familyhelp trust

Breaking the cycle for New Zealand children

What Makes the Family Help Trust's Home-Visiting Programme a Success?

A Programme Differentiation Analysis

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Research First

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Key Findings

1.1 Purpose

The purpose of this report is to identify the factors associated with the success of the Family Help Trust's (FHT's) home-visiting service for vulnerable children. It does not provide a conventional evaluation of that service but, instead, it focuses upon identifying the elements of FHT's practice that make it successful and that might be transferable to other services or communities. In this regard, it provides what is known as a 'programme differentiation' analysis[1].

1.2 No Magic Bullet

This analysis is clear that there is no one reason why FHT succeeds. While the evaluation highlights the important role played by (i) a culture of learning within FHT and (ii) the flexibility staff have to adapt their interaction with clients, there are a number of important factors which enable these to thrive - such as a commitment to effective and informed clinical practice; passionate and dedicated leadership; highly effective fundraising; and a commitment to the a particular target group for a specific purpose. In many ways, the key to FHT's success is the way it has combined these factors and managed the tensions that arise between them.

1.3 But Success is Reproducible

At the same time, this research concludes that there is no reason why FHT could not be successfully reproduced elsewhere. Despite the key role played by the leadership of the programme, this does not translate into a noticeable 'single point of vulnerability'. However, this research also cautions that the things that work against this 'single point of vulnerability' for FHT will require commitment and resources to reproduce. In other words, the 'culture of success' established at FHT has taken a while to create and season, and is not the kind of organisational culture that can be built in a day[2]. Reproducing FHT has less to do with knowing how the programme works and more to do with the art of doing it.

1.4 What Works?

As noted above, there is no one reason why FHT succeeds. What this analysis highlights is the role in FHT's success played by:

- **A Culture of Learning:** FHT's approach is underpinned by a culture of learning that ensures its practices remain effective and relevant. This culture runs deep and means that organisational learning is part of FHT's organisational DNA.
- **Case Management System:** FHT's learning culture is supported by a commitment to meticulous case management record keeping. Initially using a paper-based system, and currently transitioning to an EDRMS[3], FHT runs on capturing procedural and outcome data across it client base.
- **Leadership:** While not a sufficient condition of its success, there is little doubt that FHT's leadership remains an important contributor to its success. FHT's leadership team is widely seen to be both passionate and dedicated, and committed to enabling the rest of the organisation to focus on their roles[4].

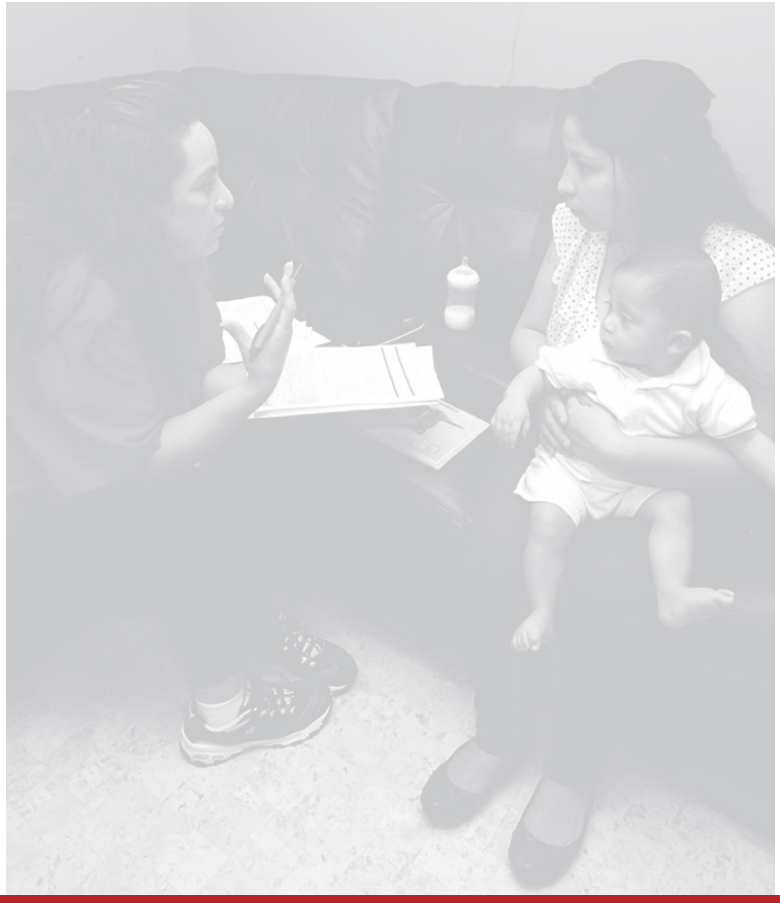
1. A supplementary purpose of this report is to identify how the thinking behind FHT has developed in recent years and what this might mean for the subsequent development of the service (and similar services).

2. Given this, it is likely that the programme can be reproduced elsewhere at a similar scale rather than scaled significantly at the source.

3. FHT's implementation of EASI in early 2015 should enable better extraction of data and better informed knowledge of outcomes over time due to the sophistication of the system and the implementation of new psychometric measuring techniques as part of FHT's data gathering process.

4. 'Empowering' is an overused word but the leadership team at FHT clearly work hard to empower the case workers to do their jobs to the best of their professional ability.

