



RESEARCH REPORT NO 2/05
JUNE 2005

families commission
kōmihana ā **whānau**

review of parenting programmes

A REPORT BY THE FAMILIES COMMISSION

The Families Commission was established under the Families Commission Act 2003 and commenced operations on 1 July 2004. Under the Crown Entities Act 2004, the Commission is designated as an autonomous Crown entity.

Our main role is to act as an advocate for the interests of families generally (rather than individual families).

Our specific functions under the Families Commission Act 2003 are to:

- > encourage and facilitate informed debate about families
- > increase public awareness and promote better understanding of matters affecting families
- > encourage and facilitate the development and provision of government policies that promote and serve the interests of families
- > consider any matter relating to the interests of families referred to us by any Minister of the Crown
- > stimulate and promote research into families, for example by funding and undertaking research
- > consult with, or refer matters to, other official bodies or statutory agencies.

ACKNOWLEDGEMENTS

We are grateful to the following agencies for their help in providing information for this review: Ministry of Social Development, Ministry of Education, Ministry of Health, Department of Child, Youth and Family Services, Department of Corrections, Plunket, Parents Inc and the Pacific Foundation.

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review of parenting programmes

A REPORT BY THE FAMILIES COMMISSION

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EXECUTIVE SUMMARY

The Families Commission has undertaken this review of parenting programmes at the request of the Minister for Social Development and Employment. It provides an overview of:

- > key government-funded parenting programmes
- > a selection of parenting programmes that are funded entirely within the community/voluntary sector or which receive limited government funding
- > parent support and development programmes and the key issues associated with their provision, drawing on relevant national and international literature.

The key government-funded programmes covered in this review totalled \$30.5 million¹ of expenditure in the 2003/04 financial year (however, increased investment in Family Start has since been announced). Approximately 14,000 families attended these programmes in the 2003/04 financial year.

There is a broad range of support, originating from many different sources, available to parents and people acting in a parenting role. The support begins with the networks provided by friends, whānau and extended family, includes numerous services originating from the commercial or community and voluntary sector, and extends to universally provided government services aimed at families caring for children and young people.

Coverage and core service capacity varies greatly within New Zealand. Funding sources vary and may include a mix of government, private sector and service-user contributions.

The research literature shows that parent support and development programmes, especially as part of overall strategies to address issues affecting parents' and children's lives, can make a positive difference. However, there is little research on cost-benefits analysis. There is also uncertainty about the causal links between such interventions, and the outcomes for parents and children over time.

Parent support and development programmes can be delivered in a number of different ways; there is no one approach that will work for all families. Each form of delivery has its own set of critical factors that, if present, will facilitate the success of the programme. The characteristics of successful parenting programmes are identified, with reference to relevant research and evaluations.

A culture where it is the norm to seek help with parenting may lead to greater engagement in parent education programmes and services. Engagement is an ongoing process, involving attracting families into a programme or service, encouraging families to make a commitment to participate, and motivating them to change their attitudes and behaviours.

Parenting programmes in isolation cannot address well-established patterns of inappropriate parenting – these programmes should form part of a broader social development strategy. In the first instance, families' accommodation and income needs must be met. If parents face chronic stress and struggle to meet basic needs, it is a challenge for them to focus on supporting their children's learning and development.

Parenting programme effectiveness is very difficult to determine. More rigorous evaluations will need to take place to generate further knowledge about the effectiveness

¹ This amount excludes Home Interaction Programme for Parents and Youngsters (HIPPY) sites funded by Child, Youth and Family as part of Family Service Centres.

of parenting programmes in New Zealand, and to build a stronger evidence base. Further investigation is also needed to explore the extent to which parenting programmes offered in New Zealand share common goals and theoretical bases. There is still a lot that is not known about what works and what is the most appropriate support for parents and children, for which groups of families, and for which family members. Further exploratory research is recommended to investigate the skills and knowledge that New Zealand parents need in order to parent more effectively.

Although there are some parent support and development services which are available in all communities, there are gaps in services for parents within specific communities (for example, small rural communities).

Universal programmes can provide a basis for identifying populations which would benefit from more targeted interventions. This review has highlighted a need to consider the development of a parent education programme that is universally available and accessible. There is an opportunity to build on Plunket's parenting programme to extend this programme to parents of children under six years. Given the relatively high rates of participation reported for programmes aimed at parents of school-aged children and young people, this indicates an ongoing need for parenting programmes beyond those targeted at the parents of pre-schoolers.

Anecdotally, there is a high rate of withdrawal of vulnerable families from parenting programmes in New Zealand – often due to mobility. This is consistent with overseas experience. Greater geographic coverage amongst early intervention programmes would increase the number of families who were able to transfer from site to site, and possibly increase retention rates. Further investigation is required to learn more about the other reasons why families withdraw from these programmes and to ascertain the extent to which programmes are meeting families' needs.

An overall strategy for supporting all parents in their parenting role needs to be developed. This will require collaboration between government and the non-government sector. The first step in this collaboration is for discussions to take place amongst the following key agencies: the Families Commission, the Family Services National Advisory Council, the Parenting Council, and the Ministry of Social Development, as well as other interested agencies.

This strategy should be informed by analysis of the needs of families (including parents, others performing a parenting role, and children), communities and practitioners. In particular, the needs of fathers and other groups of parents (such as teen parents and grandparents) must be explored. A matrix of services that may be required to address the full spectrum of these needs should also be developed.

INTRODUCTION

The Families Commission's main role is to act as an advocate for the interests of families. The development of new approaches to support parenting is a priority for the Commission.

As part of its work to enhance its understanding of families and parenting, the Commission has commissioned two projects:

- a) A review of parenting programmes (this review has been undertaken at the Minister for Social Development and Employment's request).
- b) A project to investigate what families with dependent children consider to be successful outcomes and to explore the trade-offs families make in order to succeed in their own terms.²

This review of parenting programmes provides an overview of:

- > key government-funded parenting programmes
- > a selection of parenting programmes that are funded entirely within the community/voluntary sector or which receive limited government funding
- > parent support and education programmes and the key issues associated with their provision, including relevant national and international literature.

SCOPE OF THE REVIEW

Parenting programmes in this review refer to programmes that involve face-to-face provision of information, education and support over a period of time, either individually or in a group setting, as distinct from programmes that are information-only in nature (such as 0800 helplines).

The review describes in detail key parenting programmes funded by government, and a selection of parenting programmes *not* fully funded by government, with particular reference to:

- > demographic data (where available)
- > geographical coverage
- > engagement and retention of families, including exploration of who the programmes are targeted at, and reasons for non-completion
- > the objectives and duration of programmes.

As not all parenting programmes gather or disseminate the same data, limitations of the data are noted.

The characteristics of successful parenting programmes are identified, with reference to national and international literature. Gaps in the research literature are also noted.

The review also provides some comment on key issues in the provision of parenting programmes and potential ways forward.

The review was not intended to comment on the effectiveness of government expenditure on parenting programmes, or whether it represents value for money. The difficulties in determining cost-effectiveness of parenting programmes are discussed briefly elsewhere in this review.

² The final report on this project will be complete at the end of 2005.

PARENTING PROGRAMMES COVERED WITHIN THIS REVIEW

The focus of this review is on programmes which meet the following criteria.³

Programmes were to:

- > receive direct government funding
- > be multi-site
- > have been running for at least one year
- > seek to improve the wellbeing of children through assisting their parents, or other adults acting in a parenting role (such as grandparents, parents' partners or other members of the family) to parent more effectively
- > be aimed at parents with children aged zero to six⁴, or subset(s) thereof
- > provide more than only information.

Using the eligibility criteria outlined above, the following programmes fall within the scope of the review:

- > Family Start
- > Parents as First Teachers (PAFT)
- > Home Interaction Programme for Parents and Youngsters (HIPPY)
- > Anau Ako Pasifika
- > Whānau Toko I Te Ora
- > Parenting programmes in prisons, run by the Department of Corrections.

The key government-funded programmes addressed in this review are primarily targeted at vulnerable/at-risk parents (or families) with children in the zero to six age range.

Descriptions of each of these programmes appear later in this review. 'At-risk' has been variously defined, for example:

- > families with children at some risk of poor educational outcomes
- > whānau with medium to high needs, ie facing multiple adverse circumstances (such as domestic violence, severe financial difficulties, social or geographical isolation).

These key government-funded programmes total \$30.5 million of government expenditure (however, there has been increased investment in Family Start – refer Appendix One). Approximately 14,000 families attended these programmes in the 2003/04 financial year.

The Commission decided to extend the overview of parenting programmes considered within this review to a selection of parenting programmes that are funded entirely within the community/voluntary sector or which receive limited government funding. The review provides a brief description of parenting programmes offered by the following providers⁵:

- > Plunket⁶
- > Parents Inc (formerly Parenting with Confidence)
- > Barnardos
- > Presbyterian Support Services

³ Criteria were determined following a review of relevant literature and internal and external discussions with Commission representatives.

⁴ With the exception of the programmes offered by the Department of Corrections, which are available to parents of children under the age of 16 years.

⁵ These programmes were selected due to their broad geographical coverage, large numbers of participants and the fact that they are well-established.

⁶ The review did not look at parenting support offered by other Well Child providers (eg Tipu Ora).

- > Parents Centre
- > Early Start.

PROGRAMMES, SERVICES AND INITIATIVES NOT COVERED BY THE REVIEW

Although brief reference is made to some of the following programmes, services and initiatives elsewhere in this review, the review does not focus on:

- > 'core business' government initiatives that do not seek specifically to achieve parenting outcomes as their primary focus, such as Well Child/Tamariki Ora health services, most ECE services
- > support for parents of children with high health or special education needs
- > services that provide mostly information
- > whānau or community development projects (if parenting support is only a small part of the project). Some of these projects (such as those sponsored by the Ministry of Social Development and Te Puni Kōkiri) do offer support to parents, but if their primary focus is community development or capacity building, they have been excluded from the scope of this review
- > community parent and education services for children aged zero to six funded through Child, Youth and Family (CYF)
- > teen parent units in secondary schools.

CHAPTER ONE

parent support and development programmes

The term 'parenting programme' is used to refer to initiatives typically aimed at supporting and educating parents to parent effectively and consequently to enhance the quality of the parent-child relationship.⁷ Programmes usually follow a set structure or curriculum, with defined objectives, although there is wide variation in their configuration, content, focus, scope, size and duration.

Programmes may be universal (available to all children and families located in a given geographical area) or targeted (provided only to particular children or families who meet certain eligibility criteria).

Some run year-round, others for a short period of time. Some are offered routinely, others are run according to demand. They may be delivered by paid staff, or by volunteers (or some combination of the two); to individual parents or groups; they may be home-based or centre-based. They may be offered at no charge to participants, or participants may be asked to partially or fully cover the cost of attendance.

The Centre for Community Child Health (2004) undertook research for the Australian Government as part of the Parenting Information Project, funded under the National Agenda of Early Childhood. The resultant literature review acknowledges the diversity of the nature and scope of parenting programmes. Parenting programmes are described as encompassing the following:

- > Parent education: the broad process of providing parents with specific knowledge and child-rearing skills, usually through activities implemented by professionals (for example, activities directed at attaining developmental skills, managing behavioural issues, and enhancing learning opportunities). Information about local health and social support systems may also be provided.
- > Parent training: a subset of parent education, involving the direct teaching of skills to parents (such as behaviour modification programmes, in which parents learn how to identify and manage children's behaviour, using reinforcement principles).
- > Parent support: services designed to support and strengthen family functioning, for example, playgroups, and parent information and support groups. This term is often used to refer to emotional support (eg from parent to parent), rather than practical support.

