-agency team (MDCAT) approach, discussed in Box 8 below, is beginning to be applied more widely.

Box 8: The multidisciplinary cross-agency team

The multidisciplinary cross-agency team is a flexible, evidence-based way of working to identify whānau at risk of family harm incidents. It was established after recognising a systemic problem: that Christmas was a time when stressors from factors such as finances, food and housing were high for families but there were limited services and supports available in both the community and from government agencies, since staff typically went on holiday at this time.

In 2018/19, a 3-week-long co-located pilot was designed to address key stressors and keep people out of crisis. That year, MSD provided some emergency payments. Following the success of the initial pilot, NGOs came on board the following year and provided some mental health support (recognising that some stress was financial, and some was psychological).

Through prototyping, the SASWB learned that the MDCAT way of working supported quicker and more coordinated support for whānau experiencing family harm.

The speed of the MDCAT response to whānau was enabled by removing barriers to information sharing and having the right agencies with the right level of backing together in a shared space with permission to work differently. A flat leadership structure ensured staff could raise opportunities for improvement and relay any concerns. Seeing the whole person/whānau led to better outcomes. The approach was also more enjoyable for staff, who felt empowered by the collaboration and teamwork and the sense that “other agencies had your back” and therefore more able to do what attracted them to their jobs in the first place – help people.

Family stressors are clearly not just an issue at Christmas. The NZ Police and MSD are continuing to collaborate on the MDCAT, which has formed a key component of the response to Covid-19 for both agencies (Minister for Social Development, 2020). As a result of the success of this approach, the SASWB Board agreed to continue the MDCAT way of working and to embed it into “business as usual” in early 2020 across two sites, at Manukau Central and Papakura. Key learnings from the MDCAT have also influenced the development of the national Integrated Community Response model, a key element of the Joint Venture on family violence and sexual violence (see Appendix A.3.1.1), which seeks to ensure communities can lead efforts to prevent and address family violence.

Source: South Auckland Social Wellbeing Board (2021).

Start Well Māngere, which is discussed in Box 9 below, has led to changes in eligibility criteria for services at the local level, and is also informing a national policy review.

Box 9: Start Well Māngere

Start Well Māngere uses a holistic, whānau-centred approach, working at the pace of the whānau to build relationships and trust, recognising that whānau who have been damaged through interactions with the social service system do not want to engage with the system or trust the support organisations offer.

The programme provides home-based intensive support for young mothers and their whānau from pregnancy to when their child is aged five. A nurse and a social worker work together providing health checks and social services. As well as enabling responsive parenting and understanding of early child development, Start Well aims to improve life outcomes by reducing whānau stress. This means focusing on addressing one issue at a time, based on whānau priorities. There is a recognition that “putting food on the table” or “finding a job” or “getting a licence” may take priority over “weighing and measuring baby” (Smith et al., 2019, p. 104). Staff develop a long-term, trusted relationship with whānau and can be relied upon.

Coaching has helped empower whānau to identify their needs, set goals and make decisions; to understand their entitlements, have the confidence to advocate for themselves, and navigate services; and to move towards independence and self-determination – although the door is always open for them to return for additional support if they need it (Smith et al., 2019, p. 105).

The Start Well team has established robust systems and processes to support staff in their work and ensure joint decision-making with whānau. Collating and sharing insights and learnings with a view to improving future service delivery is a priority, but staffing capacity has at times been a constraint. Funding uncertainty in the early years of the programme led to some staff resigning to find other employment, and the impacts – particularly on trusted relationships with whānau – are ongoing (Smith et al., 2019, p. 26).

The Start Well prototype surfaced useful lessons around consent processes for whānau information, and data sharing and evidence-gathering processes with the potential to contribute to wider system improvements, including for government agencies not directly involved in supporting whānau with children under five (Smith et al., 2019, p. 24).

At a local/regional level, Start Well worked with DHB maternal mental health services and Awhi Rito, an underutilised four-bed facility, to improve access to respite care for mothers experiencing emotional distress and their babies, e.g., following a family harm callout. Previously, the home-like setting at Awhi Rito had only been able to be accessed by secondary maternal mental health services following a diagnosis.

More recently, Start Well has provided a detailed learnings report which is directly influencing the national Well Child Tamariki Ora (WCTO) review. It recommends changes in a number of areas including:

- governance (including through involving whānau in the co-design of services that respond to their preferences and complex needs, and are underpinned by Te Tiriti o Waitangi responsibilities and Te Ao Māori principles such as kanohi ki te kanohi /face-to-face delivery);
- funding and commissioning to support flexible local decision-making and ensuring whānau need is addressed in a timely and responsive manner;
- ensuring care models are based on holistic whole-of-whānau approaches that enable whānau to direct their own care and build capability;
- developing a national strategy for the WCTO workforce, including a Māori and Pacific workforce, that builds capacity and capability and ensures staff have the skills they need;
- ensuring data collection, monitoring and evaluation are fit for purpose, meaningfully measure what works, and are used to adapt, change and be responsive to the needs of pēpē, tamariki and whānau who are Māori and Pacific, have disabilities, are in state care or have high needs; and
- using IT to drive joined-up best practice across the life course, including through implementing a national digital platform to support integration and timely flows of information.

As the varied responses to these pilot initiatives show, demonstrating that there are better ways of doing things does not necessarily lead to systems change.

Stakeholders do find it frustrating that central government agencies do not always scale or embed the improvements they have identified. Many existing mechanisms intended to support systems change are viewed as equivalent to exhorting agencies to “play more nicely”. Those agencies inclined to do so will pick up improvements, but there is “nothing structural” to ensure those that are not will change how they operate. Regional Commissioners, which are viewed in some quarters as a key tool for driving systems change, have no backbone, dedicated funding, or specific accountability requirements.

Local workarounds can be found, but this is not the same as having a system that works. Some examples of problems that the SASWB has addressed via local flexibility in individual cases which really require systemic responses include:

- District Health Boards require a permanent address in order to provide services. This does not work for families that are homeless.
- People with lifelong disabilities still need an annual assessment by their GP to ensure eligibility for services. This takes time and can be costly. People often lose contact with the system and don’t get what they are entitled to.
- Kāinga Ora (the housing programme, not the earlier PBI of the same name) may move someone out of a 3-4 bedroom house if their children are taken into care. Once issues are resolved, a lack of access to appropriately-sized housing becomes a barrier to getting them back.

Where staff end up relying on trust and relationships instead of the system to make things happen, this is an indication that the system needs fixing. The SASWB says this will require high-level government mindset change (as opposed to purely an operational mindset change), across all levels including commissioning, information-sharing, policy design, and mandate.

Often what happens in practice is that solutions to blockages are identified at the local level, there is initial agreement – for example, the Joint Venture Deputy Chief Executive’s group will agree “this is the right thing to do, we would like to do it” – and then the parent agency who holds the purse strings blocks the change. The NZ Police have considerable flexibility at the local level but other agencies – including Health – need this, too.

Overall, the SASWB has built an evidence-based understanding of whānau need which helps government agencies build their capacity to work collaboratively. Identifying and addressing barriers has also made it possible to trial new approaches and identify potential contributions to systems change.

Joint initiatives such as the MDCAT and the Whāngaia Ngā Pā Harakeke family harm reduction initiative, which is discussed in Appendix A.3.1.3 below, reinforce a sense of collective responsibility for outcomes. However, the overall PBI evaluation completed in 2019 found that quantifying the impact of the South Auckland Social Wellbeing Board on whānau wellbeing outcomes was “not feasible at this point” (Smith et al., 2019, p. 7).

A.2.4 The Southern Initiative (TSI)

A part of Auckland Council, The Southern Initiative and Western Initiative (TSI) describes itself as a place-based innovation unit that works across government agencies and philanthropic organisations to drive social, economic and community innovation and transformation. It is based in south and west Auckland. Supported by Auckland Council, the team's work also attracts philanthropic and central government funding around specific initiatives and kaupapa.

TSI partners in a different way to the Government-led PBIs discussed above. In addition to partnering with existing government agencies and providers, TSI is focused on finding and demonstrating radical solutions to pressing social and economic challenges with a particular focus on Māori and Pacific innovation and leadership. It operates more like an integrated economic and social development agency, and aims to catalyse change by demonstrating and incubating different approaches.