- **Work Culture:** FHT succeeds because the people they have dealing with clients are good at their jobs. While this seems obvious, why they are good at their jobs is less so. This competency is a product of the staff mix, and the way FHT recruits new staff. But is mostly about the room FHT gives these staff to make decisions about what works best for each family they are working with. Staff are free to manage visitation based on family need, not prescribed outputs. FHT's staff do not work to a prescribed KPI system but base their interaction on developing relationships with their clients, which they are given time to do (and particularly during the first few weeks of engagement with the family). This assists with engagement and co-operation with the family, thus leading to more successful outcomes for the families concerned.
- **A Clear Purpose:** FHT only targets the hardest-to-reach and most vulnerable families. By focusing solely on these families, FHT has developed expertise in dealing with this hard-to-reach segment. For instance, case loads are kept low in recognition of the time required to build and maintain relationships with this client group.
- **Being Clear about Exit:** FHT ensures families are targeted early, either in pregnancy or the first six months of life to ensure the greatest chance of success for that child. FHT works with families for a long period of time, usually five years and prevents families from exiting the service by being tenacious with engagement and ensuring key criteria are met, before exiting is agreed between the family concerned and FHT management and staff.



1.5 Where to Next?

When asked how the thinking behind FHT has developed in recent years and what this might mean for the subsequent development of the service, the following directions were suggested:

- Developing better ways to collect data about procedures and outcomes. The current systems used by FHT require considerable staff engagement, and likely reproduce data already captured in the CYFS system. Ways to share data across agencies, or capture data in real time (such as through a tablet-based app) would reduce this burden and potentially provide better data[5].
- Developing better data about outcomes also means developing a coherent and consistent way to measure outcomes across social services agencies in New Zealand. Without a common measurement framework, comparisons across service models remain largely anecdotal.
- Within FHT, there is an appetite to expand the programme to include a greater emphasis on attachment. This might mean the inclusion of an attachment therapist in the programme (for both assessment and for provision of services).
- There is also an appetite to add 'specialist services' where required by clients. For instance, FHT believes it may benefit from having a male outreach service (run by a male social worker) to deal with the men associated with their client families.
- Finally, there is the opportunity to raise the profile of FHT among Māori, Pasifika, and migrant communities. This makes a great deal of sense given the increasingly diverse nature of Christchurch's population.

5. Note that FHT moved to tablets for data capture as part of the March 2015 roll-out of EASI.

2

Introduction

2.1 About the Family Help Trust

The Family Help Trust (FHT) was established in 1990 and was developed to provide an effective early intervention service designed to break the cycle of disadvantage and abuse among high risk families. The service targets the most vulnerable families (the top 2% in terms of risk) in the Greater Christchurch area and targets children and mothers in families experiencing family violence, maltreatment and neglect, drug and alcohol dependency and social isolation.

Family Help Trust's vision is to:

Break the cycle of severe social deprivation of children born into high risk environments through the provision of effective early intervention home visiting services.

The FHT programme provides a system of home based family support and visitation by skilled social workers whose task it is to support, empower, and assist families by providing effective child rearing, parenting and family functioning techniques (Family Help Trust, ND).

The milestones in the evolution of the current FHT programme are:

- In 1995 FHT successfully acquired the funds for the establishment of its Early Start programme to provide home visiting care targeted at families with multiple problems after the birth of a new baby. In early 1996 Early Start became its own entity and the Family Help Trust remained involved in its governance, as well as sharing resources to reduce costs for both organisations.
- In 2001 FHT separated from Early Start programme and introduced its own home-visiting programme, New Start. This new programme focused on providing intensive support services to the Trust's original target group: chronic offenders and their infants and pre-school children. New Start families had a more severe mix of problems compared to Early Start, who had less than 20% of clients with a similar level of severity of family problems. In 2012 FHT embarked on New Start Plus, one on one a support programme for women and babies in Christchurch prison.
- In 2001 on the exit of Early Start, FHT began to acquire the funds for a new service called Safer Families. Safer families, a child abuse prevention project, was born out of the Family Help Trust's desire to provide early intervention services to pregnant women. This is because Canterbury Health's Community Midwives were frustrated at the lack of comprehensive home visiting services for high risk mothers, which had often forced them into having to provide a social work role in addition to their maternity mandate, which they were ill equipped to do.
- In addition to the above programmes FHT is involved in HIPPY which is a two-year home-based parenting and early childhood enrichment programme that builds the confidence and skills of parents to create a positive learning environment through which to prepare their four and five year old child for school. This programme is conducted in the suburbs of Hoon Hay, Aranui and Hornby.

2.2 Purpose of this Evaluation

This report does not provide a conventional evaluation of the Family Help Trust's (FHT's) home home-visiting service for vulnerable children but, instead, sets out to identify the factors associated with its success[6]. In other words, it provides what Carroll et al (2007) call a 'programme differentiation' analysis. They define this as:

Identifying unique features of different components or programs, and identifying which elements of . . . programmes are essential, without which the programme will not have its intended effect

This analysis can then provide an insight into what other social service agencies might learn from FHT and whether the FHT model could be recreated, wholesale, elsewhere in New Zealand.

A supplementary purpose of this report is to identify how the thinking behind FHT has developed in recent years and what this might mean for the subsequent development of the service (and similar services).

6. Any report focusing on the 'success factors' associated with a social service raises the question 'how do we know it is a success?'. This question is addressed in Appendix One of this report.