THE RANGE OF PROGRAMMES AND SUPPORT SERVICES OFFERED IN NEW ZEALAND⁸

Within New Zealand, there is a broad range of support, originating from many different sources, available to parents and people acting in a parenting role.⁹ The support begins with the networks provided by friends, whānau and extended family, includes numerous services originating from the commercial or community and voluntary sector, and extends to universally provided government services targeted at families caring for children and young people.

Coverage and core service capacity varies greatly within New Zealand. Many programmes are available in some communities and not others (although the levels

⁷ Or the relationship between a child and their primary caregiver, for example, a grandparent, foster parent or other key figure.

⁸ Much of the information in this section is drawn directly from *New Zealand Families Today* (2004), a briefing report prepared for the Families Commission by the Ministry of Social Development.

⁹ This diversity is reflected in the international literature. The Centre for Community Child Health report (2004; quoting Shonkoff and Phillips 2000) also notes the wide variation in the scope and nature of parent education programmes, ranging from relatively brief to intensive, multi-year initiatives.

of need within communities may be similar). Many community services are small; capability and viability issues may arise, particularly in rural areas.

Some programmes and services have the wellbeing of the child as their key focus; others influence this indirectly through providing, for example, income support or housing.

Some programmes target families perceived to be at-risk and others seek to support the wellbeing of all children and their families. Some are intensive, connecting parents with a range of services, and others simply provide access to information.

Funding sources vary and may include a mix of government, private sector and service-user contributions. Government funding may take some circuitous routes onto the service deliverer. Some providers (such as Plunket) provide services throughout New Zealand, while others work only within selected communities.

A limited number of intensive home-visiting parent support and development programmes (such as Family Start) provide a range of services to families identified as being at-risk and having high levels of need.

There are a number of parenting helplines (telephone advice services) which offer information and advice, such as Plunket Line and Barnardos' telephone counselling service, and Parent Helpline. Plunket Line is a national service, funded from Vote Health, while other telephone advice services have mixed funding sources and variable coverage.

Social/support groups for new parents provide informal support within a regional locality. Such groups may be self-funded or funded from various government and non-government sources. Some are community-based¹⁰, such as groups organised by Plunket. Some are run by parents for parents, such as the New Mother Support Groups organised by Mothers Network Inc (whose aims include providing mothers with friendly, supportive, local groups that lead on to lasting friendships and wider support networks). Some are run by churches, such as the M&M programme for mothers with pre-schoolers which focuses on music and activities designed to involve both parent and child.

Parents Centre offers group-based antenatal and postnatal education, as well as providing opportunities for parents to meet socially following the birth of their babies.

There is also a range of services and organisations that provide support and information to parents of children with particular needs; these are funded from a variety of government and non-government sources. These include Parent to Parent, for families, whānau and caregivers who have a child/children with a disability, health impairment or special need; and the Early Bird parent education programme, which is aimed at building the capacity of parents of young children with Autistic Spectrum Disorders.

Relationship and counselling services incorporate advice on matters such as family transitions (including the transition to parenthood). These services are provided by a range of community organisations (such as the Salvation Army and Relationship Services) as well as private providers who offer services for a fee. Some community organisations offering relationship and counselling services are part-funded by government agencies, predominantly by CYF.

Under the Ministry of Education umbrella, Atawhaingia Te Pa Harakeke is a whānau community development training programme with two strands. Hakui/hakorotanga is a Māori parenting programme that weaves traditional child-rearing practices with

¹⁰ Communities are not limited to geographical communities; communities may exist in churches, sports clubs and other groupings of people who share a common interest.

contemporary practices and theory. Additionally, a children's programme called He Taonga Te Mokopuna draws on traditional approaches to supporting Māori children.

Early childhood education (ECE) also provides a means of supporting parenting. The Ministry of Education's 10-year Strategic Plan for Early Childhood Education will strengthen the capacity of early childhood providers to support parents and parenting skills. The plan recognises that parents and whānau are crucial partners in children's early learning. A number of different strategies will be used to strengthen and increase parental and whānau involvement in their children's early learning.

As well as centre-based ECE services, the Ministry of Education funds playgroups, which are community-based groups of parents and pre-school children who meet for one to three sessions per week. Mitchell and Mara (2001) report that parents and (Ministry of Education) Early Childhood Development staff emphasised that licence-exempt playgroups are both parenting programmes and ECE services. Their research shows that playgroups have a role in passing on language and culture and affording groups (such as rural parents, teenage mothers, refugees and immigrants) opportunities to get together. The researchers note that there are benefits to parents getting together with their children in group settings that cannot be realised in an individualised parenting programme.

Playcentre is an ECE service run as a parent co-operative. It is based on the philosophy of child-initiated play, and the importance of parents as educators of their own children. Parents who enrol their children in Playcentre are offered parent education (including an NZQA-recognised programme) at no charge to participants.

BENEFITS OF PARENT SUPPORT AND DEVELOPMENT PROGRAMMES

The research literature shows that parent education and support programmes, especially as part of overall strategies to address issues affecting parents' and children's lives, can make a positive difference. However, there is little research on cost-benefits analysis. There is also uncertainty about the causal links between such interventions, and the outcomes for parents and children over time.

There are many families in New Zealand who could potentially benefit from participation in a parent education programme. The benefits of participation are outlined in the research literature. Moran, Ghate and van der Merwe (2004), following their review of the international parenting support literature, concluded that "clear messages have emerged, showing that provision of parenting programmes represents an important pathway to helping parents, especially when combined with local and national policies that address the broader contextual issues that affect parents' and children's lives" (p 11).

Shulruf (2004) conducted a systematic review of national and international evaluation studies to identify the components of parent support and development programmes that correlated with the most positive outcomes for parents, children and families. He concluded that parent support and development programmes can make a positive difference in parents' and children's lives. He suggests that the greatest impact is the positive behavioural changes that parents and children can achieve through participation in such programmes.

Key findings drawn from Shulruf's analyses include recommendations that programmes should teach parents to improve their communication with their children (to enhance parent-child relationships), as well as enabling parents to develop an authoritative parenting style (which will translate to improvements in children's social and cognitive outcomes).

Jacobsen et al (2002) state that “failure to provide a supportive environment for child development can generate very large costs in later life for government and society as a whole” (p 15). They report that early interventions can prevent negative outcomes before personal, social and economic costs are incurred. Early interventions can be more cost-effective than later interventions, because they can help to prevent multiple negative outcomes. However, Jacobsen et al caution that the earlier the intervention, the looser the targeting is likely to be, the larger the potential target group and the greater the costs. Conversely, if targeting is too precise, some of those who could potentially benefit may miss out.

Moran et al (2004) note that although cost-effectiveness is a fundamental consideration of policy-makers, there has been very little international research in this area from which conclusions can be drawn. Although there is information available about costs, there is little information about the cost-benefits equation:

What we are lacking is research focusing on robust cost-benefits analysis so that we can make a comparative analysis of different forms of support and their outcomes against the costs of unsupported groups of parents, taking into account the broad impact that lack of parenting support may have in terms of education, health, social services and criminal justice costs (p 108).

Moran et al point out that the situation is “complicated immensely” by the need to consider two separate costs: costs to the wider society (for example, the social costs of antisocial behaviour) and the costs to the state (for example, the costs of providing custody for those convicted of a crime).

A RAND research brief (2001) emphasises that benefits and savings may accrue to some stakeholders and not others:

Various sources of uncertainty may make it difficult to predict with confidence that one program will be more cost-effective than another or that net benefits accruing from an intervention will recur when it is replicated under different circumstances (p 3).

Livingstone (2003) points out that the evaluations undertaken in New Zealand to date do not allow for robust cost-effectiveness measures to be derived.

Davies, Wood and Stephens (2002) note that the development of Sure Start¹¹ in the UK was driven by Glass, an economist who was persuaded by child advocates and researchers that a focus on the early years of life would reap the best long-term cost-benefit rewards for society. The evaluation of Sure Start includes a cost-effectiveness evaluation, which will seek to identify not only the total level of resources being spent on Sure Start, but also the benefits of Sure Start for children, their families, the local community and the wider public, which can be quantified in monetary terms. The Sure Start team notes that costs will vary from area to area, depending on local circumstances. They expect that benefits will emerge at different times.

Jacobsen et al (2002) caution that the available evidence shows that a considerable part of the variation in child and adult outcomes cannot currently be explained in a secure causal sense. There is still a great deal of uncertainty about the nature and strength of causal linkages acting through time. Thus, there must not be undue reliance on any one form of intervention or too much emphasis on any one stage in the developmental path.

¹¹ Sure Start (in the United Kingdom) is the government programme to support children, parents and communities through the integration of early education, childcare and health and family support services.

CHARACTERISTICS OF SUCCESSFUL PROGRAMMES

Moran et al (2004) reviewed the international (English language) evidence regarding the effectiveness of parenting support programmes¹², on behalf of the Department for Education and Skills (DfES) in the United Kingdom.

Their key conclusions about what works in practice include the following:

- > Early interventions report better and more durable outcomes for children; but later intervention is better than none and may help parents under stress.
- > The most effective interventions will have:
 - a strong theoretical base and a clearly articulated model of the predicted mechanism of change
 - measurable, concrete objectives, as well as overarching aims
 - more than one method of delivery
 - close attention to attracting, retaining and engaging parents
 - a variety of referral routes
 - manualised¹³ programmes, where the core programme is carefully structured and controlled to maintain programme integrity
 - delivery by appropriately trained and skilled staff, backed up by good management and support
 - a parallel focus on parents, families and children (though not necessarily at the same time).

Parent support and development programmes can be delivered in a number of different ways. There is some evidence that certain types of outcome (for example, cognitive outcomes for children, reduction of stress in parents) are more likely if programmes are delivered in particular ways. Each form of delivery has its own set of critical factors that, if present, will facilitate the success of the programme.

While the literature does suggest that early intervention (early in the life of the problem and in the early years of the child) has benefits for children and families, it is clear that there is no one approach that will work for all families. The needs of families (including parents, others performing a parenting role, and children), practitioners and communities, need to be considered when designing services.

With reference to parent support and development programmes, Gray (2001) outlines three main types of delivery: home-based, centre-based and mixed-delivery. Most of the programmes addressed in Gray's review have home visits as a key element. Home-based programmes send trained family support workers into the family home to deliver services. Centre-based programmes (such as Family Service Centres) can provide a range of services including classes in child development and parenting, information and early childhood education. Mixed delivery programmes, in particular comprehensive mixed delivery programmes with a family focus, are considered to reach the widest range of people and have the greatest potential for positive outcomes. However, they are complex and expensive to design and deliver, and difficult to evaluate.

The following tables draw from Gray's (2001) summaries of the key features of the three main types of delivery.

¹² The term 'intervention' is used throughout their report interchangeably with the terms 'service' and 'programme', to cover a range of different activities.

¹³ That is, the intervention has a written manual or protocol describing the objectives of the intervention, its underlying theory of change, the curriculum to be delivered, and how sessions should be structured and led.

HOME-BASED PROGRAMMES

- > Are most effective when home visiting is not the only way in which services are delivered.
- > Have tended to work best in small-scale projects, targeting specific groups.
- > Can increase the self-confidence and knowledge of parents.
- > Can help to reduce child abuse and neglect (especially visits from nurses initiated before birth).

Work best if they:

- have clear goals, agency support and are adequately resourced
- are targeted at the neediest population, and are culturally appropriate and designed to meet the needs of clients
- balance the needs of parents and children
- are delivered according to the programme design, but are flexible in intensity to suit families' needs
- have specific strategies to address problems, including factors outside the programme that affect family functioning
- are staffed by professionals or well-supervised paraprofessionals.