According to the initiative's website, TSI's integrated approach seeks to both address immediate whānau stressors and foster longer-term changes to policies and systems. Its work spans four interconnected focus areas:

- creating shared prosperity through inclusive, just, circular and regenerative economic development, including backing Māori and Pacific businesses as the leaders of a green and just economy;
- connecting Māori and Pacific rangatahi to future-focused innovation pathways through culture, innovation and technology;
- improving tamariki wellbeing and whānau and aiga prosperity through whānau-centred approaches; and
- growing and restoring mauri, safety, security, health and wellbeing through investments in environmental, home and community infrastructure.

Reconnecting to mātauranga Māori and other and indigenous knowledge systems is fundamental to TSI's way of working. TSI acts as a broker and facilitator, building capacity for more whānau-centric approaches, co-designing and leading local initiatives, and helping to communicate and translate "across different worlds".

UpTempo, one of TSI's flagship initiatives, is described as a whole of aiga approach to increasing wealth for Pacific families at both the grassroots and systems level.

The initiative will work intensively with 450 people and their whānau over 4 years. Initially focused on recommendations from the Pacific People's Workforce Challenge (such as empowering people to use underutilised skills, addressing transportation gaps, and encouraging businesses to invest in workplaces that recognise cultural practices), the next phase will bring together innovation practice, evaluation methods and lived experience to generate a compelling and actionable case for systems change (Ministry of Business, Innovation and Employment et al., 2019). The Council recognises limitations in its own practices (it employs many Pacific workers, but they tend to be low paid) and is seeking to address this.

TSI has also worked to increase the numbers of Māori and Pacific businesses providing council-funded services.

One early example involved a Pacific SME doing demolition work. At the time, there were no learning pathways focused on how to reduce waste. OurAuckland (2020) notes that the TROW Group has now created a deconstruction methodology, new learning and career pathways and a

new market. It has generated 50 jobs for local youth, many of whom are learning to be engineers. More broadly, [its website](#) reports that Amotai (formerly He Waka Eke Noa, established by TSI in 2018) is now a national supplier diversity intermediary service.³⁰ It helps buyers to design and implement inclusive procurement strategies and connects Māori and Pacific businesses to the tender process, and works with them to understand written and unwritten rules of success.³¹ An online training course is also provided.

TSI's collaboration with the Auckland Co-design Lab (the Co-Lab) has developed knowledge, relationships and activities around employment, young children and technology innovation in south Auckland and helped to identify effective ways to work alongside partners and achieve change. The Co-Lab [reports on its blog](#) that the two organisations are also working together to design Niho Taniwha, a values-based evaluative learning practice which aims to track changes in whānau outcomes and in systems, and to identify strategic insights from different initiatives and focus areas.

According to the most recent TSI review, the intention is that Niho Taniwha will account for outcomes being developed through each TSI initiative (Burkett and Boorman, 2021, p. 5). Described by reviewers as “comprehensive and culturally grounded” and “very promising, both in terms of how rigorous the evaluative principles are, and the integrative learning potential of the platform”, Niho Taniwha is still being developed (Burkett and Boorman, 2021, pp. 20, 22).

Although the eventual contribution of Niho Taniwha to the work of TSI is not yet able to be assessed (Burkett and Boorman, 2021, p. 22), the potential of TSI itself is clearly identified in the conclusion to its most recent review:

[We] are hard pressed to see anything, anywhere that has the rigour, the vision and the extraordinary people (whānau, community members, team members, partners, funders) that make up TSI. It is not perfect - it is complex, it is a work in progress, it is human. And yet there are glimpses in this work that we should all take note of (Burkett and Boorman, 2021, p. 27).

³⁰ Amotai means “sea swell” in te reo Māori. The name refers to the skills of Polynesian ancestors in navigating new territory, and the courage, innovation, risk taking and fortitude needed to settle Te Moana Nui-a-Kiwa (Pouwhare, 2020).

³¹ The vision of this kind of circular development is captured in their recent proposal with the Ministry of Business, Innovation and Employment which focused on accelerating entrepreneurship and job creation, and building Māori and Pacific economic resilience through a regenerative and circular enterprise movement (TSI, 2021).

A.3 Government-led initiatives with completed evaluations

A.3.1 Family and sexual violence initiatives

Family violence (and, to an extent, sexual violence) is a function of power dynamics and inequity. It can result in victims being isolated, coerced and controlled, and prevented from living a good life.

Victims may struggle to seek help for reasons including lacking control of finances, concerns around their immigration status, and fear of physical and psychological harm to their children. Victims (and abusers) face not only violence within the home, but also “violence” by the system (failure to be believed, failure to receive services) and violence by society (sexism, racism, homophobia, ableism).

Several different collaborative initiatives addressing family and sexual violence have identified that experiencing violence is frequently a sensitive indicator of unmet, complex needs. It can provide one lens onto a vulnerable cohort of people and be an entry point for identifying the social and economic barriers they face, and the range of services that could help support them to stay safe and improve their wellbeing. As one stakeholder noted:

In family violence, “collaboration” serves a very specific purpose at the individual level: to share information held by different agencies that might support the assessment of the risk that family faces, especially risk of lethality, and to make coherent support plans to reduce that risk.

This section begins with a brief discussion of the Government’s overall framework for eliminating family violence and sexual violence.³² As a recent report commissioned by the Auditor General (Carswell et al., 2020) demonstrates, there is an extensive range of research, programme and evaluation activity seeking to reduce the extent of family harm and sexual violence in New Zealand.

Different regions are currently using different models of cross-sector working, including the original Family Violence Interagency Response (FVIAR) System. Both the Integrated Safety Response (ISR) and Whāngaia Ngā Pā Harakeke have been evaluated and shown to be effective.

Officials consider these two approaches to be innovative and reflective of international best practice. Both approaches are supported by evaluations that show reductions in family harm. They are adaptive and responsive and viewed as having managed the challenges associated with Covid-19 well, although whether they have improved the safety and wellbeing of people experiencing violence is not yet known. Of the two, Whāngaia Ngā Pā Harakeke is generally viewed as providing a better basis for future cross-sector approaches to reducing family harm and sexual violence in the context of family harm because it is more community-led, in comparison with the more top-down, agency-led ISR.

A.3.1.1 The Joint Venture for family violence and sexual violence

In 2018, the Government announced the creation of a Joint Venture for family violence and sexual violence, commonly known as the Joint Venture. The Joint Venture is “accountable for significantly reducing family violence and sexual violence” and involves “new ministerial arrangements, new public service arrangements, and new ways for agencies to work – both together, and with Māori

³² At the time of writing, the Government’s new National Strategy to Eliminate Family Violence and Sexual Violence, Te Aorerekura, which is described at <https://violencefree.govt.nz/national-strategy/>, had not yet been announced.

and non-governmental organisations in the family violence and sexual violence sector” (Office of the Controller and Auditor General, 2021a, p. 3).

The Joint Venture Business Unit (the Ministry of Justice-hosted support function for the Joint Venture) received government funding of \$10.3m in 2020/21 and it has a budget of \$12.9m for 2021/22.

Prior to the introduction of the new Joint Venture approach, the government recognised that agencies whose work touched the family and sexual violence space were doing the best they could for the part of the problem they could see and which was covered by their remit, but acknowledged there were gaps in service delivery, with available services failing to address “the whole of the person”. The wider wellbeing framing adopted by the government did not fit well within a single agency approach, and a strong rationale and logic for working collectively, integrating support, and joining up was identified.

The Joint Venture approach starts from people’s needs and aspirations, and works across multiple agencies, each of which may have small but important parts to play in a complex, multifaceted, inter-generational space. The goal is to enable additional linkages and overlaps with organisations with preventative responsibilities (e.g., Health, Education, Whānau Ora), and there is a growing recognition that local, regional and national decision-making need to be joined up.

An initial review by the Auditor General released in June this year reported that the Joint Venture was not yet operating effectively enough:

To achieve transformational change, everyone involved, from Ministers to agency staff, needs to have a clear and shared understanding of what they are seeking to achieve, their respective roles, and accountabilities. The Joint Venture also needs to agree with Māori what their partnership means in practice... Similarly, the joint venture needs to invest significant time and effort in building relationships with NGOs and other stakeholder groups (Office of the Controller and Auditor General, 2021b, p. 1).

These recommendations are being addressed, and the Auditor General plans to continue to review the development and achievements of the Joint Venture.