3

Research Design

3.1 Refining the Research Question

The research design was developed in conjunction with an Evaluation Advisory Group , established to oversee the evaluation design, implementation, and interpretation.

This Advisory Group comprised:

- Dr David Turner, formerly Chief Advisor (Evaluation), SuPERU.
- Julian King, Kinnect Group.
- Dr Mark Turner, Clarity Research.

This Advisory Group refined the study's goals to the following two questions:

1. What is worth bottling?; and
2. Where to next?

The 'what is worth bottling' question forms the core of the 'programme differentiation' analysis (Carroll et al, 2007). This means identifying what practice elements (e.g. features, strategies, initiatives, principles, ways of working) can be learned from FHT that might be transferrable to other services and communities?

These practice elements come in three kinds:

- Established points of difference (i.e., what is it about the FHT approach that makes it successful?);
- Promising areas of innovation (i.e., what's being trialled or developed at FHT?); and
- Ideas on the horizon (i.e., what are the stakeholders at FHT wanting to do next?).

The research then set out to identify a few key practice elements of strategic value to the sector, where 'value to the sector' was defined as:

- Makes an important difference to service effectiveness, family outcomes, or efficiency;
- Is able to be well justified (on the basis of demonstrated need, evidence of effectiveness and/or rationale);
- Is generalisable to other services/communities; and
- Is feasible and worthwhile for sector to adopt, adapt or learn from.

3.2 Collecting and Making Sense of the Data

The research reported here was completed using a mixed method design combining:

- A review of service documentation (e.g., FHT's practice manual, previous evaluations, FHT case files, etc.) to identify practice elements.
- Two workshops with FHT staff to review how the practice elements are applied (and modified through use).
- A series of face-to-face and telephone interviews with service staff, service users, referrers, and others with links to service.
- An update of the previous evaluation (Turner 2009) by following up a small number who participated in that evaluation to see how their life-courses turned out. The creation of these narrative case examples showcasing successful practice elements in action and positive outcomes for families. These involved five case studies, each comprising interviews with family, social worker and a review of case files.
- A rapid literature review of success factors for home-visiting service for vulnerable children[7].

The key with mixed-method research projects such as this is to bring the various threads together to create a coherent picture of FHT. Research First did this using a technique known as 'triangulation'. This is a common technique for establishing the veracity of data gathered in multi-method research projects, and involves the use of multiple sources of information, perspectives, and kinds of data. This mix enables the researcher to 'see' the research question from a number of different perspectives and, therefore, to have much more confidence that the findings are accurate.

7. As the name suggests 'rapid reviews' are literature reviews that use accelerated methods compared to traditional systematic reviews. The evidence of efficacy for rapid reviews suggests that the conclusions drawn from these reviews tend not to vary from more detailed systematic reviews but are lighter in terms of depth and detail.

4

What Makes FHT a Success?

4.1 No Magic Bullet

This research reiterates the finding of the previous evaluation of FHT (Turner 2009) that shows there is no one reason why FHT succeeds. In that 2009 evaluation, Turner notes that many home visiting programmes for vulnerable children fail in their goal of preventing (or minimising) child abuse. For those programmes where there is evidence of efficacy, a set of common shared practice elements is present. These are:

- An approach with a strong basis in theory using best practice derived from evidence of what works;
- The use of professionally trained staff;
- Support from the wider community, including government; and
- Focus on families most at risk of child abuse.

In addition to these practice elements, this research also points to the contribution to FHT's success made by:

- Passionate and dedicated leadership which has enabled the development of key strengths within the organisation;
- A culture of learning within FHT that ensures practices remain effective;
- Rigorous data gathering from the families enrolled in the programme; and
- A staff culture that provides staff the flexibility needed to adapt their interaction with clients.

4.2 A Focus on Families Most at Risk

FHT works with the most at-risk families (the families characterised as "the very top 2% of the triangle" by a local MSD manager). This sets them apart from other social services agencies in New Zealand who target a broader group (usually the top 10% to 15%). FHT's specific focus on this hardest to reach group enables them to develop specialised systems and skilled staff that cater to the complex needs of this group.

As one FHT manager put it:

> *If you're focusing on that small group all the time, you're getting good at understanding what works.*

4.3 A Strong Commitment to Clinical Practice

FHT has a commitment to effective and informed clinical practice. Clinical theory (informed by the theory of child brain development in particular) underpins who, when, and how FHT targets vulnerable families.

> *We have been very specific about who we're targeting. (FHT Manager)*

FHT targets families early, either during pregnancy or in the first months of a child's life. While their contract with CYF requires FHT to accept high risk families with a child under the age of five years, in most cases the target infant is under the age of six months. FHT's preference for intake is pre-birth.

> *The earlier you start interventions the more likely a success there is. (Local MSD manager)*

This early intervention is an example of the 'prepare rather than repair' philosophy of social service delivery.

4.4 A Culture of Learning

FHT has an effective and robust information management system. This builds information collecting into the social work practice, meaning staff are gathering and recording information each time they interact with a client. Some of the stakeholders in this research believed this culture of learning (supported by the relevant information management systems) is a key point of different for FHT. As one MSD manager put it:

> *They have very high standards [for information gathering] that they set, and those are set by. (the leadership team at FHT)*

This culture of learning (and commitment to the collection of information) is used to reinforce the practice of reflection and evaluation among management and staff. FHT is committed to understanding how its service can better meant client need, or what needs it is failing to address.