CENTRE-BASED PROGRAMMES

- > Where they include high-quality early childhood education, they can improve cognitive outcomes for children.
- > Are most successful when they encourage parents to participate in activities with their children.

On their own, they may not be effective at drawing in the most marginalised families.

Work best if they:

- are appropriately targeted, and provide incentives for participation
- have appropriate programme content
- are at a high level of intensity.

MIXED-DELIVERY PROGRAMMES

- > Aim to offer an appropriate early childhood programme, a parenting education component and an adult education, literacy or job skills/employment component.
- > Tend to be more successful for high-risk than for low-risk families.

Work best if they:

- are long-term and of high intensity
- are appropriately targeted, have clear goals and a strong theoretical base, are strengths-based and family-focused
- have community involvement at the planning stage
- are culturally and developmentally appropriate
- have well-trained staff.

strategies for involving parents

Drawing on an extensive literature review to identify the range of interventions that would be of most value for parents, the Centre for Community Child Health (2004) research team in Australia suggest the following strategies for consideration:

- > face-to-face advice, which can be complemented by other methods
- > telephone support, best used in combination with other forms of education, such as written material
- > written information, which is most effective when accompanied by personalised approach and advice
- > resource material available on the internet, provided that it is readable and credible, with some means of quality control
- > instructional video tapes and CD-ROMs have been found to be effective in producing short-term increases in knowledge, especially when combined with other methods (such as group education)
- > role-playing and modelling can impart skills
- > social networks can play an important role
- > parent training can be highly effective in producing lasting improvements in parents' management skills and children's functioning.

Gravitas Research and Strategy (2005) was commissioned by the Ministry of Social Development (MSD) to undertake research to inform the development of the Government's positive parenting strategy: 'Strategies with Kids – Information for Parents' (SKIP).

Personal experience and influential others (eg immediate family and friends) were found to be key influences upon parenting. Gravitas suggests that reaching and working through channels such as immediate and extended family will influence parent and caregiver behaviour. They emphasise that there cannot be a 'one size fits all' approach, particularly given the strong influences of individual contexts. Options can be provided to parents (rather than definitive 'solutions') to enable parents to explore how effectively these options will work in their own circumstances.

Child health/development professionals, ECE professionals, television, newspapers and parenting books and magazines all have the potential to reach parents and caregivers. Gravitas found that for some parents, particularly Māori and Pasifika, there was a desire to learn about parenting from others, not necessarily through formal groups. Informal passing on of information is an important parenting influence.

the needs of fathers and other family members

Although parenting programmes ideally involve both mothers and fathers, Shulruf (2004) draws on research evidence showing that mothers are more likely to participate in parent support and development programmes. The research literature suggests that better outcomes occur if family members in addition to the mother and child are involved (such as fathers, male caregivers or grandparents). However it is often hard to recruit and engage these family members and additional resources are required to do so.

It appears that the participants in most of the parenting programmes funded by government are predominantly mothers.¹⁴ The need to make greater attempts to engage fathers comes through strongly in the research literature (eg Smith and Pugh 1996, referenced in Barrett 2003). RPR Consulting (2004) notes that while (Australian) programmes may be labelled as 'parenting programmes', the expected and actual audience is predominantly female.

The report cites Homel (1999) who emphasises the need to redesign programmes to increase father involvement. It also notes that the research evidence indicates that early intervention programmes adopting whole-of-family¹⁵ approaches (working with parents and children together) may be more effective in achieving long-term benefits. Moran et al (2004) point out that participation by only one parent (as opposed to a couple, if a couple relationship exists), may actually cause conflict in the household. They also note that most evaluation samples contain insufficient numbers of men, making it very difficult to draw firm conclusions about what works for fathers. Thus, much of what is known about parenting support actually relates to support for mothers.

Further work is required to explore the parent support and development needs of fathers and other family members.

¹⁴ In New Zealand, if a family is headed by a lone parent, the parent is more likely to be a mother than a father. Although some data are available regarding partnership status of families participating in the government-funded parenting programmes, more research would be needed to determine the extent to which fathers are involved in the programmes and to identify barriers to their participation.

¹⁵ Inclusive of fathers, grandparents and other caregivers (Tomison 2000, in RPR Consulting 2004).

SUMMARY

There is a broad range of support, originating from many different sources, available to parents and people acting in a parenting role. The support begins with the networks provided by friends, whānau and extended family, includes numerous services originating from the commercial or community and voluntary sector, and extends to universally provided government services targeted at families caring for children and young people.

Coverage and core service capacity varies greatly within New Zealand.

Funding sources vary and may include a mix of government, private sector and service-user contributions.

The research shows that parent support and development programmes, especially as part of overall strategies to address issues affecting parents' and children's lives, can make a positive difference.

There is little research on cost-benefits analysis. There is also uncertainty about the causal links between such interventions and the outcomes for parents and children over time.

Parent support and development programmes can be delivered in a number of different ways. Each form of delivery has its own set of critical factors that, if present, will facilitate the success of the programme.

Further work is required to explore the parent support and development needs of fathers and other family members.

There is no one approach that will work for all families. The needs of families (including parents, others performing a parenting role, and children), practitioners and communities, need to be considered when designing services.

CHAPTER TWO

new zealand parenting programmes funded by government

In New Zealand, government-funded parenting programmes have a range of objectives, typically encompassing several of the following:

- > stimulating child cognitive development, including language and problem-solving, pre-literacy and pre-numeracy skills and dispositions for learning
- > improving the likelihood that the child will participate in early childhood education, which has been associated (when it is of high quality) with improved educational and other outcomes, especially for children from disadvantaged backgrounds
- > enhancing child wellbeing, which can include emotional and psycho-social development, and health and physical wellbeing
- > improving the family environment, which may involve addressing family violence issues, providing practical support such as access to other services (for example, legal, counselling and budget services), and sometimes crisis intervention.

The tables at the end of this section provide a brief descriptive summary of the features of the following government-funded parenting programmes: Family Start, Parents as First Teachers (PAFT), Home Interaction Programme for Parents and Youngsters (HIPPY), Anau Ako Pasifika, Whānau Toko I Te Ora, and two parenting programmes run by the Department of Corrections.

It should be noted that, as a result of the recently released Ministerial Review of Targeted Policies and Programmes, the Government has decided that the Anau Ako Pasifika programme will end in December 2005. The Ministry of Education will explore alternative options for the use of the Anau Ako Pasifika investment, including consideration of enhancing the Parents as First Teachers programme to enable it to reach more Pasifika families. A transition plan for families currently participating in Anau Ako Pasifika is due to be developed. (Refer to Appendix Two for more information on this review.)

The key government-funded programmes listed above total \$30.5¹⁶ million of government expenditure (however, there has been increased investment in Family Start – refer Appendix One). Approximately 14,000 families attended these programmes in the 2003-04 financial year.

The parenting programmes described within this section share common features, although there are differences in their design, history, target populations, duration, contracting system, management structure, geographical coverage, levels of funding, workforce capacity and development, and availability of evaluation data. With the exception of Anau Ako Pasifika, all programmes target families who may be considered vulnerable or at-risk. (Although Anau Ako Pasifika does not specifically target high-risk families, many participating families demonstrate a number of at-risk features.) Because of the diversity in programme scope and nature, it is not possible, nor advisable, to rate programmes against each other.

Providers are all expected to submit regular Milestone Reports (which vary in their depth and breadth of coverage) to funders, although there is variation in the ongoing monitoring requirements. Funding agencies have a common requirement for sites to be accountable.

Providers use a variety of methods to ensure that programmes reach their target groups. Identification of vulnerable families may be carried out by providers themselves, and/or by referring agents such as midwives and GPs. Information about waiting lists (if any) was not requested for this review, however PAFT (for example) notes on its website that most programmes are operating at full capacity. Providers use monitoring (eg monthly

¹⁶ This excludes HIPPY sites funded by CYF as part of Family Service Centres.

database reporting) to ensure that programme participants meet the eligibility criteria. For example, one funder states that biannual reports from providers monitor site-specific recruitment criteria and provide an overview of families enrolled in programmes.

Some of these programmes have been evaluated; results from selected evaluations are presented in this section, while other evaluation findings are discussed elsewhere in this report, and in Appendix One. The results have been somewhat inconclusive in terms of outcomes for children and parents, although participating families typically indicate satisfaction with the programme. Livingstone (2003) notes that the evaluations undertaken to date in New Zealand are able to provide information about process and outcomes, rather than impacts per se. He cautions that most of these evaluations do not measure or make allowance for how much change may have naturally occurred without participation in the intervention, for example, through maturation or through exposure to broad community initiatives.

Within the New Zealand context, HIPPY has shown positive educational outcomes for children, and international research supports the effectiveness of the programme, both for children and parents. Research and evaluations of HIPPY programmes (eg BarHava-Monteith, Harré and Field 1999, 2003; Mare 2003) focused on children's ability to adapt to the classroom environment, performance on standardised tests and academic trajectories. The primary aim of HIPPY is to improve the cognitive skills and readiness-for-school of the four- and five-year-old participants (predictive of long-term success in education). However, HIPPY can also be described as a two-generational programme, with benefits for participating parents and caregivers as well.

BarHava-Monteith et al (1999) carried out an evaluation of HIPPY's benefits to children and caregivers in New Zealand, as well as exploring process issues. They report that overseas HIPPY evaluations have primarily focused on children, with results generally showing significant differences between HIPPY and control group children. Drawing on the work of Burgon (1997), they also note that an earlier New Zealand Government evaluation of HIPPY found that HIPPY children's performance in both reading and mathematics was on a higher level than might have been expected, given their circumstances. Their overall academic progression was also described as much faster than might have been expected. Because there were some shortcomings in the earlier New Zealand evaluation (eg the appropriateness of the comparison group), a further evaluation was undertaken.

BarHava-Monteith et al (1999) evaluated HIPPY in five locations, using control groups. The evaluation found that the HIPPY children in the study scored higher than non-HIPPY children on all of the 11 measures obtained, with the difference reaching statistical significance on four literacy-related measures. Compared with comparison caregivers, HIPPY caregivers and tutors were reported to be significantly more likely to engage in formal educational activities, to carry out more educational activities with their child in a given week, and to have been involved in adult education.

There has been significant government investment in Family Start. Although an outcome/impact evaluation was undertaken within the last few years¹⁷, methodological limitations constrain the conclusions that can be drawn about the impact of the Family Start programme. The outcomes described in the report were based on information collected on less than a fifth of the eligible programme participants, because of difficulties in collecting follow-up data from some participating families and the non-participation of other eligible families. The Ministry of Social Development cautions that

¹⁷ Centre for Child and Family Policy Research, Auckland UniServices Limited (2005). *Outcome/impact Evaluation of Family Start: Final Report*

it cannot conclusively be stated how much benefit the programme had for participants, or whether any gains observed in the evaluation would have been achieved without all or parts of the intervention.

The Government has made improvements to, and continued to invest in, the Family Start programme since the evaluation was undertaken. International evidence shows that high intensity, home-based early intervention programmes (similar to Family Start) are able to improve outcomes for vulnerable children and families.

Funding was provided in Budget 2005 to undertake a formative evaluation of Family Start's expansion to small towns and rural areas (see Appendix Three).

Several evaluations of PAFT have taken place, and these are summarised in Appendix One.

A recent evaluation of Anau Ako Pasifika was not able to be completed, but an initial report-back from the researchers indicated some programme level issues.

An evaluation of Whānau Toko I Te Ora took place in 2001. A further evaluation is planned for 2005-06.