Stakeholder feedback

With respect to cross-sector working, officials from the Joint Venture Business Unit, which provides support to the Board, say the Joint Venture is looking across various examples of integrated community-led responses, including the Integrated Safety Response sites in Canterbury and Waikato; Whāngaia Ngā Pā Harakeke as delivered by the SASWB and Manaaki Tairāwhiti; and the Whiria Te Muka partnership in Te Hiku, all of which are discussed in more detail below. The intent is to learn from examples of successful community leadership, and integrate these learnings across government, with a particular emphasis on identifying systems issues and elements of core capability.

Officials spoken to during the preparation of this report identified several aspects of the JVBU that are working well. While there are still moments of frustration, it has shifted how people approach budget bids. These are less competitive and combative and more collaborative – there is a sense of people thinking, “I see your bid is more important than mine; perhaps we could join together”. The

focus on system enablers (workforce needs, data and evidence gathering, commissioning) is also viewed positively. However, it is unclear how this could lead to systems change:

Most of these improvements are from the bottom up and based on relationships rather than established architecture. Leaders say “this is a priority” but operationally there are challenges. There is also a lack of clarity around boundaries – what is “their space” and what is “our space”.

It has been common for unmet demand for family violence services to come to light as service quality improves, which poses challenges for both service operators and recipients.

A.3.1.2 Integrated Safety Response

The Integrated Safety Response (ISR) pilot is a multi-agency led “whole-of-family and whānau” approach to ensuring the safety of people impacted by family violence and sexual violence (Joint Venture Business Unit, 2019a).

ISR seeks to create better outcomes for families and whānau at risk of family violence and sexual violence through dedicated staff, funded specialist services, and intensive case management. Most ISR funding is provided through non-governmental organisations (NGOs). An initial pilot was launched in Christchurch in July 2016 and a second pilot site was established in Waikato in October that year. ISR funding has just been moved into baseline, with \$15.565m provided for 2022/23.³³

The defining features of the ISR include:

- Daily triaging of new episodes of family violence;
- Keeping victims and children safe while also focusing on perpetrators;
- Ring-fenced funding, a strong government mandate, and dedicated operational staff; and
- Efficient information- and task-sharing via a purpose-built electronic case-management system.

The ISR was established as a short-term, crisis-based intervention. The Christchurch pilot has maintained this focus, but over time the Waikato operation has increased its emphasis on prevention, early intervention, and long-term healing.

An initial ISR evaluation (Mossman et al., 2017) attributed improved whānau safety and wellbeing to the programme. However, it also concluded that services were under-resourced, and more needed to be done to develop whānau centred-practice and responsiveness to Māori.

A subsequent evaluation (Mossman et al., 2019) conducted interviews with families and whānau, including people impacted by and people using violence, and surveyed service providers and government agencies. The evaluators completed a policy review and cost-benefit analysis, undertook a separate Kaupapa Māori evaluation (Joint Venture Business Unit, 2019b), and, along with an in-depth 12-week case review, analysed the extent of re-offending and re-victimisation.

Again, the ISR was found to be improving service response to families and whānau, including through more effective outreach by specialist workers and better relationships and connections between community and government partners.

³³ This figure includes NGO service provision/responses, operating costs, core staffing in sites and nationally, Flexi Funding, and Family Safety System (case management operating costs).

Wehipeihana (2019, p. 42) found that partnerships with Kaupapa Māori providers – who take a “culturally grounded, holistic and strengths-based” whānau-centred approach – have improved the responsiveness to Māori families and whānau since the initial evaluation. However, aspects of the programme have been contentious, with some Christchurch stakeholders expressing a preference for greater focus on prevention and supporting whānau-led aspirations as opposed to crisis response.³⁴

The 12-week case review found almost three quarters of families engaging with ISR had received some form of practical support including “safety alarms, safe housing, counselling, legal support, parenting programmes, safety programmes, alcohol and drug programmes, and mental and physical health support” (Joint Venture Business Unit, 2019a, p. 3).

Improvements in family and whānau wellbeing were attributed to this support. People felt safer. More were enacting safety plans and reporting low-level violence to the NZ Police. There were identifiable reductions in exposure to family violence, including a 48 per cent reduction in children witnessing or being exposed to family violence. Perpetrators receiving support reported being better able to manage their anger. Overall, the cost-benefit analysis found the ISR programme avoided social costs of family violence worth 3.2 times the investment, assuming a 5-year time horizon.³⁵

Stakeholder feedback

Officials say that while the overall ISR approach is world-leading, service provision is still imperfect and there is some way to go to address this. Capacity is an issue:

In hindsight, it is unsurprising that the system picks up few people who are assessed as low risk – most are medium or high. This wasn’t expected at the setup so there were some capacity issues. The length of time people spend with providers is also longer than expected – most people need a minimum of 12 weeks and many need longer term support.

Along with the increasing demand that comes to light when services become more responsive, another challenge for capacity is that hardly anyone in engaging with family violence services has just one problem, and multiple agencies have influence that matters. As a consequence, rollout and alignment of associated services is important. If ISR refers someone to a service provider, they need to be lined up and ready to go.

There are also some challenges in ensuring statutory agencies have sufficient oversight:

There will always be a role for statutory agencies but this is being minimised – “we don’t want to learn from you, we want this to be community led” – but violence happens in, and is enabled by, communities, so oversight and support are needed. This is a real tension. Strong community governance limits central oversight, but encouraging best practice requires a willingness to listen to constructive feedback.

³⁴ There has been some confusion about how the Tū Pono (ISR) Coalition relates to the Tū Pono Whānau Ora approach to family violence developed by Māori across Te Waipounamu. The Tū Pono Whānau Ora approach “has a strong, whānau-led, prevention focus” whereas “ISR funds an immediate safety response that initially focuses on making safe the victims and children but includes working with perpetrators of the harm” (Wehipeihana, 2019, p. 6).

³⁵ Social costs were based on an average annual programme cost of \$10.45 million and social benefits were estimated based on reductions in repeat family violence and associated social harm (Mossman et al., 2019, p. viii).

A.3.1.3 Whāngaia Ngā Pā Harakeke

Whāngaia Ngā Pā Harakeke is a community-driven pilot initiative designed to reduce serious family harm, re-victimisation and repeat offending, and the proportion of Māori and Pacific people experiencing and perpetrating family harm.

*[Whāngaia Ngā Pā Harakeke] is designed to prevent family harm by tailoring the best available resources to the root causes that leads to Police being at an address with family members having reached some form of crisis. [It] is applied even if there is no offence identified by police in attendance. The event itself will initiate a concern to offer support to de-escalate crisis, support whānau and prevent any future offending. It is a recognition of getting to the base or addressing the root cause, **at the flax roots**, that gives rise to the programme's name, **Whāngaia Ngā Pā Harakeke** (Walton and Brooks, 2020, p. 21, emphasis in original).*

The initiative was developed by the NZ Police and iwi partners, who work alongside government agencies including Oranga Tamariki, Corrections and ACC and local NGOs. Three pilot sites – Counties Manukau, Tairāwhiti, and Te Hiku in Kaitiāia – were selected based on both their high incidence of family harm and associated PBI initiatives (Walton and Brooks, 2020, p. 7). Together, these three sites received funding of \$5.040m for 2022/23.

Since then, a number of other locations have adopted or prepared to adopt the Whāngaia Ngā Pā Harakeke model. The programme began operating in Waitematā in January 2019; in Auckland City, where it is known as Te Manawa Titi, in May 2019; in Ōtepoti (Dunedin) in November 2019; and in Whanganui in March 2020.

Implementation details vary depending on local circumstances and partner priorities, but common features of each location are:

- Dedicated additional Police constables who are deployed with Kaiāwhina/Kaipuripuri (social workers) to help whānau and individuals within whānau who are at risk of further harm;
- An iwi partnership or accord based on shared aspirations that reflect the local environment and knowledge (mātauranga); and
- Daily risk assessments by NZ Police and partners and triage of Police Family Harm reports.

Many local variations reflect attempts to improve on previous practice. For example, in Tairāwhiti, partners recognise the challenges whānau experience when trying to navigate the system, and are seeking to achieve a “one door policy” so that people get the support they need irrespective of who or where they approach. They aim to “whakamana ngā whānau” or empower families through ensuring their practice is responsive to whānau needs and led by tikanga Māori and whakapapa.