This information collection system forms part of the needs analysis of the clients and takes numerous form:

- **Clear definition of target population:** FHT has developed a risk screening tool that allows them to define the precise cohort they want to target. The tool covers a number of problem areas to establish whether the family meets the criteria to receive service from FHT. FHT will only take the families that are considered to be the 2% most vulnerable in terms of potential child abuse risk. FHT management state the entrance criteria needs to be clearly defined to avoid misinterpretation.
- **Client consent:** FHT attempts to obtain consent from clients to enrol with their service on the first visit.
- **Intake questionnaire:** This is a lengthy and comprehensive questionnaire that assesses a wide range of parental risk parameters, and needs to be completed within the first four weeks of engaging a client.
- **Progress report baseline measures:** These are usually undertaken within two weeks of completion of the intake questionnaire and include family violence history and seven psychometric measures. The information contained in the reports form part of the needs assessment for the family. Progress reports are repeated every six months.
- **Client Plan:** Within the next six weeks a written social work assessment document and client plan is prepared with the family. In addition a forward case work plan is prepared. Both are reviewed six monthly.

In addition there are robust systems put in place to support social work staff while they undertake their duties:

- Weekly or two weekly supervision of staff based on their experience;
- Caseload stress mechanisms that scores each case on their level of difficulty, which affects allocation of cases to social workers and contributes to reducing stress among staff;
- Clinical practice manuals and child protection manuals provide a robust framework for all staff to follow and work within. This ensures staff are sufficiently informed and equipped with knowledge and strategies to carry out their duties.
- While programme exit usually occurs when the child reaches five years old, supervisors and social workers decide together on a client's readiness to exit the service. FHT has a specific exit protocol which means families are not exited without confidence the child is safe and the parents are sufficiently competent to parent without support.

There is no doubt that some staff struggle with the information collecting requirements of the FHT system. Staff in this research described some of these processes as 'tedious'. But there is also little doubt that these staff find the information extremely helpful in terms of modifying practice and monitoring practice. As one FHT staff member put it:

> *I like the plans, I think they're really important, you can make goals for clients.*

And another said:

> *They [progress reports] have so much information.*

MSD is particularly impressed with the level of information collection and management at FHT. The local MSD manager told the research team:

> *Their files are the best files I have ever seen from a provider… they have very high standards of professionalism, especially their note taking, you know.*

Staff also spoke of additional resources which make their job easier. Each caseworker has a phone and a there is a dictaphone process which cuts down on paperwork and the time it takes to prepare documentation.

4.5 Management Style

Part of FHT's success lies in the style and execution of leadership within the organisation and how leadership provides support for social workers. FHT has passionate and dedicated leadership as described by one FHT staff member:

> *Libby is amazing because this is her baby and she has a vision for the agency.*

Part of what the staff like about FHT's management is that it provides the staff a considerable degree of autonomy to adapt their practice to the particular needs of individual families. As one of these staff members said:

> *We're trusted to do the role that were hired to do.*

Staff value their autonomy and ability to respond to client need. This autonomy extends to the number of home visits, the time spent with families, and the type of support the family receives. At FHT practice is tailored to meet a family's needs rather than following a prescribed and rigid programme of service delivery. FHT's staff believe that this not only allows for greater engagement with clients but also enables a targeted, higher quality delivery of service which is more likely to result in successful outcomes for the family. This is appreciated by staff and much conversation with staff at FHT revolved around their autonomy to do the job as they see fit, as captured by the following comment:

> *Sometimes if I pick up a new client, I might not focus on agency requirements… but I might deal with the immediacy of the clients because I have the autonomy to do that, it builds faith with the clients at the same time.*

This culture reflects a commitment not to manage social workers by KPIs. This is consistent with FHT's own evaluation of Family Start conducted for the Ministry of Social Development (Robins and Pringle, 2013). This evaluation found that, instead of guiding clinical practice, KPIs compromised clinical practice because many of the performance indicators were unachievable. As a result staff needed to manage their performance to provide the illusion that they were achieving results. In this research one of FHT's staff members compared how their performance was measured compared to those working in Family Start:

> *Some of [their measures] are so prescribed it's ridiculous.*

The New Zealand Productivity Commission's outline of how to create 'more effective social services' notes that "government agencies often tightly prescribe the activities of providers, making it difficult for providers to innovate or tailor services to individual need" (NZ Productivity Commission, 2015:9). But the culture established at FHT by the leadership means this problem is not present there.

4.6 Professional and Committed Staff

To ensure good staff capability, FHT only employs qualified social workers. The organisation then works hard to retain staff to ensure continuity in the relationships between staff and the families it works with. As a result, FHT has a low staff turnover and has seldom needed to re-assign a social worker to a case.

FHT has put in place a number of benefits to support their staff to ensure their long term service to the organisation. This includes the provision of five weeks annual leave, twice the amount of sick leave, additional payment towards the running of their private vehicles (and social work registration fees).

The benefits of this are obvious. It assists in the development of trust between the family and it assists with the development of expertise within FHT. This finding is corroborated by ESR's evaluation of FHT (ESR, 2014) which found long term continuity and staff retention are important aspect of FHT's service model (ESR 2014[8]).