An evaluation of Parenting Programmes in Christchurch Women's, New Plymouth and Rimutaka prisons took place during 1998 and 1999. The Reintegrative Support Services for Offenders and their Families/Whānau Pilot is currently being evaluated for effectiveness.

The following section provides a brief descriptive summary of the features of the key government-funded parenting programmes:

- > Family Start
- > Parents as First Teachers (PAFT)
- > Home Interaction Programme for Parents and Youngsters (HIPPY)
- > Anau Ako Pasifika
- > Whānau Toko I Te Ora
- > parenting programmes in prisons, run by the Department of Corrections.

The information within this section was primarily drawn from reports and data provided by the funders of the programmes described.

A full description of each of these programmes is presented in Appendix One.

FAMILY START

Family Start is a child-centred, family-focused, government-funded, home-based early intervention parenting programme, with the goal of achieving better outcomes for at-risk families.

The 2003-04 expenditure was \$18.3 million. This amount was divided amongst the co-funders.

In Budget 2004, it was announced that the Government was to invest \$31.9 million over the following four financial years to expand Family Start. The new funding will be used to provide services to up to nine additional areas and at least 2,200 more families will receive help.¹⁸

The latest expansion involves additional investment of \$6.2 million over four years, with an ongoing funding commitment of \$1.6 million per year in out-years.

ANNUAL NO. OF PARTICIPANTS	GEOGRAPHICAL COVERAGE	TARGET GROUP	REFERRAL PROCESS
3,641 (July 2003 to June 2004)	<p>Currently provided in 16 locations nationwide.</p> <p>Funding for a further 11 locations announced in Budget 2004; implementation will be completed by 2008.</p> <p>Additional funding now available to expand Family Start to between four and six new sites to be located in small towns or rural communities (Budget 2005).</p>	<p>Statistics New Zealand's Deprivation Index identified locations where there are high concentrations of need.</p> <p>Family Start targeted to capture the 15 percent of the population most at risk of poor life outcomes in each location.</p> <p>Services provided to all eligible families who meet the referral criteria.</p> <p>Participation is voluntary.</p>	<p>Referral criteria used to identify families who are facing the greatest difficulties.</p> <p>The referral window is six months prior to birth to one year of age, with discretion for providers to accept referrals from families with a child up to two years of age.</p>

¹⁸ Consultation has been undertaken with relevant providers, iwi, Pacific communities, local government and community organisations to ensure that there is a good fit with existing services.

PARENTS AS FIRST TEACHERS (PAFT)

This is a parent education and family support programme which focuses on the zero to three age range. It should be noted that, as a result of the recently released Ministerial Review of Targeted Policies and Programmes, the Government has decided that ethnic targets are to be removed from the PAFT programme, and ethnic participation in PAFT is to be monitored to ensure that PAFT continues to represent the proportions of parents in need, for each ethnic population. As a result, the PAFT programme site-specific criteria will change slightly, involving the removal of current ethnicity criteria. The Ministry of Education states that there will be no impact of this change on families currently enrolled in the programme. (Refer to Appendix Two for further information.)

The 2003-04 and 2004-05 Vote: Education expenditure on PAFT is \$8,562,000 per year.

There are 19 contracts in place for 2004-06, and the remaining 20 contracts have been approved for 2005-07. Funding is based on the number of families to be enrolled in each programme.

ANNUAL NO. OF PARTICIPANTS	GEOGRAPHICAL COVERAGE	TARGET GROUP	REFERRAL PROCESS
Enrolment limited to 8,000 families.	The PAFT National Centre (Ministry of Education) manages/monitors 39 contracts with providers in 64 locations nationwide.	Targeted at families considered to be at risk of poor outcomes.	Referring agents link families to PAFT providers.
Estimated that up to 7,997 families will participate during 2004-05.		Target group is families with children up to three years of age. Site-specific recruitment targets focused on six criteria.	Families usually enter PAFT at any time during pregnancy until their baby is four months old.

HIPPY (HOME INTERACTION PROGRAMME FOR PARENTS AND YOUNGSTERS)

This is a home-based programme that helps parents create experiences for their children to lay the foundation for success in school and later life.

It is managed by the Pacific Foundation and sub-contracted. Sub-contracting includes the requirement to raise approximately 30 percent of the programme costs per site through sources other than Ministry of Education funding.

2003-04 Vote: Education expenditure was \$812,000.

2004-05 budgeted Vote: Education expenditure is \$1,112,000

2005-06 and 2006-07 \$1,112,000 per year Vote: Education expenditure has been committed.

Some HIPPY sites are funded by CYF through Vote: Social Welfare. An additional 12 sites are funded through Vote: Education. HIPPY Kaikohe is a component of the joint Project Kaikohe coalition. The lead funding bodies are the Ministry of Education and the Tindall Foundation.

Two new sites have opened in 2005; these receive funding through Vote: Education, as well as through local health board support and Te Puni Kōkiri.

ANNUAL NO. OF PARTICIPANTS	GEOGRAPHICAL COVERAGE	TARGET GROUP	REFERRAL PROCESS
During 2004, a total of 1,565 children enrolled on HIPPY:	21 sites (20 in the North Island: one in the South Island).	Targeted at high-needs families where there are indicators of likely poor learning outcomes for children.	Works with children aged between three and a half and six years of age.
1,049 at sites funded through Ministry of Education	Based in areas of need.		
472 on HIPPY programmes based at Family Service/ Whānau Centres			
44 children at HIPPY Kaikohe.			

ANAU AKO PASIFIKA

This is a home-based early childhood project for Pasifika parents and children and is solely funded by the Ministry of Education. It should be noted that, as a result of the recently released Ministerial Review of Targeted Policies and Programmes, the Government has decided that the Anau Ako Pasifika programme will end in December 2005. (Refer to Appendix Two for further information.)

2003-04 Vote: Education expenditure \$488,000.

2004-05 budgeted Vote: Education expenditure is \$488,000.

Ongoing baseline funding of \$488,000 per annum has been committed.

ANNUAL NO. OF PARTICIPANTS	GEOGRAPHICAL COVERAGE	TARGET GROUP	REFERRAL PROCESS
Estimated number of participant families for 2004-05: at least 300 families across all sites.	Operates in Auckland and Wellington (and was to be expanded to the greater Wellington area). The Tokoroa site has recently been disestablished.	Targeted at Pasifika fanau who are not currently participating in early childhood education outside the home, who are unlikely to choose the option of ECE outside the home, and for whom support in their first Pasifika language is preferred. Programme does not specifically target high-risk families although many participating families demonstrate a number of at-risk features.	Community-based informal referrals.

WHĀNAU TOKO I TE ORA

This is a national parenting programme for Māori whānau, delivered under the auspices of Te Ropu Wahine Māori Toko I Te Ora (the Māori Women's Welfare League). It should be noted that, as a result of the recently released Ministerial Review of Targeted Policies and Programmes, the Government has decided that Whānau Toko I Te Ora will continue to be delivered as it is currently, targeting very high needs Māori whānau. However, the overall fit between Whānau Toko I Te Ora and other parent support and development programmes will be considered, in order to achieve greater coherence between government parent support and development programmes for very high needs families. (Refer to Appendix Two for further information.)

Vote: Education is the sole source of government funding.

2003-04 Vote: Education expenditure was \$1,000,000 (GST incl).

2004-05 budgeted Vote: Education expenditure is \$1,000,000 – this is an ongoing baselined amount.

ANNUAL NO. OF PARTICIPANTS	GEOGRAPHICAL COVERAGE	TARGET GROUP	REFERRAL PROCESS
<p>127 whānau were enrolled during the October to December 2004 period.</p> <p>Programme has a target of 112-120 high needs whānau.</p>	<p>Eight sites in total; two in the South Island.</p> <p>Delivery began in three trial sites: Tairāwhiti (Gisborne), Ikaroa (Flaxmere/Wairarapa), and Tamaki Makaurau (West Auckland), and was expanded to include Aotea (New Plymouth, Waitara and Whanganui), Taitokerau (Northland), and Te Waipounamu (Christchurch), and then Tainui (Maryvale) and Waiariki (Murupara and Kawerau).</p>	<p>Whānau with evidence of high risk for poor outcomes (including drug and alcohol use; low/no income; violence issues; health issues for children and adults; housing issues).</p>	<p>Referrals generally made through Māori community networks, including whānau, friends, community or government agencies, health or education professionals.</p>

PARENTING PROGRAMMES IN PRISON

This is a parenting skills course aimed at improving the ability of offenders to safely and effectively parent their own children.

2004-05 budgeted Vote: Corrections expenditure: \$220,088. Funding is within baselines and therefore ongoing. Basis for funding is a bulk grant.

ANNUAL NO. OF PARTICIPANTS	GEOGRAPHICAL COVERAGE	TARGET GROUP	REFERRAL PROCESS
264	Primarily at larger prisons (Auckland, Mt Eden Women's, Waikeria, Arohata, Hawke's Bay, Rimutaka and Christchurch) and where programme providers are available.	Targeted at longer serving inmates who are at least occasional caregivers to children under the age of 16 years and who agree to participate.	All participants are offenders.

REINTEGRATIVE SUPPORT SERVICES FOR OFFENDERS AND THEIR FAMILIES/WHĀNAU

The service aims to increase wellbeing and self reliance of offenders and their families by providing intensive, integrated family support for offenders returning to the community to parent their children.

Baseline funding: \$1.15 million. Funding is in the department's baseline until June 2006. Funding is negotiated in the contract.

ANNUAL NO. OF PARTICIPANTS	GEOGRAPHICAL COVERAGE	TARGET GROUP	REFERRAL PROCESS
Up to 120 participants at any one time. Data about numbers of past/projected participants available following completion of the evaluation (June 2005).	Auckland and Christchurch only (pilot programmes).	Inmates who have a history of offending who are assessed as having a high risk of re-offending and are being released to either Auckland or Christchurch. Inmates will be returning to families/whānau as a parent/caregiver to child/children 12 years or under.	All participants are offenders.

The preceding information has provided a brief descriptive summary of the features of the key government-funded parenting programmes. A fuller description of each of these programmes is presented in Appendix One.

The following section provides information about a small selection¹⁹ of parenting programmes that receive limited government funding and rely primarily on other funding sources.

¹⁹ These programmes were selected due to their broad geographical coverage, large numbers of participants and the fact that they are well-established.

CHAPTER THREE

a selection of new zealand parenting programmes not solely funded by government

This section provides information about a small selection²⁰ of parenting programmes that receive limited government funding and rely on a range of other funding sources (eg fees, corporate sponsorship).

We have not attempted to provide demographic details of participants nor costs of these programmes.

PLUNKET

Plunket is the largest provider of Well Child services in New Zealand, seeing approximately 92 percent of all babies born in New Zealand in 2003-04. Plunket provides a comprehensive package of Well Child and parent support services to promote the development of healthy babies and children.

Plunket's Well Child framework services include:

- > a core universal service delivering Well Child home and clinic visits
- > additional services to populations with high deprivation and
- > Plunketline (0800 24-hour helpline).

Additional services provided by Plunket include:

- > health promotion
- > antenatal education
- > parenting and education support groups
- > parenting education in secondary schools
- > PAFT
- > child safety programmes
- > car seat rental programmes
- > playgroups
- > toy libraries.

parenting programmes

One of Plunket's guiding principles underpinning the Well Child and Family Programme is the support of parents in the development of parenting skills and confidence.

As a response to this, Plunket is implementing a national Parenting Education Programme (PEPE). There is no charge to participants. The national implementation of this programme also aims to achieve consistency across parenting programmes offered by Plunket throughout New Zealand.