As the [Tairāwhiti Whāngaia Ngā Pā Harakeke programme website](#), states:

We know past methods have not always worked for whānau so our desire is to be different – whānau must experience the change... The mantra of ‘whatever it takes’, ‘walking alongside whānau’, and ‘challenging ourselves to find solutions’ are foremost in our thinking. It is amazing what a cup of tea, establishing trust (pono) and a focus on solutions can achieve!

In Northland, the NZ Police and Te Hiku Iwi collaboratively created an overarching Whāngaia Ngā Pā Harakeke model which was renamed Whiria Te Muka, meaning “weaving of the strongest strands”. Based on a unique relationship between the Police and the chairs of participating Te Hiku Iwi Social

Accord rūnanga, Whiria Te Muka is hosted by Te Hiku ō Te Ika Iwi Development Trust on behalf of the Iwi Chairs.

The [Whiria Te Muka website](#) describes the initiative as working to “reduce and prevent whānau harm and uplift Mana Tāngata for the people of Te Hiku ō Te Ika Iwi”. The approach seeks to obtain a deep understanding of family harm triggers, and because it considers family harm to be a wider family responsibility, looks at circumstances and sources of stress across the whole whānau, rather than simply focusing on “offender” and “victim”:

We adopt a mana-enhancing, whānau-centric approach in practice where we take the time to āta whakarongo (listen carefully) and strive to unpack the whakapapa to the harm that whānau are experiencing.

Whiria Te Muka has not been independently evaluated, but undertakes its own data collection and analysis, and, as its [website](#) notes, aims to “influence and contribute to change over broad systems, from intervention to prevention to thriving communities”.

The Counties Manukau, Tairāwhiti and Auckland initiatives have been independently evaluated and the results of these evaluations are summarised in Table 6.

The Whāngaia Ngā Pā Harakeke sites in Ōtepoti, Whanganui and Waitematā are currently being evaluated, and results are expected shortly.

Table 6: Whāngaia Ngā Pā Harakeke evaluation results

	Counties Manukau	Tairāwhiti	Auckland City
History	Live in south/central areas in April 2017. Expanded to include East/West areas in June 2017.	Set up in February 2017, established and operating by May 2017.	Operating by May 2019.
Incidence	16,000 – 20,000 events flagged as family harm pa. 94% of offenders have prior history of family harm, most not within past 12 months.	3,959 family harm offences through nine-month observation period.	15,700 family harm events in the two years prior to introduction of Whāngaia Ngā Pā Harakeke.
Control group	Geographic control. ³⁶	Propensity-matched comparison groups. ³⁷	Propensity-matched comparison groups. ³⁸
Impact	Reduced harm from offending, reoffending and harm prevented. Almost 50% reduction in severity of offences for reoffenders compared to prior year. Overall harm reduced by 15%.	Average harm per offence reduced by 20%. 40-50% reduction in first time offences after “no offence identified” event. Overall harm reduced by 18.7%.	Fewer offences with lower average harm (about half rate prior to Whāngaia Ngā Pā Harakeke). For those who reoffend, severity of offences reduced by 22%. Overall harm reduced by 15%.
Source: Summarised from Walton and Brooks (2019), Walton and Brooks (2020), and Walton (2021).			

As can be seen in Table 6, across all the evaluated sites, Whāngaia Ngā Pā Harakeke has been shown to both prevent, and reduce the seriousness of, family harm by at least 15 per cent. This result reflects the combined impact of input from all Whāngaia partners, including local NGOs.

Stakeholders interviewed for this report noted that there are aspects of how Police work that support the Whāngaia approach. Somewhat ironically given the NZ Police tendency for “command and control”, using a Te Ao Māori lens, Police are very much thinking about “building culture, what path are we laying for our children, what are we leaving for them, what is our role in this partnership”. Police rotation policy has staff moving every two years – this doesn’t help with building relationships, but it does mean people get more systematic about handing over relationships when they move on. Police almost view themselves as kaitiaki of roles and honour the whakapapa of the role as part of their contribution to the collaborative. Other factors that make the NZ Police a good partner are that “they are not a fan of long reports, like detail, are okay with complexity, and accept others as experts.”

Stakeholders noted that it can be difficult to disentangle cause and effect because entry points vary (for example, NZ Police callouts and the courts in some Whāngaia Ngā Pā Harakeke locations) and there are multiple interventions happening in parallel (such as through service providers, or the

³⁶ The initial implementation was limited to two out of four areas in Counties Manukau, and later expanded to the whole district (Walton and Brooks, 2019).

³⁷ People who participated in the Whāngaia Ngā Pā Harakeke programme were propensity matched to a control group of other similar offenders (by offence severity, offender prior convictions and date of offending) in other parts of the Eastern Districts as a means of providing a control group (Walton and Brooks, 2020, pp. 8-9).

³⁸ Control groups were constructed by comparing the difference in values of crime harm and rates of offending for equal groups drawn from the two years prior to the introduction of Whāngaia Ngā Pa Harakeke and the two years after the initiative was first introduced. These groups were matched on the characteristics, time and severity of the event, and prior convictions of participants (Walton, 2021, p. 2).

court system). Funding also tends to be provided for service provision and not for documenting and feeding back learnings:

If there is any intention to scale these kinds of initiatives, processes will need to become more robust – such as writing down processes and practices. This will also help with government oversight.

A.3.2 Mana Whaikaha

Mana Whaikaha is a disability support system prototype currently available to people in the MidCentral DHB region. It was set up on 1 October 2018 and builds on earlier limited Enabling Good Lives demonstration sites in Waikato and Christchurch. Mana Whaikaha aims to give disabled people and their whānau more choice and control over their lives through providing more flexible support options and increasing control over decision-making. The goal is to improve both system outcomes and cost-effectiveness. Mana Whaikaha received Ministry of Health funding of \$0.34m in 2018/19, and \$1.828m in each of 2019/20 and 2020/21.

An independent evaluation of the implementation of Mana Whaikaha was designed to help understand what is working well and what could be improved. The aim was to understand whether Mana Whaikaha was implemented as intended, what was working well or less well (from different perspectives), and where improvements were needed – the “try, learn and adjust” approach (Lovelock, 2020, p. 1).

The initial evaluation involved qualitative interviews, focus groups and small group interviews with a range of stakeholders (123 participants) including disabled people and their families and whānau; focus groups and surveys with Kaitūhono (connectors) and providers; and a survey of support workers.³⁹

Evaluation results

Participants in the initial evaluation unanimously supported the vision and core principles of Enabling Good Lives, which are designed to provide disabled people and their families and whānau with greater choice and control over their lives and the supports they receive in order to improve their life outcomes (Lovelock, 2020, p. 1). People in government liaison roles have successfully established internal and external networks, simplified access, joined-up different services and enabled increased dignity and control. These changes have made the lives of disabled people and their families and whānau easier.⁴⁰

The role of the Mana Whaikaha Kaitūhono is “to be the disabled person’s ally – to walk alongside them to support them to work out what they want in their lives and what supports are available to support them to achieve their goals” (Lovelock, 2020, p. 2). Connectors and disabled people work together to improve choice and control and achieve change in the daily life disabled person and their family and whānau. While there have been successes, because Kaitūhono rely on their personal connections to support disabled people and to access support, and both personal connections and

³⁹ The Try, Learn and Adjust Group was made up of four disabled people and whānau (two from the MidCentral Governance Group, and two from the MidCentral Leadership Group), the Mana Whaikaha Directors, two Ministry of Health officials and professional evaluators Allen + Clarke. A second round of interviews and surveys with disabled people, whānau, providers and support workers is currently being assessed.

⁴⁰ Participants shared success stories involving a range of government departments, including the Inland Revenue Department, Ministry of Education, Ministry of Social Development and Oranga Tamariki.

the skills needed to engage and create new connections across a number of systems are uneven, outcomes have varied (Lovelock, 2020, p. 2).

Evaluation participants recognised that the role is demanding and that Kaitūhono are doing their best (Lovelock, 2020, p. 2). Most disabled people spoke highly of their connectors and the role they had played in helping them develop goals and to have a plan. They also expressed how much being treated like a person instead of a number, and having choice and of being heard for the first time meant to them. Families and whānau generally spoke highly of the connectors, describing them as “heroes” and “members of their family” (Lovelock, 2020, p. 4).