8. The ESR report similarly highlights the importance of cultural fit in matching staff with clients (ESR 2014a). Many families involved with FHT identify as Maori and they will get matched with a social worker that identifies with Tikanga Maori and the same applies to Pacific Island families.

In addition during the recruitment of social workers 'resilience' is a key selection attribute. Fit within the culture and the client group are important to win clients over. It is very important staff are not intimidated in their dealings with this difficult group and persist in winning engagement (ESR 2014a).

4.7 Family 'Buy in' and Engagement

One of the success indicators for FHT is the low refusal rate they experience among client its families. Over thirteen years, only 10% of families have exited the programme due to non-compliance. As described by one staff member;

> *You can count on one hand the number of people who have been signed up at the door, gone through the processes and then said 'no'.*

FHT works very hard on engaging families[9]. To gain the families' trust, staff are persistent, they are non-judgemental, they use empathy, they talk the language of the family and they focus strongly on the needs of the child. FHT social workers also 'go above and beyond' social work practice to do practical things to help the family (such as ensuring well child checks take place, work and income appointments are kept, that children have car seats and the house is clean, etc.).

As the local MSD manager put it:

> *I think FHT works very hard on engagement and they come in with a very non-judgemental manner and work alongside the client.*

One of the FHT managers put it like this:

> *It's very clear why we're there… we're there for the child… people appreciate that honesty.*

In addition FHT social workers put in place small achievable goals to lead the family towards independence and empowerment. This is achieved through family-led collaboration rather than imposed pressure. Again, in the words of the local MSD manager:

> *[FHT] are really good at putting in really practical, useful tools to help families manage. They break things down into small achievable goals ….*

Once families agree to FHT's service, they sign a consent form and 'opt in' to FHT's service. This minimises the risk of families dis-engaging. Family consent and 'buy in' are essential in gaining co-operation and trust between the two parties in order to move forward.

4.8 Length of Programme

FHT social workers engage with families for longer periods than in comparable programmes. Social workers start with the families at birth (or just before) and stay with them until the child is five years old. This length of service ensures the best possible outcome for the child and gives staff the time to achieve the best outcome for the family. If families are ready to leave the service earlier, they are able to but not without input from social workers and FHT management. The benefits of this are clear to staff:

> *It's a privilege to work for such a long time with families…otherwise you're just doing crises interventions*

4.9 Fundraising

Since its inception in 1990, FHT management and board have proven to be very successful in showing the value of the Trust's work in gaining access to funds and grants. This is well acknowledged by FHT staff:

> *Libby is exceptional when it comes to raising money, we have a very involved and working board.*

4.10 Does FHT have a Single Point of Vulnerability?

This research is clear that there is no one reason why FHT succeeds (i.e., FHT's success is due to the interaction of a number of factors). Despite the key role played by the leadership of the programme, this does not translate into a noticeable 'single point of vulnerability'. However, this research also cautions that the things that work against this 'single point of vulnerability' for FHT will require commitment and resources to reproduce. In other words, the 'culture of success' established at FHT has taken a while to create and season, and is not the kind of organisational culture that can be built in a day.

9. (as evidenced by their own data that show very little wasted effort where families are not at home).

5

Can the Success of FHT be Reproduced?

5.1 Programme Fidelity

This research concludes that there is no reason why FHT could not be successfully reproduced elsewhere. Given the collection of factors that drive FHT's success, the key to reproducing it elsewhere will be in implementation fidelitity[10]. Carroll et al (2007) identify the key elements of this as:

- Adherence to an intervention;
- Quality of delivery;
- Participant responsiveness; and
- Programme differentiation.

> The key to reproducing FHT has nothing to do with knowing how the programme works and everything to do with the art of doing it.

These four elements are important for this analysis because they highlight that the successful reproduction of FHT hinges on recreating the collection of success factors identified here. In addition, the Carroll et al (2007) list reinforces that it is not enough to reproduce what FHT does but to deliver it with the same degree of quality.

Therefore, when reproducing FHT it is important to ensure the following elements are in place[11].

5.2 Self-Determination

Part of FHT's success lies in the fact that the programme is self-designed and owned. In contrast, other home visiting programmes in New Zealand have been designed centrally and rolled out to other locations through contracting. FHT's approach means they have a consistent 'theory of change' and the knowledge of previous experience to deal with design flaws and thus have the ability to rectify them. Agencies that work to a prescribed model may not have the capacity to do this.

A key enabler in this self-determination is in the culture the management have established at FHT. That is, the flexibility of FHT's management systems allow for change (and even actively pursues change). This occurs alongside FHT staff's ability to practice autonomously. Any agency applying FHT's model needs to recognise the important role that this flexible, adaptive approach plays in the programme's success. This research is clear that providing staff the autonomy to adapt the programme to the individual needs of client families is a necessary condition for its success.

10. Fidelity may be defined as the extent to which delivery of an intervention adheres to the protocol or program model originally developed

11. To paraphrase Godin (2008), the key to reproducing FHT 'has nothing to do with knowing how the programme works and everything to do with the art of doing it'.

5.3 Leadership

Any attempt to reproduce FHT will need to ensure it has the right leadership in place. That is, the work culture in these organisations needs to be supported and empowered by a similar dedicated leadership as FHT. This leadership needs to role-model the passion and dedication that can influence the culture of the organisation. It also needs to be reflected in the attitudes of staff and the quality of case management systems.