PEPE consists of four courses.

PEPE 1: Your New Baby – Parenting in the first six weeks is a six-hour course aimed at expectant parents in the antenatal period to prepare them for parenting in the first six weeks of their baby's life.

The course aims to meet parents' need for knowledge and skills, but also to encourage parents to learn how their baby communicates and to use these signals to provide sensitive parenting.

²⁰ These programmes were selected due to their broad geographical coverage, large numbers of participants and the fact that they are well-established.

PEPE 2: Your Growing Baby – Parenting from 6 weeks to 1 year focuses on parenting infants aged from six weeks up to one year of age.

Building on the earlier course, this second course aims to empower parents to understand what is occurring for their infant, to decide on a course of action that will promote safety and security in their infant, as well as to build their own confidence as positive parents. This course runs as a series of four, weekly modules with a further two follow-up sessions six-to-eight weeks later – totalling 12 hours.

PEPE 3: Your Active Toddler – Parenting from 1 to 2 years

Following on from *Your Growing Baby*, this course supports parents to build positive choices which foster positive self-esteem in their child and to develop strategies to manage age-appropriate developmental issues.

PEPE 4: Your Curious Pre-schooler – Parenting from 2 to 3 years

The purpose of the fourth course is for parents to strengthen their abilities to develop positive parenting choices to enhance positive self-esteem in their children. PEPE 3 and 4 both run as a series of three modules (either two three-hour sessions, or three two-hour sessions – each totalling six hours).

The first two courses, PEPE 1 and 2, have been developed and piloted. PEPE 1 and 2 are being offered nationwide in all areas covered by Plunket by June 2005. The pilot included three *Your New Baby* and nine *Your Growing Baby* courses over five operations areas (Counties/Manukau, Mid South Canterbury, Taranaki, Nelson/Marlborough and West Coast).

The pilots were evaluated to determine programme strengths and weaknesses, to identify issues and areas needing modification, to measure participant satisfaction levels, to identify facilitator training gaps, and to explore the impact on support staff.

The evaluation collected feedback from course participants, facilitators and support staff. Plunket's view of the findings was that the feedback was generally very positive. Parents in both courses (*Your New Baby* and *Your Growing Baby*) were reported to have given very positive feedback. Facilitators for the courses can be either staff or volunteers who are selected from the pool of volunteers that each Plunket area may have. Facilitators are given training both on content and on facilitating groups. The feedback has been incorporated into the current modules.

PEPE 3 and 4 are near completion and have been piloted in seven areas. An evaluation report will be completed by June 2005.

The PEPE programme is designed primarily (but not exclusively) for first time parents/caregivers and is flexible enough to be tailored to meet the needs of different groups of parents.

Trained facilitators work in partnership with parents/prospective parents to:

- > provide practical information and support to parents
- > strengthen parents' abilities to develop positive parenting practices (in order to enhance outcomes of pregnancy, childbirth and early childhood)
- > build community networks through connecting parents and family/whānau with young children to others in their community.

Local areas do not receive any government funding for the PEPE programmes. For the six months 1 July – 31 December 2004 (prior to the national implementation of PEPE), around 9,000 parents attended Plunket's parenting programmes.

thriving under five

Plunket produces a parenting booklet, called *Thriving Under Five*, which is given to all parents at the time of the first Plunket visit. The latest version of this resource has been merged with Bounty's²¹ *Your Baby* publication. *Your Baby* was distributed to all new mothers at maternity wards via Bounty's new mother packs.

tots and toddlers course

Plunket also runs a *Tots and Toddlers* course in secondary schools aimed at introducing senior secondary school students to the basics of parenting. Approximately 1,200 parent volunteers help support the delivery of these programmes. In the last financial year, 170 schools participated in the programme with approximately 3,500 students attending the courses.

PARENTS INC (FORMERLY PARENTING WITH CONFIDENCE)

Parents Inc was set up in 1993 as an incorporated society. There are generally fees associated with Parents Inc courses, ranging from \$60 to \$100. The main areas of activity include:

community seminars for parents

These are either two-evening or one-evening seminars, which are delivered by trained facilitators throughout New Zealand. Over 60 seminars are delivered every year throughout New Zealand.

Since 1993, an estimated 121,000²² parents have attended these seminars.

toolbox parenting groups

These build on the seminars and are a smaller six-session group-facilitated course for parents. These are divided into age-appropriate groups: for parents of zero to five year olds, six to 12 year olds, and teenagers. The facilitators are volunteers and there are approximately 450 throughout the country. Since these programmes were established four years ago, it is estimated that 6,000 parents have taken part. Parents Inc estimates that they run 295 groups per year with an average of 11 participants per group.

no sweat parenting

This is an event-style parenting session usually run over one evening. This event targets Māori and Pacific parents. There is a cost to organising the events which can be recovered through fees or sponsorship.

attitude programme for high schools

This is a programme that delivers strands of the health curriculum in secondary schools. It is estimated that at least 120,000 secondary school students will access this programme.

²¹ Bounty is a commercial enterprise producing information for expectant parents, new parents and their families.

²² Estimates taken from profile of organisation – 2005.

resources

Parents Inc produces a quarterly magazine with a print run of 22,000 and an audited readership of approximately 88,000. Parents Inc also sells a range of books and videos covering all aspects of parenting.

BARNARDOS

Barnardos is a community organisation working with children, young people and their families. Barnardos has offices in Northland, North Shore, Waitakere, Central Auckland, South Auckland, Waikato, Tauranga, Rotorua, Gisborne, Hawke's Bay/Manawatu, Taranaki/Wanganui, Wairarapa/Wellington, Nelson/Marlborough, Canterbury/West Coast, Otago and Southland.

Barnardos provides a range of parenting courses to provide training and support for parents. A total of 140 such courses were run in the last financial year (2003-04) with 762 parents participating in such courses. Parenting courses are available in 15 regions throughout the country.²³

These are courses designed to help parents understand their children's needs and improve family communication. The NZQA-approved programme, Growing as Parents, is designed to meet a wide range of parenting needs. Special topic courses are also offered, according to the particular needs identified by local groups.

These courses are funded by CYF, the Barnardos Children's Trust and fees paid by families.

Barnardos is also a PAFT provider in North Shore, New Plymouth and Wanganui.

PRESBYTERIAN SUPPORT SERVICES

There are seven autonomous regional organisations that operate throughout New Zealand under the Presbyterian Support Services name. The following describes the activities of two regions.

presbyterian northern

Presbyterian Northern provides strengths-based family support in most of its locations. This is called the *James family*.

The *James family* service works with children and their families to achieve lasting change and hope for their future. *James family* philosophy is built around the belief that every person has the potential to rise above a bad situation. Families are referred to the service from government and other community agencies, schools or health professionals and many families 'self-refer'.

Families work with a multi-disciplinary team which may include a social worker, family therapist, whānau worker, youth worker and community development worker. This team will then work alongside the family and other relevant agencies. Many, but not all, services will be provided by the *James family* team.

²³ Information taken from 2003-2004 Annual Report.

Issues addressed by the *James family* team may include:

- > difficulties with forming meaningful relationships with children
- > grief and loss in children
- > behaviour problems
- > blended families
- > abuse and neglect.

They target children up to 17 years of age experiencing difficulties.

presbyterian support east coast

There are two regions in Hastings and Tairāwhiti which provide Child and Family services. The Hastings service has formed a partnership with Parents Inc to enable them to provide parenting courses to clients at no cost. HIPPY operates out of the Tairāwhiti office.

PARENTS CENTRES

Parents Centres New Zealand is a community-based organisation set up by parents for parents in 1952. Its primary focus is to provide community support and education for New Zealand parents. It has 52 centres nationwide and there are plans to open additional centres over the next few years.

The organisation, which is run from a National Office in Wellington, supports more than 3,500 volunteers who run Parents Centre programmes nationally in both rural and urban areas. The volunteer force is supported by 12 regional co-ordinators and more than 120 childbirth educators. It is estimated that more than 16,000 parents have contact with Parents Centre programmes and activities each year. Members pay an annual levy which may often include a variety of education programmes.

Parents Centres aim to deliver support when and where needed to parents in the community. Programmes and support offered may include antenatal and childbirth education play groups, breastfeeding, child development, toy library, crèche, antenatal coffee groups, parent education support programmes, coping strategies and support, telephone support, postnatal depression, SANDS (Stillbirth and Newborn Death Support), SIDS (Sudden Infant Death Syndrome) support, miscarriage support, coping skills, practical parenting, professional development for parents, and all aspects of baby and toddler care from pre-birth to pre-school age.

Additional projects being introduced include projects for teen parents, intergenerational care (grandparents), parents as migrants, Parenting with Purpose (through the SKIP initiative), parents in prison, and diagnosis and early intervention for those who learn differently.

EARLY START

Early Start is a family-based home-visiting early intervention programme located in Christchurch. The providers involved in Early Start are the Christchurch Health and Development study, the Family Help Trust, the Royal New Zealand Plunket Society, the Pegasus GP Group and a group of Māori representatives. Families participating in the programme were referred to Early Start by Plunket, based on a checklist of risk factors. Those families that consented have been given access to a variety of services through home visits by a Family Support Worker.

The overall aims of the home visitation process are to assist, support and empower families to address issues relating to childhood wellbeing and family functioning. The function of the Family Support Worker is not to provide treatment, therapy or specialised advice; rather it is to assist families to seek such treatment, therapy and advice.²⁴

Preliminary results from an evaluation²⁵ based on a randomised trial has found that Early Start produced benefits in the areas of early childhood education, health, child abuse, parenting and child behaviour. The trial uses a randomised design in which 440 children and their families are enrolled: 220 families receive the Early Start programme; 220 families act as a control group (meaning that they do not receive the intervention). Client recruitment began in January 2000. The families participating in Early Start are being contrasted with control families on measures of child health, parenting behaviours, family functioning and child development. The two groups of children will be studied during their transition to primary school, to examine differences. It is expected that the children will be followed up until the age of six.

Although preliminary results are available, there are at present no published reports of the evaluation outcomes. A report providing an account of the development, implementation and evaluation of Early Start is currently being developed. Results to date indicate that children who participated in Early Start were more likely to have attended early childhood education, less likely to have attention problems and less likely to be in contact with welfare agencies for abuse and neglect than a control group of children who had not participated in Early Start.

²⁴ Fergusson, D., Horwood, J. and Grant, H. (2004). *The development and evaluation of Early Start*. Slideshow provided to the Families Commission.

²⁵ A report on the evaluation is currently being prepared.

CHAPTER FOUR

key issues in the provision of parenting programmes

This section addresses the key issues in the provision of parenting programmes that require further investigation, namely: geographical coverage; engagement, retention and attrition of parents/caregivers; evaluation of programmes; identification of vulnerable families; extension of universal services; universally available parenting programmes; and the need for further research on parenting and parenting programmes.

It should be noted that some of these issues are being addressed in the Government's early intervention initiatives and work programme described in Appendix Two.

GEOGRAPHICAL COVERAGE

Within New Zealand, parenting programmes may be offered nationally, regionally or locally. Some events (such as those offered by Parents Inc) are run at various locations throughout the country according to local demand, others (such as programmes run by Plunket) are offered routinely throughout the year on a national basis.

There are challenges associated with the delivery of effective parenting programmes in small remote communities. Key questions to be addressed are:

- > Are some communities missing out because there is no delivery infrastructure?
- > How can skills gaps be filled?
- > If workers are 'imported', how well do they fit with the target community?
- > If workers within the community are 'grown', how are they upskilled?
- > How are confidentiality and stigmatisation issues handled within a small community?