Stressing lived experience of being disabled or living with disability rather than focusing on clinical assessments has been experienced as a positive change. Most disabled people and their families reported Mana Whaikaha treated them with empathy and without judgement. But emphasising lived experience has also had unintended consequences. One impediment to successful implementation reported by Māori and health professionals at the DHB was that clinical and other forms of knowledge were, at times, disrespected and relationships were damaged as a consequence (Lovelock, 2020, p. 2).

Many Mana Whaikaha staff described the implementation period as feeling like “flying while still building the plane” (Lovelock, 2020, p. 25). Although exciting, it was stressful trying to resolve the practical challenges involved with implementing a new system while delivering services to clients. Mana Whaikaha did not anticipate the level of demand for the new service and was not resourced to address it. On the launch day, the service was overwhelmed, leading to frustration and stress for both staff and the more than 400 disabled people their families and whānau who were waitlisted as a result. The unanticipated demand also led to large changes in planned ratios of Kaitūhono to disabled people – from around 1:45 to 1:100 – which strained service delivery (Lovelock, 2020, p. 25).

Participants recognise that the new system requires different ways of thinking and doing things. For disabled people and their families and whānau, it is taking time to learn to think in terms of choice and control. For Mana Whaikaha staff, developing a new culture and ethos has required changes to “lines of command” and communication methods.⁴¹ Overall, most people thought the new system was better because it treated disabled people and their families and whānau with greater respect, but there were areas where improvement was needed.

Māori had mixed experiences with the new system and there was a consensus that better engagement is needed. Māori appreciated that they no longer had to “beg” for support, but their ability to access the system depended on their connections. Some Māori stressed the need for the new system to address their cultural world view after experiencing engagement with the system as “not mana enhancing” (Lovelock, 2020, p. 4).

Some disabled people and their families and whānau have not had their information needs consistently met due to issues around accessibility. Those who navigated the previous system well were able to join and navigate the new one, but those who previously had issues with navigation or weak social networks remained confused and uncertain about what was available to them (Lovelock, 2020, p. 3).

⁴¹ Previously, teams and morale were undermined by informal communication (gossip) being the dominant form of communication between the Kaitūhono/Connectors team and the Tari/System team.

Many evaluation participants stressed the need to support the parents and the families and whānau of disabled people, and felt more was needed to address mental health in the disabled community (Lovelock, 2020, p. 4). Some participants had experienced difficulties accessing respite care (Lovelock, 2020, pp. 36, 38).

Interviews for a repeat study were completed in June 2021 and are currently being analysed. Since most interview participants were also included in the baseline study, it should be possible to determine the extent to which issues raised in the initial evaluation reflect the transition to the new approach, as opposed to ongoing challenges. Results were expected to be released by the end of 2021.

Feedback from stakeholders

Stakeholders spoken to for this report began by noting the importance of the wider context in which “the mainstream community is unwelcoming of disabled people” and the system works based on “goodwill rather than entitlements, legal protections and rights”.

There has been some confusion around the roles and responsibilities of Mana Whaikaha connectors. The community had the impression their Kaitūhono would be “an ally in the sense that they would also be an advocate for the disabled person and take some of the pressure off disabled people and parents to be fighting on their behalf”. This did not happen, because it was not what connectors are meant to do: their role is to connect people with the right people to assist them.

Stakeholders also noted that many people in the community do not know what the eligibility criteria for Mana Whaikaha are, and this leaves them unsure, confused and frustrated, and unable to determine where they can receive support from. Any child under the age of 8 can access the service without a diagnosis, whether they might meet disability support service criteria or not. Mana Whaikaha is not funded to deliver services for long-term illness, injuries covered by ACC or to people over the age of 65, as well as some other conditions.

Stakeholders expressed concerns that even the intended ratio of connectors to clients, 1:45, was far too high – let alone the actual ratio of 1:100 or more that resulted from the overwhelming demand for the service when it was implemented.

The need for real training on and genuine understanding of Te Tiriti o Waitangi was also raised. In relation to the concerns reported by Māori and health professionals around clinical and other forms of knowledge sometimes being disrespected, stakeholders noted that in addition to this damaging relationships, it also created safety issues for disabled people, their families and their Kaitūhono.

Stakeholders considered that systems are improving, but noted that without the development of services, progress will remain limited. In addition to the lack of respite care highlighted in the evaluation, other areas where service shortfalls were identified included after school education services, sports and holiday programmes; options for school leavers transitioning to the world of work; housing, jobs, and daily activities for disabled adults; and pathways for older adults as they reach retirement age.

The lack of support for mental health in the disabled community, both for disabled people and whānau members, was also identified as a major problem. Siblings of disabled family members with complex needs carry a large burden, and the impacts of this often do not show up until later in life,

particularly in the teenage years. Stakeholders reported being unable to obtain help for siblings in this situation.

Stakeholders noted that the dominant service model for children with disabilities involves providing parenting support and training, rather than helping children directly. For example, speech therapy is not provided directly to children; instead, parents are taught how to work with their children. Boundary issues create problems for people with complex disabilities – a child who is blind and has learning disabilities can only receive funding from the Ministry of Education for one or the other. Despite being an official language, New Zealand Sign Language (NZSL) is not used widely, promoted, or used in schools. This is an issue that applies well beyond the Deaf community – for example, for many children with Down syndrome, NZSL is their first language.

Given the extent to which educated middle class parents are struggling, stakeholders expressed serious concerns about how of parents and disabled people in less privileged communities are coping.

A.3.3 Te Ara Oranga

Te Ara Oranga is described on its [website](#) as an integrated health and policing programme designed to reduce the supply and demand for methamphetamine and its associated use and harm in the Northland region. Jointly implemented by the Northland DHB and NZ Police in October 2017, the programme is designed to increase treatment options and referral pathways, and provide support for families and whānau (Walton and Martin, 2021a). In Budget 2019, Te Ara Ora received Ministry of Health baseline funding of \$4m over four years.

The long-term impact of the initiative has been assessed via a process evaluation, an outcomes evaluation, a cost-benefit analysis, and a set of journey maps from six methamphetamine users. These were produced over an 18-month period beginning in late 2019.

The **process evaluation** provided an overview and examined the operation and operating principles of Te Ara Oranga (Walton and Martin, 2021a). Based on 54 interviews with Police, Health and partner agencies, frontline workers, management, and programme designers, it concluded that:

‘[Born] from necessity’ the programme has developed significant innovation, developed novel partnerships, and with the weight of community support, forged a programme that is leading-edge in design and operation (Walton and Martin, 2021a, p. 3).

The **outcomes evaluation** used cross-matched administrative data from contacts with the NZ Police and the health system to track the progress of people referred to Te Ara Oranga (Walton and Martin, 2021b). The outcomes of people who received referrals were compared to those of people identified as methamphetamine users who did not receive the service. People were followed for up to two-and-a-half years after referral. The evaluation demonstrated a 34 per cent reduction in post-referral crime harm based on the NZ Crime Harm Index (Walton and Martin 2021a, p. 3).

The **cost benefit analysis** considered whether the impact demonstrated by Te Ara Oranga is enough to generate a positive return on the investment required to deliver the programme (Walton and Martin, 2021c). The cost accounting was complicated by conceptual challenges, including the fact that “users of methamphetamine” range from casual, to moderate, to heavy/dependent users. However, compared to users who did not receive services from Te Ara Oranga, a return of between

\$3.04 and \$7.14 for each dollar invested into the programme was identified (Walton and Martin 2021a, p. 4).

The evaluations were supported by primary data collection from methamphetamine users and their families which was reported in detail in Walton and Martin (2021d) and summarised in the overview paper as follows:

Interviews with users, drug cooks, organised crime, gangs and inmates were used to select and document six journey maps that describe the impacts of long-term involvement with methamphetamine use on users and their families. The materials provide an honest insight into the dislocation experienced by those affected by long-term drug use. By cross-matching to available data it is possible to trace the points in a person's history where a need for support is identifiable and Te Ara Oranga could have been applied to save decades of loss to wellbeing (Walton and Martin 2021a, p. 4).

Each of the reports identified opportunities for programme improvements, and these were shared with Te Ara Oranga administrators along the way. These included the introduction of common data protocols and on-boarding assessments; destigmatising users (in particular, their involvement and role in supplying the drug to others); and increasing resourcing for both social media campaigns to reduce demand and wider programme support infrastructure (Walton and Martin, 2021a, pp. 5, 8.) In the face of overwhelming demand, Te Ara Oranga understandably prioritises using resources for treatment, but this undermines efforts to monitor and evaluate performance (Walton and Martin, 2021a, p. 6).