5.4 Clear Purpose

One of the lessons from this research is that FHT can be good at what it does because it resists the temptation to expand its programme into new areas. In other words, the programme has a clear purpose and focus and it sticks to these. This means FHT has become a specialist in dealing with this hard-to-reach family group. In contrast, Robins and Pringle (2013) found that a key challenge for other programme providers was the change of emphasis onto more complex (CYF) clients. Here, some of those in the evaluation experienced considerable stress associated with this change, and others felt there needed to be allowance made to reflect the difficulty with working with families who are hard to engage.

5.5 Work Culture

This research has emphasised the importance of workplace culture in FHT's success. This is a culture where staff take the initiative and look for opportunities to share their ideas and suggestions; a pro-active culture that encourages staff to take action without being asked. As a result, staff have high level of engagement with the organisation, and feel a genuine sense of ownership in its success (as is reflected in the low staff turnover rate). While this culture is not visible in the workplace procedure documentation, it is seen in the way FHT's management:

- Are clear with staff about what counts as 'good performance' (and why);
- Role-model taking initiative and asking difficult questions (of themselves, of the organisation, and of the sector);
- Empower staff to make decisions without needing prior approval;
- Provide a positive, encouraging environment; and
- Recognise staff efforts even where those efforts fail.

As we have seen, FHT has been a vocal critic of the common approach taken in the sector to manage programmes like theirs through KPIs. FHT's view is that this narrow approach to management is counter-productive and has failed to deliver the kind of outcomes these agencies are pursuing (Robins and Pringle, 2013)[12].

FHT's philosophy is that visitation should be centred on developing the relationship between the service provider and client. This is best determined by the social worker delivering the service as visitation would differ between clients according to how well that relationship had developed (Robins and Pringle, 2013). This practice would also assist in establishing and maintaining engagement with the target families while ensuring fewer families opt out of the service.

5.6 Case Management Systems

The notion of learning as part of the 'culture' also reinforces the commitment to act on what the information teachers. FHT's evaluation of Family Start highlights how gathering information alone is not sufficient, and that the information collected needs to be easily analysed and acted upon. Most agencies at present measure basic outputs without linking them to internal evidence (Robins, 2014b). The use of a common information gathering system would facilitate comparisons in outcomes between agencies. FHT's EASI system is due to go live in early 2015 and could provide an exemplar to other social services agencies.

5.7 Think About Scale

With the above points in mind, there is no fundamental reason why FHT's model could not be successfully reproduced elsewhere. However, it is important to note that the FHT model evolved over time, in response to the changing ecosystem within which it currently operates. This suggests that it is more likely to repeat FHT's success if the approach is reproduced elsewhere at a similar scale to the Christchurch Model (rather than trying to rapidly scale the Christchurch programme).

12. As Godin (2008) notes in a different context "initiative is such an astonishingly successful tool because it's rare".

6

What Next for FHT?

When asked how the thinking behind FHT has developed in recent years and what this might mean for the subsequent development of the service, the following directions were suggested:

- Developing better ways to collect data about procedures and outcomes. The current systems used by FHT require considerable staff engagement, and likely reproduce data already captured in the CYFS system. Ways to share data across agencies, or capture data in real time (such as through a tablet-based app) would reduce this burden and potentially provide better data[13].
- The implementation of EASI in early 2015 should enable better extraction of data and better informed knowledge of outcomes over time due to the sophistication of the system and the implementation of new psychometric measuring techniques as part of FHT's data gathering process. Use of the new system over time should fine tune FHT's ability to measure outcomes and identify strengths and weaknesses in its service. If this system is applied to other social services agencies, it would enable central government to determine which models are working well and which are not.
- Developing better data about outcomes also means developing a coherent and consistent way to measure outcomes across social services agencies in New Zealand. Without a common measurement framework, comparisons across service models remain largely anecdotal.
- Within FHT, there is an appetite to expand the programme to include a greater emphasis on attachment. This might mean the inclusion of an attachment therapist in the programme (for both assessment and for provision of services).
- There is also an appetite to add 'specialist services' where required by clients. For instance, FHT believes it may benefit from having a male outreach service (run by a male social worker) to deal with the men associated with their client families.
- Finally, there is the opportunity to develop a programme dedicated to the needs of Maori, Pasifika, and migrant families. Currently the programme is less well known in these communities than FHT would like. Given the changing ethnic mix of Christchurch, this could be a key way forward (Stats NZ, 2015).

13. Note, FHT have been doing this since EASI went live in March 2015.

7

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8

Appendix One: How Do We Know FHT is a Success?

8.1 Measuring Success

Measuring the success of a programme such as FHT is a difficult undertaking. There are a number of reasons for this, but the main ones are:

- A lack of agreement about what 'success' really looks like;
- A lack of agreement about which measures of success should be used; and
- Problems attributing successful outcomes to any particular intervention[11].

As well as being a small, localised, initiative, FHT also targets a specific kind of participant. This means that generalising from FHT to larger populations, or populations in other regions, or different kinds of participants, is inherently problematic. Furthermore, there can be no control group for initiatives like FHT as this would mean identifying at-risk families and then denying them the intervention required.

Asking whether programmes like FHT are 'a success' leads inevitably to the question 'compared to what?'[12]. In the absence of sector-wide agreement about metrics and data gathering[13], the default definition of success becomes what we might expect the life-course of programme participants to have been if they had not participated. Certainly, the participants in the FHT programme are happy to speculate about how their lives would have turned out without the intervention of FHT.