Amongst the programmes covered in this review, Plunket has the most extensive geographical coverage and access to newborn infants. Plunket sees approximately 92 percent of all newborns in New Zealand.

The online Family and Community Services National Directory maintained by the Ministry of Social Development allows users to search geographically for services for parents and caregivers. Regions for which services are identified are: Auckland, Bay of Plenty, Canterbury, Chatham Islands, Gisborne, Hawke's Bay, Manawatu-Wanganui, Marlborough, Nelson, Northland, Otago, Southland, Taranaki, Tasman, Waikato, Wellington and West Coast. Within these regions, services can be selected by city or by district.

A preliminary search of this directory confirms the diversity of services available, although the range of services offered differs from location to location.

The Local Services Mapping initiative run by the Ministry of Social Development will collect information in 74 territorial local authorities about services available to families, with a view to developing community action plans. Family and Community Services regional teams will work closely with communities to facilitate discussion about how services can be better aligned, funded and delivered. It will develop solutions that are jointly owned by government and the community. When this exercise is complete, this may provide a clearer view of the gaps in parent support services in differing communities.

While there are some services which are available in all communities, there are gaps in services for parents within specific communities. We did not attempt to identify the locations where parents are poorly supported. However, if a detailed matrix of services that should be provided to parents is developed, this – in conjunction with the Local Services Mapping initiative – could be used to identify gaps, as well as services required.

It is also not clear if all vulnerable families are able to access parenting programmes and whether the programmes offered are appropriate for their need. For example, only one of the main government-funded programmes is targeted specifically to Pacific peoples: Anau Ako Pasifika. Its Auckland site reports that demand for home tutors is outstripping supply. (However, as noted earlier, as a result of the Ministerial Review of Targeted Policies and Programmes, the Anau Ako Pasifika programme will end in December 2005.)

ENGAGEMENT, RETENTION AND ATTRITION

Engagement is an ongoing process, and involves attracting families into a programme or service, encouraging families to make a commitment to participate, and motivating them to change their attitudes and behaviours.

However, before families can be successfully engaged, their needs for accommodation and income must be met. If parents face chronic stress and struggle to meet basic needs, it is a challenge for them to focus on supporting their children's learning and development.

Losing contact with families who move outside the geographic boundaries of the programme in question or who just 'go missing' is a major issue for providers. Milestone Reports and anecdotal evidence shared by programme funders show that vulnerable families have high rates of mobility (whether to other houses, or other locations) and a substantial number of families exit these programmes before completing the full programme. This finding is supported by national and international research literature (Baker, Piotrkowski and Brooks-Gunn 1999; Gomby, Culross and Behrman 1999; Farquhar 2003) Centre for Child and Family Policy Research, Auckland UniServices Limited 2005.

Families' reasons for moving vary, but include work opportunities (eg seasonal employment), changes in partnership status, moving away from domestic violence, and insecure tenure or living arrangements.

Information about participation and retention rates for the individual programmes described in this review is presented in Appendix One.

Information about reasons for withdrawals is gathered through narrative reporting as well as annual audits. Withdrawals may be planned (eg occurring when a family completes a programme and meets their goals, or when a family no longer requires a service due to a change in circumstances), or unplanned (eg when a family leaves suddenly to move to another area).

More data would be required to quantify retention rates in the key government-funded programmes in this review. Data about the number of active clients are kept for all programmes. Most programmes also record the length of time that families have been participating. Funders do not all routinely calculate the percentage of withdrawals in relation to enrolments. The length of time that a family is enrolled in a programme may span several years and families may withdraw or transfer at any point during that period. Families who withdraw in a given year may have enrolled during that year or during previous years, meaning that calculating withdrawals in relation to enrolments for a particular year will not necessarily yield meaningful information.

Gray (2001) suggests that where attrition rates are high, further study is warranted to explore issues such as whether staff need additional training (eg in engaging families), whether intensity levels are realistic, and whether the programme is meeting parents' needs.

Non-intimidating, flexible and accessible services, with attractive and appropriate programme content, should be provided. Recruitment strategies, and programmes themselves, must be aligned with the needs and values of clients' communities.

The personal qualities of staff running parenting programmes have a significant influence on engagement. A range of desirable characteristics has been identified in the research literature (eg Tableman 1999-2000; Wagner, Spiker, Gerlack-Downie and Hernandez 2000) and includes the need for staff to demonstrate a willingness to embrace diversity, respect the cultural values and backgrounds of participating families and have a good knowledge of child development and the programme's curriculum.

Barrett (2003) notes a tendency for evaluations of parenting programmes to look only for positive effects, without exploring issues relating to negative effects, reasons for drop-out and non-recruitment.

Smith and Pugh (1996, cited in Barrett 2003) express concern that engagement in parent education may be hampered by a culture in which asking for help is generally not condoned.

Brooks-Gunn, Berlin, Sidle Fuligni (2000) state that unless parents are genuinely engaged in a programme, it is unlikely that direct benefits to the parents, or indirect effects upon children through the parents, will be fully realised. Similarly Moran et al (2004) report that many parents do not fully engage with programmes, and as a consequence are not likely to reap the full benefits of attendance. They suggest that how programmes are implemented is critical to their success, independently of the course content. The key implementation 'hurdles' to be overcome relate to persuading parents to attend in the first place; persuading them to attend regularly to complete the programme; and actively engaging them in programme elements. Moran et al note that providers may put a great deal of effort into designing and resourcing an intervention, without considering how to encourage parents to turn up and participate. They warn that practical factors, relationship factors, cultural, contextual and situational factors all need to be taken into account when analysing a service's ability to attract, retain and engage families.

Eddy (1998), in her paper addressing the impact of transience on families living in rural/remote Australia, suggests that policies and service models developed to respond to the needs of established populations will not necessarily meet the needs of families with a more transient lifestyle. She notes that people moving in and out of localities experience a range of challenges associated with relocation; social interactions are affected, resulting in the renegotiation of formal and informal networks.

In New Zealand, the Centre for Research Evaluation and Social Assessment (CRESA) is currently undertaking a study looking at how communities can optimise the benefits of residential movement, while mitigating the potentially negative effects of residential mobility on individuals, families and communities.²⁶

Reflecting Eddy's findings, CRESA notes that some mobile families move not because they are attracted to opportunities elsewhere, but because they are fleeing their current situation. CRESA makes reference to the Christchurch Child Development Study's finding that one of the strongest predictors of children at risk is residential mobility.

The effects of mobility can be far-reaching, and include the loss of both formal and informal support networks, difficulties adjusting to new environments and a higher incidence of health problems. It can be a challenge for families to identify appropriate

²⁶ They report high rates of residential mobility amongst the New Zealand population: the 1996 census revealed that almost 60 percent of children aged five-nine years had moved house at least once in the previous five years.

family-focused services in the area they have moved to, given the other concurrent stresses associated with moving.

Each of the key government-funded programmes addressed in this review has strategies in place to varying degrees to engage and retain families. Consultation with local communities will frequently take place before a new programme is established. Pākehā, Māori and Pasifika staff are chosen to reflect the cultural diversity of the communities they work with. Staff develop strong knowledge of, and networks within, local communities and in many cases are able to link participating families into these networks. Considerable efforts are often made to locate families who 'go missing', and wherever possible families who move are referred to programme providers in their new locations.

The Pacific Foundation reports that with an increase in the number of HIPPY sites, there has been an increase in the number of whānau transferring to other HIPPY programmes (provided that a programme operates in the location moved to).²⁷ Greater geographic coverage amongst early intervention programmes would increase the number of families who were able to transfer from site to site, and possibly increase retention rates.

There needs to be better monitoring of the high rates of withdrawal from parenting programmes for vulnerable families, and co-ordinated strategies to better engage and retain participants. Further investigation is required to learn more about the reasons why families withdraw from these programmes and to ascertain the extent to which programmes are meeting families' needs. As part of its work on early intervention, the Ministry of Social Development is examining issues of engagement and retention. (Refer to Appendix Two for more information on this work.)

EVALUATION OF PROGRAMMES – CHALLENGES FACED

External evaluations have been undertaken of some of the key government-funded programmes in New Zealand. Overall, results have been somewhat inconclusive in terms of outcomes for children and parents, although participating families typically indicate satisfaction with the programmes. Some of these results have been discussed earlier in this review and additional information about evaluations of specific programmes can be found in Appendix One.

Programme effectiveness can be very difficult to determine. Researchers and evaluators caution that there are multiple influences on families' lives, many of which are difficult to monitor and measure. Parenting programmes operate within cultural, social and political contexts. The characteristics of individual families, the programme and the community within which a programme operates can all affect programme implementation and outcomes. Design limitations of some evaluations have meant that it has not been possible to conclude that the programme evaluated has been solely responsible for causing the positive changes observed amongst participants. More rigorous evaluations will need to take place to generate further knowledge about the effectiveness of these programmes and to build a stronger evidence base.

Further investigation is also needed to explore the extent to which parenting programmes offered in New Zealand share common goals and theoretical bases.

The Christchurch-based Early Start programme offers home-based intensive family support for at-risk families. A randomised control trial evaluation is under way.

²⁷ For example, the Pacific Foundation reports that of 46 children who exited HIPPY at MoE-funded sites for the first quarter of 2005 due to relocation, only 13 percent had the option of transferring to another HIPPY site. Of these, the majority took the opportunity to join HIPPY at their new location.

Fergusson et al (2004) note that the provision of family support via Early Start did not produce large and immediate changes in families. However, over time the evaluators have noted an emerging trend for participating families to fare better than control group families in a number of areas, including: early childhood education, home safety and child abuse risk.

As noted earlier in this review, the Family Start Outcome/Impact Evaluation has significant limitations, meaning that few conclusions can be drawn from it. The evaluation data cannot be used to determine how much benefit the programme had for participants, or whether any gains observed during the period of the evaluation would have been achieved without all or parts of the Family Start programme. It was not possible for the evaluators to compare the outcomes achieved by Family Start clients with other similar families who had not participated in the programme.

However, international evidence shows that high intensity, home-based early intervention programmes (similar to Family Start) are able to improve outcomes for vulnerable children and families. The Government has made improvements to, and continued to invest in, the Family Start programme since the evaluation was undertaken. These improvements were informed by the Family Start Process Evaluation Report (2003), contract monitoring and international evidence.

Funding has been provided in Budget 2005 to undertake a formative evaluation of Family Start's expansion to small towns and rural areas. This is the only funding provided for future evaluations of Family Start. Family Start services will be monitored to ensure that the service delivered conforms with the improved service design. We understand that any future improvements to the service design will also be based on contract monitoring and new international and local evidence (for example, the evaluation of Early Start). Consideration should be given to whether an additional evaluation of Family Start may be required after the revised service specifications and outcome measures take effect.

IDENTIFICATION OF VULNERABLE FAMILIES

There can be tension between the need to ensure appropriate targeting, while minimising stigmatisation. All the key government-funded programmes described in this review have clearly defined criteria for their target populations and methods to help to ensure that programmes reach their target groups. The question of whether programmes reach their target groups is significant. It is apparent from the review that the families who participate in the key government programmes are drawn from their target group. What is not known, however, is if all those who fall within the target group access these services. That is, how efficient is programme recruitment?

The Ministry of Social Development, within its early intervention work, is looking into how to best identify vulnerable families.

Brown (2005) conducted a review and assessment of the early intervention literature, with a focus on identifying vulnerable families with children in the zero to five age range. The review included an analysis of best practice, tools (eg scales or checklists focusing on developmental milestones), national and international case studies, and cross-sectoral initiatives in New Zealand for identifying vulnerable families.