The overview report also drew together lessons for similar programmes that might be used in other locations. In addition to the points outlined above, these included recognising that the NZ Police and Health working together created better outcomes than either could alone; understanding the need for ongoing, long-term follow-up with users; and having a prevention-focused meth-harm team in the local police district (Walton and Martin, 2021a, p. 6). In October 2020, the Prime Minister announced on [the Labour Party website](#) an intention to roll out Te Ara Oranga “to 4,000 more people in regions like the East Coast and Bay of Plenty where meth use is high”.

A.4 New cross-sector initiatives

This section discusses three relatively new collaborative initiatives which have yet to be evaluated.

A.4.1 Te Ao Mārama

Te Ao Mārama (“the world of light”) is the vision for the District Court announced by Chief District Court Judge Heemi Taumaunu. The vision seeks to create a court where all people can seek justice and be seen, heard, understood and meaningfully participate. It is funded through existing baselines, and follows a series of calls for transformative change dating back many years (Taumaunu, 2020, p. 7).

Te Ao Mārama seeks to address a number of challenges in the current model.

Traditional criminal proceedings revolve around the defendant. The limited role that whānau and victims play in criminal proceedings is inconsistent with tikanga Māori:

Unless called as a witness or as a s27 speaker, whānau members have no substantive role in the criminal justice process. Although victims can give evidence, provide victim impact statements and participate in restorative justice processes, their role is also relatively limited (Taumaunu, 2020, p. 11).

Judge Taumaunu identified a number of ways that this system fails to support and protect victims. Trial delays often mean victims and their whānau “put their lives on hold and retain the traumatic details of the offending”, preventing healing (Taumaunu, 2020, p. 11). Lacking information about the confusing and often intimidating court process, victims and their whānau feel isolated and unsupported, are unlikely to fully engage and often leave feeling unheard (Te Uepū Hāpai i te Ora (He Waka Roimata), above n 16, at 40).

The judge noted that the conventional emphasis on “punishment first” is especially ineffective when there are complex underlying drivers of offending. Past attempts by local communities, government agencies, and NGOs to provide wraparound services to address these underlying issues were not well-coordinated with the court or with each other, leading to gaps in provision. Judges were making decisions without access to important information about offenders, including their cultural and whānau background, mental and physical health, and educational history (Taumaunu, 2020, p. 10).

Te Ao Mārama will be developed by partnering with iwi and by engaging with each courts community, and by incorporating best practice learnt through specialist courts (including rangatahi, alcohol and other drug treatment, Young Adult List and family violence courts).⁴² Some of these best practices include using plain language, toning down formalities in court, and infusing tikanga and te reo Māori throughout the court. Each court location can adapt their processes to reflect the needs and characteristics of their local community.

Under Te Ao Mārama, there will be heightened interagency coordination and wider community, iwi and stakeholder involvement, and tikanga Māori approaches are mainstream. Whānau and victims are viewed as an integral part of the solution, and support is provided to both the person harmed and to the person who has caused the harm.

Within the court itself, plain language is used. The aim is to keep personnel as consistent as possible, both to enable rapport with defendants who may come before the court on multiple occasions, and to develop specialist expertise. Active, solution-focused judging – always referring to an offender by their name, being aware of body language, and paraphrasing statements made by offenders to check understanding – is used instead of “neutral umpiring” in order to improve engagement (Taumaunu, 2020, p. 10).

The focus is on problem-solving and, where appropriate, identifying underlying social, psychological, emotional and physical causes of crime, including addiction, mental or physical health issues, homelessness, whānau imprisonment, unemployment, cultural dislocation, or past trauma (Taumaunu, 2020, p. 9).

It is hoped that better coordination of interagency support services and improved referral pathways for services including tailored rehabilitation or treatment, along with greater access to community

⁴² For a description of these and other alternative courts, see Taumaunu, 2020, pp. 16-23.

knowledge and resources, will enable courts to improve more efficiently and effectively (Taumaunu, 2020, p. 26).

As Judge Taumaunu has noted:

This vision and move by the District Court will, of course, still mean that offenders will be held accountable and responsible, that the Sentencing Act 2002 will continue to be applied, and that principled and lawful sentences, including imprisonment, are imposed. But we hope that this [will] occur in an environment where more well-informed decisions can be consistently made, based on better information, with better informed participants, and better understood processes (Taumaunu, 2020, p. 6).

The Te Ao Mārama vision will be incrementally implemented across all District Court locations, beginning with the Hamilton and Gisborne District Courts in 2022. The Hamilton and Gisborne District Courts will start the journey towards Te Ao Mārama by adopting the Young Adult List as a key pillar of Te Ao Mārama, which exemplifies best practice approaches.⁴³

As one stakeholder noted:

In the courts, improved collaboration would result in the judges having better information about the defendant and victims, to inform their decisions about bail, conviction and sentencing. Judges would also be able to have confidence that the state and/or community and iwi were supporting the defendant and their victims, to help them on the path to “Te Ao Mārama”.

One challenge that has been identified by stakeholders and delivery partners is service capacity. Judges may want individual defendants to access all the services they consider would be beneficial to them, but providers may have service thresholds or need to prioritise based on intensity of need.

A.4.2 Debt to Government

The Debt to Government initiative involves the Ministry of Justice, the Inland Revenue Department and the Ministry of Social Development sharing information on debt, collections, and impacts on debtors.⁴⁴

In 2018, the Department of the Prime Minister and Cabinet set up a working group after recognising that many of the same people were in debt to various government agencies (including Inland Revenue, and the Ministries of Justice and Social Development). There was no consistency over how debt was collected or managed, or any real understanding about similarities and differences in agency approaches.

The idea behind linking up was twofold – to lessen the negative impact on people, and to increase efficiency.

Initial slow but steady progress was impacted by the first Covid-19 lockdown – the Ministry of Justice was part way through uploading data to the IDI when the lockdown happened. Agencies are now at the tail end of the data gathering process. An initial report has been presented to the Social

⁴³ The Young Adult List separates out defendants who are aged 18-25 and provides extra support to identify any particular health needs or disabilities they may have.

⁴⁴ Unless otherwise noted, material in this section is drawn from telephone and Zoom meetings with officials from the Department of the Prime Minister and Cabinet and Ministry of Justice in August 2021.

Wellbeing Board, and an update is currently being prepared, which is expected to be ready in a couple of months.

It is not yet clear what, if any, direct initiatives will result. Many of the agencies involved have internal work that is well progressed, and are hoping that cross-agency involvement will provide momentum (e.g., when it comes to budget bids). The Ministry of Social Development is undertaking work on recoverable and non-recoverable assistance, and the Ministry of Justice is doing work on Legal Aid.

Stakeholders report that it is taking time for agencies to get to grips with cross-agency working versus business as usual priorities. Many of the people involved in cross-sector issues also have busy day jobs.

A key question will be whether funding can be found to realise the good ideas. There is an acknowledgement that Covid-19 has shifted government priorities in the short term.

A.4.3 Regional Commissioners

Public Service Commission Regional Commissioners, previously known as Regional Public Service Leads, were introduced in tandem with other public service reforms in 2019. The then State Services Commission was looking to support a more modern and agile public sector that was better at joining up to address long-term and systemic challenges. Key areas of focus include addressing fragmentation and duplication on cross-cutting issues, and improving the alignment of investment, service delivery and engagement in the regions to improve outcomes for communities (Minister for the Public Service et al., 2021, pp. 1-2).

Agencies and decision-makers were convened based largely on Regional Council boundaries. The new Public Service Commission (PSC) designated senior officials with strong leadership presence, networks and mana as Regional Commissioners. The initial priority was to have regions let Wellington know what was important to communities in the form of regional public service priorities, with input from iwi and local councils. Working collectively and credibly with iwi, Māori organisations, local government and other regional partners was intended to lead to “reduced engagement fatigue and more effective and sustained relationships” (Minister for the Public Service et al., 2021, p. 2).

Work to develop these priorities was paused for five or six months due to Covid-19, and got underway again in September last year, as the PSC was gearing up for the new Public Service Act.