FHT's response to the question of success has been to put in place methods of ongoing monitoring and evaluation of its clinical practice, showing it does make a difference with its hard to reach target group of clients. These are:

- An internal information gathering system and a database with which to conduct a series of independent evaluations; and
- Conducting external reviews on its service.

FHTs commitment to organisational learning and internal and external evaluation keep its services effective and relevant when serving this most difficult target group. A number of studies and evaluations (some of which were commissioned by FHT) have been conducted by various providers. These include Clarity Research, the Institute of Environmental and Scientific Research (ESR) and the Ministry of Social Development (MSD).

8.2 The Clarity Research Evaluation

The results of a two year study by Clarity Research (Turner 2009) with families who participated in the FHT programme concluded that FHT was instrumental in helping high risk families acquiring new skills and behaviours associated with parenting their children safely.

The research shows that positive changes occurred in the lives of the most vulnerable children, as a result of FHT providing a service specifically geared towards working with this group (uptake was uneven at the start but almost universal at the conclusion of two years.) The improvements noted were:

Parenting

- The adequate standard of housing (warm, dry, adequate beds, presence of a washing machine etc);
- Provision of appropriate food for children (fresh fruit and vegetables, protein);
- Better eating habits;
- Better personal hygiene among children (regular baths, washing hands before meals and teeth brushing); and
- Inclusion of a regular bedtime routine.

Health and Safety

- 100% reduction in striking/ shaking of children;
- Non-significant reduction in violence experienced or witnessed by child;
- Reduction in CYF's involvement;
- Increase in MOB's with drivers license; and
- Decrease in domestic violence and abuse.

Most notable of Turner's findings was FHT's success in enabling mothers to terminate abusive relationships. Other successes involved significant reductions in substance abuse and criminal offending.

11. The notion of 'cumulative impact' draws our attention to the fact that any particular outcome can be due to a range of interventions working together over time. Cumulative impact looks at the net result of these multiple interventions.

12. The classic experimental design (with a control and a 'treatment' group) asks 'compared to doing nothing'.

13. Ascertaining the success of child abuse prevention services across social services agencies in New Zealand would require the implementation of an effective cross sectorial case management system (Robins L, 2014a). This system would need to enable government agencies, departments and NGOs to see how social services intervention are achieving success for their families over time. In addition the development of any case management system would need to be suitably adaptive to the agency's working practises to ensure it stays relevant to their needs

8.3 The 2015 Follow-Up

As part of the research reported here, in 2015 Clarity Research followed up with a small number of families identified in their 2009 evaluation. To qualify, these families need to have:

1. Completed 5 years with Family Help trust;
2. Had been involved in the two year FHT outcome study[14];
3. Had been discharged from FHT for at least two years, so as to have enough time to settle to a new level of post-FHT functioning; and
4. A total of at least 25 on the FHT initial screening instrument, indicating that they were high risk when starting with FHT (a score of 15+ is required for entry to FHT services).

Of the 19 families who qualified, five were able to be reached and agreed to participate in this follow-up study[15].

These follow up interviews showed that:

1. The non- judgemental approach taken by the FHT social workers meant the women they worked with felt supported, empowered and 'loved'. This was an important and recurring theme during the interviews. The impact was significant.
2. The skills of the FHT social workers meant that strong and enduring relationships were formed with the women. This led to participants' staying in the programme, without difficulty for the 5 year duration. The lives of these women and children prior to working with the FHT were chaotic, painful, at times dangerous, lacking in basic skills and knowledge in how to keep a house tidy and safe. Some were traumatised, were living with addictions, some didn't know how to cook or how to look after a baby or child. There was a noticeable skill building component over the 5 years of engagement. Now the women take for granted using those skills in their daily lives and have gone on to live more fully and happily with their children. In this regard FHT is an intergenerational support service.
3. FHT has low staff attrition rates, (i.e. the women reported having the same social worker for 5 years). This has a significant impact as the relationships are sustained over a long period of time and again this is perhaps rare for a lot of these women, because of the nature of their previous chaotic lives. The women had the same social worker throughout the 5 year process – a great advantage when one of the primary successes of such work is to build sustained and trusting relationships.
4. The 5 years of support seems to be a key ingredient in the success of the programme. It would be impossible to encourage the level of change the women were making over a few months or a year. The sustained time working alongside, building relationships and building people's skills cannot be done over a short time span. The time spent in the Family Help Trust programme had an enormous impact on what the women achieved once they had completed their involvement with FHT.
5. The women's self confidence and ability to advocate on behalf of themselves was a key skill learnt over the time they were in the programme, which is having a positive and life-long impact.
6. The FHT workers were 'with' the women. Empathy was part of what the FHT social workers had in abundance! No one reported anything that had a negative impact on the relationship with their FHT social worker, not once!
7. The balance of being a 'friend' and a 'supporter' seemed to be well balanced by the social workers. They had a 'light touch' even when situations were serious, their way of supporting the women and doing what was needed in the moment never made the women feel like they were being 'taken over' or diminished in any way.
8. The social workers did what needed to be done to help clients move from dependency to independence – a wonderful principle to work to and they succeeded in doing this.
9. Acceptance of the 'closing off/finishing' the work with the women. The women didn't want to stop seeing their social worker but recognised the need to come to this point. Handling this time needed sensitivity and the work done to help the women stand on their own two feet was thoughtfully approached. The women reported feeling anxious and worried about 'giving up' their social worker but all of them managed it without negative impacts – except of course some anxiety over this time. None of them reported 'going backwards' during this period.