Brown notes that although there are many tools available internationally for identifying populations at risk, many have not been tested for reliability and validity with New Zealand populations. Tools may focus on the individual child, the family, or the population or sub-population. Some early intervention programmes use family-centred

variables (eg income status) to determine eligibility for a service, instead of a formal tool or assessment. Other programmes (eg Sure Start, in the United Kingdom) opt to provide services to all families from financially disadvantaged neighbourhoods who have children within the target age range.

Brown states that identification of an at-risk family can occur through various methods and at various times. It can occur during the prenatal or postnatal period (before and just after birth), it can be child-focused, using a particular tool (eg to identify developmental delay), or focus on family-level circumstances to determine whether or not a child is eligible for early intervention services. If a child is recognised at birth as requiring additional support, such recognition may have been complemented by identifying parental and/or family risk factors during pregnancy.

The international literature suggests that population-based identification of vulnerable families may be more effective than focusing on identifying individual families.²⁸ Most of the New Zealand programmes included in this review appear to take a population-based approach, although some include psycho-social risk markers.

EXTENSION OF UNIVERSAL SERVICES

Moore, Ochiltree and Cann (2002) identify four service models, according to availability and focus:

- > universal services (eg Well Child/Tamariki Ora health services) that are available everywhere and to everyone
- > targeted universal services (eg Sure Start) that are targeted to particular at-risk areas (eg high poverty areas), but available to everyone in those areas
- > targeted eligible services (eg Family Start) that are targeted to particular at-risk groups and available only to those who meet certain specified criteria
- > clinical services that are available to those who meet certain criteria, wherever they may live. Clinical interventions tend to have a rehabilitative and remedial focus, addressing diagnosed or identified conditions (eg particular disabilities).

The research literature emphasises the value of building on existing universal services to normalise access to support. We support this approach. Moran et al (2004) identified a key message to policy-makers – it is not unusual for parents to need support from time to time.

The Government's early intervention work programme aims to build on existing universal services to support vulnerable families. An example is the investment of \$4.6 million over four years in a pilot scheme based in ECE centres, aimed at improving support for parents of young children. There will be a particular focus on vulnerable families with children aged zero to three (see Appendix Three).

There is a tension between the need to cater for vulnerable families and to support all families in their parenting role. Targeting services may stigmatise families and deter access.

The high levels of mobility amongst vulnerable families suggest an argument for a universal approach with extensive geographical coverage. Moran et al (2004) note that generally there is a trade-off to be considered between the costs of providing a universal preventative programme (in which some low-risk families will not need the programme)

²⁸ Guterman 1999, quoted in Gray 2003.

versus the provision of a more selective programme targeted at high-risk groups, which will typically cost more.

Jacobsen (2002) have suggested that in the early years, a mix of universal and selective interventions is likely to be needed, because:

- > poor outcomes are not always visible
- > early risk factors do not explain all later outcomes
- > universal programmes can provide a basis for identifying populations who would benefit from more targeted interventions.

In Victoria, Australia, the Breaking Cycles, Building Futures Project (described in Carbone, Fraser, Ramburuth and Nelms 2004) focuses on encouraging universal early childhood services to better meet the needs of vulnerable children and their families. Key strategies developed to date are minimising practical (structural) access barriers and supporting parents to overcome difficulties (eg transport, time); building positive relationships with parents, counteracting distrust and stigma; ensuring that services are culturally sensitive; ensuring that services provide a perceived benefit for the child and their parents; and establishing strong reciprocal links with other services working with vulnerable families.

Davies et al (2002) make reference to Sure Start, in their paper advocating consideration of a similar model for New Zealand. Sure Start consists of universal and targeted programmes within deprived neighbourhoods.

Davies et al note that the aim of Sure Start is to work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children (Department for Education and Employment 2001, in Davies et al 2002).

Sure Start programmes in chosen local communities have governance bodies that consist of parents, community leaders and non-government and government agencies within targeted neighbourhoods. Communities try to meet the Government's objectives by co-ordinating, adding value to and streamlining existing services to provide the following comprehensive core services:

- > outreach and home-visiting programmes
- > support services for families and children
- > high-quality early childcare, learning and play facilities
- > community healthcare, including information about child health and development
- > support for children with special needs, including help accessing specialist services.

Communities are also encouraged to identify and respond to local needs through providing additional services (for example, parenting programmes, literacy training, debt counselling) (Glass 1999, in Davies et al 2002). The Sure Start Unit provides material on suggested mechanisms for identifying and responding to these local needs.

The Family Service Centre delivery model pioneered by the Pacific Foundation does have elements of this Sure Start approach – a central point for parents and families situated within the local communities. In developing universal services, it is timely to consider the best model of delivery for any universal services that may be developed.

UNIVERSALLY AVAILABLE PARENTING PROGRAMMES

A key issue for the Parenting Council (a recently formed advocacy group made up of five major parenting bodies – see Appendix Four) is the promotion of parent education and support. The Parenting Council calls for effective, affordable and accessible parent education and support that is responsive to differing levels of need. Universally available and accessible parent support and development programmes may provide the support for parents that this review has highlighted as being needed.

Plunket is currently implementing a national Parenting Education Programme. The national implementation of this programme also aims to achieve consistency across parenting programmes offered throughout New Zealand under the Plunket umbrella. These programmes are aimed at parents with children aged between birth and three years of age. Given the extensive reach of Plunket, there is an opportunity to build on these programmes to extend such programmes to parents of children under six years.

Programmes provided by Parents Inc provide the greatest range of services across age groups, ie up to the teenage years. They also have a programme that delivers the health curriculum in some secondary schools.

demand for universally available parenting programmes

The Families Commission has commissioned qualitative research as part of its project to investigate what families with dependent children consider to be successful outcomes and to explore the trade-offs families make in order to succeed in their own terms.

Preliminary results indicate that the need for effective parenting skills was identified across all of the 43 focus groups involved in the research. In most cases, one or more respondents in the group had attended a parenting skills course and found this to be a positive experience.

Responses received as part of the Agenda for Children consultation (undertaken by the Ministry of Social Policy, in conjunction with the Ministry of Youth Affairs, during 2000) raised issues about the provision of parenting support and education for parents and caregivers. One of the five main themes emerging in response to questions about government goals and priorities for action was the need for more parent education (education for parents about how to be a parent), with a view that this should be compulsory and/or free.²⁹

There is a shortage of literature discussing the demand for parenting programmes. Patterson, Mockford, Barlow, Pyper and Stewart-Brown (2002) investigated the extent to which interest in attending parenting programmes is determined by factors such as socio-economic status, educational level and the presence of behaviour problems among children. They surveyed (via questionnaire) a sample of parents of children aged two to eight, in Oxford (United Kingdom).

Responses were received from 1,155 families, with 1,788 children; the overall response rate was 70 percent. The results suggested that one-fifth of parents from the sample were experiencing difficulties with their children's behaviour. While behaviour problems were more prevalent in the 'manual social classes', 'need' (for parenting programmes) was high across all social groups. Just under a fifth of parents reported that they had previously attended a parenting programme and 58 percent indicated an interest in attending in the future. Interest in attending a parenting programme was not class-

²⁹ As outlined in the report prepared by Corydon Consultants Ltd (2001).

related, but was predicted by the age of the eldest child and the existence of behaviour problems.

The authors caution that further work is needed to establish the generality of their findings. However, they suggest that their findings provide theoretical support for the universal provision of parenting programmes, and suggest that the optimal time for provision would be when the first child is aged three years or less.

They also suggest that a universal programme would attract many of the parents most in need, as the level of interest in attending programmes was predicted by the presence of behaviour problems, rather than social class. The authors note that this finding contrasts with the view that interest in parenting programmes is predominantly shown by middle-class parents who do not have children with behaviour problems.

PARENTING AND PARENTING PROGRAMMES: THE NEED FOR FURTHER RESEARCH

RPR Consulting (2004) points out that it is unrealistic to expect that short-term parenting courses in isolation can address well-established patterns of inappropriate parenting. The Centre for Community Child Health report (2004) suggests that parenting programmes should form part of a broader social development strategy to assist parents to improve their social and economic circumstances. The report notes that parenting has been studied primarily from a child development perspective (eg to identify what children need and how parents learn to meet these needs). However, much less is known about parenting as a phase in adult development.

It is clear from the literature and this review that there is still a lot that is not known about what works and what is the most appropriate support for parents and children, for which groups of families and for which family members.

Further information is also needed to determine the stages in the parenting cycle at which parenting information and support may be directed.

The Centre for Community Child Health report (2004) draws on research identifying the needs of specific groups of parents (or people acting in a parenting capacity, such as grandparents).

The report emphasises that parental adaptability is critical to effective parenting. Adaptability is seen to have three core components:

- > perceptiveness (eg being 'tuned in')
- > responsiveness (to the child or the context)
- > flexibility (eg ability to draw on a range of responses and approaches).

The centre has developed a conceptual model, which sees effective parenting not as a specific body of knowledge and skills, but as the ongoing ability to learn to adapt to the ever-changing demands of raising a child, drawing on generic skills acquired during adulthood and within successful relationships. Adaptability is seen to occur along a continuum, and may vary from one situation to another and across the parenting lifecycle. Adaptability is influenced by genetic and biological factors and by learning and experience – and can be modified. The centre suggests that the goal of parenting support programmes is to increase parents' adaptability.

Further exploratory research is recommended to investigate the skills and knowledge that New Zealand parents need in order to parent more effectively.

Moran et al (2004) caution that there are several messages for policy with regard to what is still not known. For example:

- > the optimal duration for different types of interventions to achieve the best outcomes
- > the relative efficacy of group versus one-to-one interventions in the medium to longer term
- > the extent to which interventions developed and shown to be effective in one country can be translated to different contexts in other countries
- > whether positive changes in parenting and child behaviours associated with parent support interventions can be sustained over the long term
- > whether, and to what extent, parenting support interventions in the United Kingdom are cost-effective
- > what aspects of interventions are most effective with particular groups, and how best to design programmes to meet the needs of these groups (eg fathers).

They stress the need for more rigorous and robust research designs and continued commitment to wide dissemination of research findings, including negative and inconclusive results (which may also contain important learning). We have discussed earlier the limitations of the evaluations that have been undertaken on the key government-funded programmes.

The Australian Government has recently commissioned an extensive consultation exercise to learn more about parents' needs for information and support.³⁰ Most parents reported that they were confident about their parenting skills and coping well with parenthood. However, most also recognised the value to be drawn from information that would help them to be more effective parents. Parents wanted a range of parenting information, with a focus on learning not only about child development, but also how to cope with the transition to parenthood.

Information was requested about the following topics:

- > children's age and developmental stages (physical, intellectual, emotional and social)
- > balancing work and family life
- > coping with the financial pressures of parenthood
- > parental health and wellbeing
- > changes in the relationship between parents after having a child.

Specific additional information needs were identified for fathers, culturally and linguistically diverse parents, parents of children with a disability, single parents and grandparents.

The Government's SKIP (*Strategies with Kids – Information for Parents*) initiative has focused on strategies to provide parenting information for all parents. The initiative has used a community development approach and developed several collaborative partnerships. This initiative provides an excellent base to build further parent support and development programmes.

³⁰ Research conducted by the Centre for Community Child Health (2004) included consultations with parents of children aged zero to five years, using both quantitative and qualitative methods.

SUMMARY

Engagement is an ongoing process, involving attracting families into a programme or service, encouraging families to make a commitment to participate and motivating them to change their attitudes and behaviours.