In July 2021, Cabinet agreed to “strengthen the regional system leadership framework by expanding the scope of the [Regional Commissioners] role and by strengthening mandate and accountability arrangements.” In brief, Regional Commissioners are mandated to **convene** (bring together, coordinate and align central government decision-makers in the regions); **resolve** (coordinate with officials to resolve barriers to achieving outcomes for communities); and **escalate** to the relevant chief executives where necessary. The Public Service Commissioner designated the Secretary for Social Development under the Public Service Act as the System Leader for Regional Public Services.⁴⁵

⁴⁵ Under the Public Service Act 2020, s56, the system leader function is used to designate leaders for cross-cutting areas where a large number of agencies have responsibilities. When acting in a system leader role, “Chief Executives are expected to lead with a system perspective as distinct from their substantive agency leadership role” (Minister for the Public Service et al., 2021, p. 2).

Note that the Public Service Act 2020 does not contain a reference to Regional Public Service Commissioners or Regional Commissioners. They are viewed as part and parcel of a new spirit of public service that involves working in partnership in an agile, unified way – “how we should be working/part of a process of change management” rather than “another initiative”. The changes reflected a view that the public service should provide more holistic/collective support; that agencies should be better informed about each other’s work so they can improve leverage through connecting; and that there should be one person that can represent across central government within regions, if needed. There has been a move away from “we can engage in this way” towards “how would you like us to engage?” Across agencies, the changes have generated positive, robust discussions about how to work collectively together for better community outcomes.

Although this new approach is still in the very early stages, a sense of dual accountability – both to ministers and to communities – is emerging. Officials say that coordination of services and processes is starting to improve through ongoing work to build trust and establish relationships, continuing to improve ways of working that will eventually lead to reduced duplication of work programmes and services and fewer gaps in service delivery.

Agencies are increasingly working in ways that see community issues addressed at the regional level within their delegated authority – or escalated (which is viewed as a necessary thing in the current structure of government) to Chief Executive level to unblock system barriers if necessary. Chief Executives are supportive of this approach. Examples where the resolve/escalate function has worked well include the Whai Kāinga Whai Oranga steering group in Te Tai Tokerau, which is focusing on enabling Māori home ownership, and addressing affordability, quality and adequacy issues, and the eight iwi of Te Taihū in the Top of the South Island, who worked with their Regional Commissioner to coordinate and redirect funding from across agencies in order to provide whānau with access to kai, essential items and support during the first Covid-19 lockdown. When it comes to shared property and IT functions, and monitoring and evaluation, it is too soon to see results.

A.4.4 Social sector commissioning

As noted in a recent report (Ministry of Social Development, 2020), the Government is currently exploring ways to improve social sector commissioning in partnership with Non-Government Organisations (NGOs), philanthropic funders and communities. While this effort encompasses the wider social sector, it builds on conversations with tāngata whenua and service partners that have important roles in improving community wellbeing and achieving more equitable outcomes for people experiencing persistent disadvantage.

The work is underpinned by six principles for improved commissioning (Ministry of Social Development, 2020, p. 4):

- Individuals, families, whānau and communities exercise choice.
- Māori-Crown partnerships are at the heart of effective commissioning.
- The sector works together locally, regionally and nationally.
- The sector is sustainable.
- Decisions and actions are taken transparently.
- The sector is always learning and improving.

In practice, the main focus to date has involved exploring potential changes to funding and accountability requirements.

In the case of funding, this has included examining simplified contracting and procurement processes; increasing flexibility to support the development and maintenance of local client-, whānau- and community-led solutions to local issues, including through partnering with iwi and Māori communities; providing greater transparency around contracted funding and how funding decisions are made; and considering ways to make funding more sustainable, such as through providing longer-term contracts to increase certainty (Ministry of Social Development, 2021, pp. 4, 9).

On the reporting side, the ideal starting point is coming to a joint decision about what is measured and reported and how, and ensuring that monitoring and evaluation are fit for purpose, proportionate and relevant. “Test, learn and adapt” approaches need to be built in at the outset, used to identify what is and is not working, and, then, crucially, used to change what is done going forward. The costs of data collection, monitoring and evaluation and reporting need to be adequately funded to ensure these processes are embedded and viewed as a core component of business as usual, not something occasional or optional (Ministry of Social Development, 2021, p. 25).

Improved provider capability is a key component of funding and reporting improvements, including through investing in service provider leadership, governance, data collection and reporting, evaluation, and building cultural capability (Ministry of Social Development, 2021, pp. 24-25).

While it is still early days, the Covid-19 pandemic has provided considerable impetus for Government, NGO, philanthropic and community partners work together better in order to meet community needs. Stakeholders say it has led to more effective models for purchasing services, facilitating rapid responses to community needs including family violence prevention and food security.

A.5 Other shared service models

Other geographically-focused initiatives have elements in common with those identified as PBIs, including a core emphasis on improving outcomes for high-needs service users. They use a range of different funding and delivery models.

The Auckland City Mission and South Seas Healthcare Trust provide co-located services. I Have a Dream NZ relies on navigators, and the Inner City East/Linwood Revitalisation Project involves community-led development.

I Have a Dream NZ and the Auckland City Mission rely more on donations and philanthropic contributions, while the South Seas Healthcare Trust and the Inner City East/Linwood Revitalisation Project are primarily funded by central and local government.

A.5.1 Auckland City Mission – Te Tāpui Atawhai

The Auckland City Mission helps Aucklanders in desperate need. According to the [City Mission’s website](#), when people come to the Mission, their immediate needs (such as food, emergency accommodation and warm clothing) are identified. Then, support is offered for however long and in whatever way needed. For some people, that is simply one of many services, for others, it involves a complex journey with the Mission’s full support.

In 2021, the Mission had total expenditure of just over \$25.3 million, of which just over \$19.3 million was spent on providing social, medical, and residential services (Auckland City Mission, 2021, p. 26). Of the Mission's annual revenue, a little over 7 per cent, or just over \$4.6 million, came from government contracts (Auckland City Mission, 2021, p. 27).

City Missioner Helen Robinson says that issues of complex disadvantage are driven systemically but experienced by individuals.⁴⁶

The City Missioner notes that in standard delivery models, social services, health, and housing are separate constructs – rather than integrated, as they might be when a hauora Māori model is considered holistically. The current system at Work and Income tends towards a detailed, process-driven compliance process that at times, adds to the powerlessness and complexity people are already experiencing. Often, people accessing support have complex physical and mental needs. Other people are longing for good work but cannot access transport and childcare. There are often systemic failures on multiple fronts – for example, people living on the street may be experiencing racism, sexism, and ongoing effects from colonisation. It is a deep injustice that Māori are rendered homeless in their own land.

In these situations of complex, interconnected need, shared services are essential. The City Missioner says that effective communication and strong relationships across agencies generate better outcomes for struggling individuals and families. This also helps make sure people receive all the support available to them and reduces service duplication.

To enable more equitable access and deliver more effective, holistic support, the Mission has found that it is helpful to have multiple services on one site. A multidisciplinary services team works to address homelessness and medical staff (including a specialist mental health nurse) at the Calder Health Centre, and alcohol and other drug professionals at the Social Detoxification Service, work with the Food Security team to help ensure the best outcomes for clients. In 2020, the Mission provided 97,499 community meals on-site, in addition to distributing 48,679 food parcels to individuals and families in need (Auckland City Mission, 2021, p. 6).

The City Mission's website notes that the Mission has also developed strategic partnerships with many different organisations including the Housing First Collective, the Auckland City Council, District Health Board, the Primary Health Organisation, Kore Hiakai, Community Alcohol and Drug Services (CADS), Community Mental Health teams, Lifewise, Kāinga Ora, Work and Income, New Zealand Prostitutes Collective, Women's Refuge and community food banks from Thames to Kaitiāia. As well as helping coordinate the delivery of current services, inter-agency communication guides future service, policy development, and advocacy.

To make shared service delivery work at a systems level, the City Missioner says that providers need "high trust, well paid", long-term contracts. The Mission is happy to be transparent and accountable for spending, but it also needs flexibility. Covid-19 provided "a window into what is possible" with open, honest, high-trust, quick, real-time responsiveness to needs. The Mission got the resources they asked for without having to go through major hoops - even though the process was still hard.

However, the City Missioner notes that important structural problems remain. For example, the capitation funding model used in the health system is inadequate for high needs users. Standard capitation funding assumes two or three visits per patient per year, whereas patients attending the

⁴⁶ Unless otherwise noted, material in this section is drawn from a meeting between City Missioner Helen Robinson and Productivity Commission staff on 30 June 2021.