14. Turner, M (2009) *Monitoring Vulnerable Families: A two year outcome study.* Family Help Trust: Christchurch.

15. These ex-clients were tracked through the last phone number listed with FHT, and public records such as the electoral roll and White Pages. The women were phoned by FHT Clinical Services Manager, Bill Pringle and invited to participate in the follow-up. All five women who Bill was able to contact agreed to be followed up.

8.4 Selecting Interventions to Reduce Family Violence and Child Abuse in New Zealand (ESR 2014a)

In September 2014 ESR released its report *Selecting Interventions to Reduce Family Violence and Child Abuse in New Zealand*. This report sets out the elements of an intervention framework to support the initiatives to reduce family violence and/ or child abuse and neglect. The report (ESR 2014a) asserts:

- Home visitation services, such as those provided by FHT are overwhelmingly supported in the research literature as being effective in delivering attitudinal and behavioural change;
- Outcomes for children and young people in terms of health and education are better for those who have benefitted from early childhood family intervention; and
- Child homicide is less likely to occur where a family is connected with a social service.

Part of this report's recommendations suggest that targeted parenting programmes and home visiting initiatives be used to deliver services to at risk populations where violence has not yet occurred as well as families where child abuse and neglect has occurred. Here FHT is endorsed due to emerging evidence it reduces child abuse and neglect in high risk cases. It also recommends robust evaluation of FHT's intervention model in order to further establish its effectiveness in child abuse prevention (ESR 2014a).

8.5 Making Services Reachable (ESR 2014b)

FHT is currently taking part in a three year MBIE funded research project in partnership with the University of Canterbury, He Oranga Pounamu and the SuPERU/ Families commission. This project is called 'Making Services Reachable' and aims to explore and strengthen ways for social services to engage with families/ whanau that may be considered hard to reach. The project aims to develop an in-depth understanding of the barriers and enablers to engagement, and develop practical models to improve the way services are designed and delivered (ESR 2014b).

The outcome of this research will enable FHT and other service providers appraise their existing practice, deepen their understanding of what is working and why and help them to create service improvements and innovations (ESR 2014b). The study although not complete, acknowledges that staff, client and stakeholder interviews conducted so far, highlight the 'fantastic service' provided by FHT and general agreement on the success of the model (ESR 2014b). Other observations noted by the study include FHT's strong evaluation and evidence base to show it does make a difference with their target audience as staff are able to see great immediate outcomes. Long term success however is less easy to establish in the absence of statistics from allied providers such as prison entry and other welfare providers (ESR, 2014b).

Establishing long term success of their services is a goal FHT is attempting to rectify with the introduction of EASI in 2015. EASI is a case management system designed to enable outcomes to be measured over time and will enable the establishment of intervention needs. As part of the launch of EASI, FHT are reviewing their progress questionnaires and introducing psychometric measures to the programme. This sophisticated outcome service is unique in the New Zealand context of home visiting services (Robins, 2014a).

8.6 Changes Implemented by FHT as a Result of Evaluation and Monitoring

FHT continues to maintain a strong focus on continuous improvement, research and evaluation and quality assurance to ensure its services are effective for children and their families (MSD Monitoring report, 2014). FHT does this through continued evaluations.

As a result of continued self-evaluation, FHT outlines a number of changes they have implemented over the past ten years to improve their service effectiveness. The changes were made as a result of the recommendations of various evaluations conducted, which gave FHT the evidence needed to make changes to its working practice. These changes were (FHT application to SuPERU Evaluation Fund 2014):

- In 2004 FHT's first evaluation recommended they monitor their work closer and thus changes to FHT's entire outcome framework were implemented. When this work was completed and peer reviewed it was deemed too qualitative to be useful.
- In 2005 FHT completed a new outcome framework in the form of comprehensive quantitative questionnaires and a method that allowed measurement of progress over time periods.
- In 2007 and 2009 FHT conducted two more evaluations based on the questionnaires developed in 2005. Despite promising results, FHT was made aware extracting data from their database was problematic.
- Since 2010 FHT has again reviewed its outcome framework and made adjustments to include a number of psychometric measures that cover areas such as parenting hassles, child rearing practice, post-partum bonding, maternal depression and anxiety, perceived support, alcohol and drugs. FHT is currently developing a new database (EASI) going live in February 2015, that will accommodate their entire framework and allow for internal and external monitoring of their services.

FHT has been involved in a number of external research projects over the years to inform and improve its service. These have included studies on attachment disorder, head injury and family violence research. Not only does FHT operate on a culture of learning but indicative of their effectiveness to clinical practice, is their commitment to spreading their learning to other organisations. This FHT has done throughout its 25 year existence. FHT attends conferences, speaks at conferences (both national and international), ensures key documents are visible on their website and includes findings in their profile documents and newsletters (FHT application to SuPERU Evaluation Fund 2014). In addition FHT won the Champion Charity (Small Enterprise) Award at the 2013 Champion Canterbury Business Awards (Barron C, 2014). It is this continual commitment to evaluation and improvement that has and will continue to enable FHT to provide excellent service to vulnerable families.

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