Mission's health services average ten appointments per year (Auckland City Mission, 2021, p. 6). Given high patient needs, standard 10–15 minute appointments are also insufficient. Neither the Calder Centre nor Social Detox are fully funded, and both rely on the New Zealand public for long-term sustainability.

The Mission invests a lot in workforce development, training, and clinical supervision. Given the population the Mission works with, a largely Māori and Pacific staff is what the Mission seeks. However, recruiting, retaining, and compensating staff appropriately remains a challenge. These issues are not unique to the Mission and will not be solved without a wider workforce strategy.

A.5.2 South Seas Healthcare Trust

South Seas Healthcare is Ōtara's largest Pacific health provider. The Trust delivers a range of primary care, community and social services throughout south Auckland with a focus on improving the wellbeing of Pacific communities "respectfully, seamlessly and in a culturally appropriate manner through connected and integrated service delivery" (PWC, 2020, p. 35). As the Trust's website demonstrates ([see here](#) and [here](#)), the services provided encompass both prevention and empowering positive change:

- The Wellbeing Hub connects people to accessible, holistic, wraparound health and social services including Whānau Ora and Integrated Services Auckland.
- The Youth Hub provides dedicated programmes for young people – Bubblegum trains and mobilises Youth Navigators; MYSTORY workshops empower young people to understand and share their own stories purposefully to build connections with others; and By the Brothers Barbershop provides haircuts, culture and mental health support.
- Tapuaki provides pregnancy education in Talanoa-style sessions; Vaka Ako/Enhance Well Child Tamariki Ora provides holistic, culturally appropriate support early in pregnancy through to age five; and Mana Kidz provides comprehensive children's healthcare via nurses in schools.
- The Food Hub provides food support and parcels, including essential supplies.
- The Rheumatic fever education service focuses on prevention and raising awareness; Ola Monu'ia seeks to address social influences on gambling misuse; and Green Prescription (GRx) and Rush Hour support healthy lifestyles.

South Seas operates on the basis that "every door is the right door" and works to mobilise groups including churches, sports clubs, NGOs and community leaders to connect with people in need and to distribute resources.

Since the emergence of Covid-19, South Seas has spearheaded the provision of accessible services for the local community. The centrally-located Ōtara Community-Based Assessment Centre (CBAC) is one of the busiest Covid testing centres in Auckland, and the Malaeola Pop-Up Testing Centre in Māngere has been instrumental in increasing testing numbers during community outbreaks ([a time lapse](#) of the site set-up can be viewed on Facebook).

The Trust has also trialled virtual consultations, working with communities to ensure people have the skills, data, devices and remote monitoring capability needed to make this approach work (McBeth, 2021). In addition, Bubblegum youth began regularly checking in with peers who were finding isolation hard before branching out and providing food parcels and help with vaccinations as well (Philip-Barbara and Becroft, 2021).

Note that due to pressures generated by the ongoing Covid-19 community outbreak in Auckland, this section has been based on public sources. The adaptive, responsive approach to integrated service delivery demonstrated by South Seas is highly relevant to the terms of reference of the *A fair chance for all inquiry*, and a site visit is recommended as and when circumstances permit.

A.5.3 I Have a Dream NZ

The I Have a Dream Charitable Trust partners with low-decile schools in low-income communities. Most of the programme's participants have parents who are either unemployed, work long hours or hold multiple jobs just to make ends meet. Through partnerships between schools, families and the community, the programme aims to ensure every child has the resources and networks they need to succeed both academically and in life. Assistance is provided to every child in a cohort whether they have identified needs or not, which both reduces potential stigmatisation and increases the cost of the programme.

Paid navigators work with students (known as "Dreamers") from their early school years until the age of 20, providing consistent academic oversight, advocacy and support, and positive role models. Support is intensive, and includes after-school tutoring; academic counselling, mentoring and advocacy; work experience and workplace visits; school holiday camps and outings; and community service projects. The programme also guarantees to pay tertiary fees for each Dreamer (Hill and Mitchell, 2014, p. 6). The estimated cost of the initial programme was \$4,000 per student, excluding tertiary fees (Hill, 2012, p. 66).

The programme began operating in the Wesley community of Mt Roskill in 2003. It was the first I Have a Dream programme to be based outside the United States, and worked with a community of students and their families who were predominantly Māori and Pacific.

Evaluation results

Baseline data were collected in 2003 and an evaluation was completed in 2012 when the initial cohort of 53 students was in their final year at high school. The formative evaluation involved an annual student survey, document analysis and interviews and group discussions with key stakeholders including the sponsor, Programme Coordinator, students, mentors, after-school volunteer tutors, parents and whānau.

The summative evaluation included the collection of data related to student achievement and qualifications, school retention, career pathways, student self-perceptions, relationships, attitudes to school and learning, alcohol and consumption, pregnancy and involvement in crime. Each year, a comparison group of students from the same community who attended the same primary, intermediate and high schools but were a year older than the Dreamers completed the student survey and their academic data were compared.

The programme's initial evaluation showed improved school attendance, grades, access to tertiary education and graduation rates compared to the comparison group. Eighty per cent of participants went on to tertiary study, compared to 30 per cent of the comparison group.⁴⁷

⁴⁷ The evaluators noted that this data could change over the next one to three years as it represented only "the start of their post-school lives" for this cohort (Hill and Mitchell, 2014, p. 15).

I Have a Dream NZ is experimenting with scaling up and reducing the resource investment per child. Since 2015, the Trust's Ngātahi Education Initiative has been working with all primary and intermediate-aged children across four low-decile schools in the Whangārei suburbs of Tikipunga and Ōtāngarei. It is not yet clear whether the benefits of this approach can be achieved more affordably at greater scale, and it is possible that greater investment per child may be necessary to achieve therapeutic effects in line with those produced by the Mt Roskill programme. An initial evaluation is underway, but has been delayed due to Covid-19.

A.5.4 Inner City East/Linwood Revitalisation Project

Te Whare Roimata, a community development organisation, is driving the regeneration of earthquake-damaged Linwood Village and the city's inner east, alongside a working party of local residents, the Christchurch City Council and the Government (Law, 2017). The project has received funding of approximately \$80,000 from the Council's post-quake Community Resilience Partnership Fund, and has also been supported by contributing organisations providing staff time. It is in the process of transitioning to a formal governance structure.

A series of community engagements conducted by the group in 2014-2017 found residents believed crime, homelessness, poverty, unemployment and substance abuse had worsened since the earthquakes.

The Linwood area has a high deprivation index. There are very high shares of people living in rented accommodation (73 per cent vs 25 per cent in the rest of Christchurch) and migrant residents, with more than 60 per cent of migrants having lived in New Zealand for less than 5 years. Many new migrants live in enclaves where English is the second language.

Jane Higgins from the Inner City East/Linwood Revitalisation Project predicts that there will always be elements of churn in the neighbourhood's high-needs population – as more successful people move out, more people with high needs move in.⁴⁸ This, coupled with the intensity of need in the community, makes meeting conventional funding expectations difficult. Funders seeking to support revitalisation efforts to build capacity and capability and improve access to services find it frustrating that operations are not financially sustainable.

Dr Higgins says the implicit expectation from funders is that progress will be linear, but this reflects a lack of understanding of the capacity and capability limitations of people who may have serious experiences of trauma, addiction and mental health challenges. Preconditions for progress are often fundamental. For example, people need to feel safe and secure leaving their homes in order to participate in education and/or seek employment – and because of both their history and current reality, many do not.

The community has found that even with passionate people and a community-led development plan focusing on fundamental building blocks such as safety, housing, green space and transport, making progress is tough. The nature of people's lives means getting consistent volunteer hours is hard, and finding the skills needed is difficult. Government agencies remain siloed despite attempts to address this. For example, the community tried to get a one-stop location in Linwood Village where people could pop in, but landlords wanted a 12-month commitment, and MSD and Corrections wanted significant security precautions for staff, neither of which were possible given the available budget.

⁴⁸ Unless otherwise noted, the material in this section is based on a Zoom meeting with Jane Higgins on June 12, 2021.

Dr Higgins says making progress requires relationships and trust. Community development workers who know people and are trusted are an important initial contact point, especially for young people on the street who are starting to get in trouble. Getting out and talking to people rather than expecting them to come in, walking alongside people, advocating for them, and helping them to navigate pathways is key. She says that this is expensive – but less expensive than picking up the pieces.