In the first instance, however, families' accommodation needs and income needs must be met. If parents face chronic stress and struggle to meet basic needs, it is a challenge for them to focus on supporting their children's learning and development.

A culture where it is the norm to seek help with parenting may lead to greater engagement in parent education programmes and services. Building on existing universal services can normalise access to support. The SKIP initiative provides an excellent base to build further parent support and development programmes.

Universal programmes can provide a basis for identifying populations that would benefit from more targeted interventions. There is a trade-off to be considered between the costs of providing a universal preventative programme (in which some low-risk families will not need the programme) versus the provision of a more selective programme targeted at high-risk groups, which will typically cost more.

One of the five main themes emerging in response to questions about government goals and priorities for action in the Agenda for Children consultation was the need for more parent education, with recommendations that this should be compulsory and/or free.

Preliminary results from the Families Commission qualitative research indicate that the need for effective parenting skills was identified across all of the 43 focus groups involved in the research. In most cases, one or more respondents in the group had attended a parenting skills course and found this to be a positive experience.

There are some parent support and development services that are available in all communities, but there are gaps in services for parents within specific communities. If a detailed matrix of services that should be provided to parents is developed, this could be used to identify gaps and services required.

There is a high rate of withdrawal of vulnerable families from government-funded parenting programmes – often due to mobility. Greater geographic coverage amongst early intervention programmes would increase the number of families who were able to transfer from site to site, and possibly increase retention rates. Further investigation is required to explore why families withdraw from these programmes and to ascertain the extent to which programmes are meeting families' needs. Recruitment strategies, and programmes themselves, must be aligned with the needs and values of clients' communities.

Programme effectiveness is very difficult to determine. More rigorous evaluations will need to take place to generate further knowledge about the effectiveness of these parenting programmes and to build a stronger evidence base. Further investigation is also needed to explore the extent to which parenting programmes offered in New Zealand share common goals and theoretical bases.

Parenting programmes in isolation cannot address well-established patterns of inappropriate parenting – these programmes should form part of a broader social development strategy.

There is still a lot that is not known about what works and what is the most appropriate support for parents and children, for which groups of families and for which family members. Further exploratory research is recommended to investigate the skills and knowledge that New Zealand parents need in order to parent more effectively.

RECOMMENDATIONS AND WAYS FORWARD

An overall strategy for supporting all parents in their parenting role needs to be developed. This will require collaboration between government and the non-government sector. The first step in this collaboration is for discussions to take place amongst the following bodies and other interested agencies:

- > the Families Commission
- > the Family Services National Advisory Council (refer to Appendix Four for more information about FSNAC)
- > the Parenting Council
- > the Ministry of Social Development.

This strategy should:

- > be informed by analysis of the needs of families (including parents, others performing a parenting role and children), communities and practitioners. In particular, the needs of fathers and other groups of parents (eg teen parents and grandparents) need to be explored. Further research is recommended to investigate the skills and knowledge that New Zealand parents need in order to parent more effectively
- > develop a matrix of services that may be required to address the full spectrum of these needs. This matrix – in conjunction with the Local Services Mapping initiative – could be used to identify gaps, as well as services required
- > consider how these services can be best delivered and managed

This review has highlighted a need to consider the development of a parent education programme that is universally available and accessible. There is an opportunity to build on Plunket's PEPE parenting programme to extend such programmes to parents of children under six years. Given the relatively high rates of participation reported for programmes aimed at parents of school-aged children and young people, this indicates an ongoing need for parenting programmes beyond those targeted at parents of pre-schoolers.

There are serious limitations with the Family Start evaluation published in 2005. Consideration should be given to whether an additional evaluation of Family Start may be required after the revised service specifications and outcome measures take effect, given the limitations of the recent evaluation.

There needs to be better monitoring and co-ordination of strategies to engage and retain participants in parenting programmes for vulnerable families. Universal provision and access may be one strategy to ameliorate the high rates of withdrawal from these programmes due to mobility. Further work is required to explore other reasons why families withdraw from these programmes and to ascertain the extent to which programmes are meeting families' needs.

It is also unclear whether all vulnerable families are able to access parenting programmes and whether the programmes offered are appropriate for their needs. This requires further exploration.

Further investigation is needed to explore the extent to which parenting programmes offered in New Zealand share common goals and theoretical bases. More rigorous evaluations should take place to generate further knowledge about the effectiveness of these programmes and to build a stronger evidence base.

Parenting programmes should form part of a broader social development strategy to support all parents in their parenting role.

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APPENDIX ONE: NEW ZEALAND PARENTING PROGRAMMES FUNDED BY GOVERNMENT

Summaries within this section were drawn from data provided by programme funders, Milestone Reports completed by providers and relevant websites.

FAMILY START

In April 1998, the New Zealand Government announced a new initiative arising from its Strengthening Families Strategy: Family Start.

Family Start is a child-centred, family-focused, government-funded, home-based early intervention parenting programme, with the goal of achieving better outcomes for at-risk families.

Participation is voluntary.

The overall aims of Family Start are:

- > to improve health, education and social outcomes for children
- > to improve parents' parenting capability and practice
- > to improve parents' personal and family circumstances.

It is targeted at families at the highest risk of poor life outcomes.

expenditure

The 2003-04 expenditure was \$18.3 million. This amount is divided amongst the co-funders.

In Budget 2004, it was announced that the Government was to invest \$31.9 million over the following four financial years to expand Family Start. The new funding will be used to provide services to up to nine additional areas and at least 2,200 more families will receive help.³¹

target population

Family Start is targeted to capture the 15 percent of the population most at risk of poor life outcomes in each location, in order to ensure that the 5 percent of highest risk receive the programme.

Statistics New Zealand's Deprivation Index identifies the locations where there are high concentrations of need. Services are provided to all eligible families who meet the referral criteria within that location.

the referral process

The Family Start Programme has a referral window of between six months prior to birth and one year of age, with discretion for providers to accept referrals from families with a child up to two years of age. Referral criteria³² are used to identify families (with pregnant mothers or newborn children) who are facing the greatest difficulties. Priority is given to families with children under the age of 12 months. One criterion is sufficient for referral purposes, but the provider determines acceptance into the service. Referral agencies include GPs, Well Child providers and ECE providers.

assessment and intervention

There are two distinct phases of Family Start: the assessment phase (initial assessment, followed by needs assessment); and the intervention phase (encompassing goal-setting and programme delivery).

Following assessment, a service level entitlement is determined. Families are offered one of three levels of service: low intensity, medium intensity, high intensity. All services are delivered on the basis of an Individual Family Plan (IFP), which includes clear goals based on needs. Plans are flexible, but not open-ended. They are regularly reviewed and amended to reflect family/whānau circumstances.

Families graduate from the programme if their goals are met and if they no longer require assistance from the programme.

The Family Start Programme Service Specifications (2005) outline the Family Start philosophy, based on intensive and comprehensive service delivery. High intensity families are expected to receive up to 240 hours of service during their first year in the programme, medium intensity families up to 150 hours and low

³¹ Consultation has been undertaken with relevant providers, iwi, Pacific communities, local government and community organisations to ensure that there is a good fit with existing services.

³² Referral criteria encompass: unsupported parent, no or minimal antenatal care, young mother (<18 years), mental ill-health, substance abuse, family history of abuse.

intensity families 60 hours of service. Delivery is reduced as the needs of the family decrease, and the adults in the family become better equipped to manage their parenting responsibilities and their personal and family circumstances. A key concept of Family Start is to move families forward towards independence.

demographic data

The following data were provided by the Ministry of Education for families active in Family Start between July 2003 and June 2004.

The age of the mothers who were primary caregivers of the children enrolled in Family Start ranged from 14 to 49 at the time of their children's birth. Around one-quarter of these parents were teenagers at the time of giving birth. Slightly less than 20 percent were aged over 30.

The age of children enrolled in the programme ranged from under 12 months to five years old. Just over one-third (35 percent) of participating children were aged under 12 months, 32 percent were aged one year, and the remainder were aged between two and five (with only three five-year-olds enrolled).

Fifty-four percent of participating children were male; 46 percent female.

Children from a diverse range of ethnic groups were enrolled. As shown in the following table, 2,049 (56 percent) were identified as Māori and 1,048 (29 percent) were identified as New Zealand European/Pākehā.

ETHNICITY	NUMBER OF CHILDREN
Cook Island Māori	73
Fijian	9
Indian, Chinese	16
New Zealand Māori	2,049
Niuean	6
NZ European/Pākehā	1,048
Other	46
Other Asian	18
Other European	19
Other Pacific Islands	18
Samoan	196
South East Asian	11
Tokelauan	36
Tongan	44
Tuvaluan	57
TOTAL	3,646

clients exiting family start between July 2003 and June 2004

EXIT TYPE	REASON FOR EXIT	CLIENTS
Planned Exit	Child no longer with family	7
Planned Exit	Completed programme	361
Planned Exit	Left area to strengthen circumstances	16
Planned Exit	Old planned early exit	215
Planned Exit	Other	9
Planned Exit	Transferred to other Family Start provider	1
Premature Exit	Moved – address unknown	3
Premature Exit	Moved out of service area	4
Premature Exit	No longer wishes to participate in Family Start	5
Premature Exit	Old premature exit	509
Premature Exit	Other	2
Premature Exit	Unable to contact	6

Prior to 2005, only whether it was an early exit or a planned exit was recorded, which is why the figures for 'old planned early exit' and 'old premature exit' are so high. The other fields (eg moved out of service area) have only been collected since around November 2004, following updating of the database.

A planned early exit occurs when a family finds that they no longer require the Family Start service due to a change in circumstances, and they exit the programme. This differs from situations where families still need the service, but choose to exit anyway.

Completing the programme means that graduation has occurred. That is, the family has completed all the goals developed within their family plans, and the family and their family/whānau worker have collectively acknowledged that the family no longer needs the Family Start service. Preferably, prior to exiting, families will have moved through intensity levels and will have been assigned to a low intensity level.

Unplanned exits occur when families have not completed their goals and still need support from Family Start, yet opt to leave. Because the programme is voluntary, families can choose to exit at any time.

Although family income data are not collected, families are asked to identify the percentage of their income spent on accommodation. As shown in the following table, accommodation is a significant cost for many families.

PERCENTAGE OF INCOME SPENT ON ACCOMMODATION	FAMILIES
Unspecified	63
0 to 20	376
21 to 40	1,433
41 to 60	1,397
61 to 80	335
81 to 100	37

geographical coverage

Family Start is currently delivered in Kaitaia, Whangarei, Ranui-Massey, Hamilton, Rotorua, Kawerau, Whakatane, Gisborne, Hastings North, Masterton, Wanganui, Horowhenua, Porirua, Nelson, Dunedin and Invercargill. Providers are predominantly iwi-based, with a strong kaupapa Māori. However, this means that there have to be efforts made to reach the entire target population, rather than focusing solely on Māori.

Funding for a further 11 locations was announced in the 2004 Budget; implementation will be completed by 2008. The 2005 Budget announced that government will invest additional funding to expand Family Start to between four and six new sites providing services to an additional 300 families located in small towns or rural communities. The locations of these new sites are yet to be confirmed, but they will be selected taking account of territorial local authority boundaries, socio-economic factors and the ability of providers in the area to deliver the programme.

engagement and retention

Information about reasons for withdrawals is gathered through narrative reporting and annual audits. The main reason reported for withdrawal or early exit is family mobility. Many families are reported to move because they are following seasonal work. The provider will normally hold a place for the family for three months, and then exit the family from the programme if they cannot be found or do not want to return. The Ministry of Education reports that providers work hard to find families if they are no longer at their given address, using their community networks.

If the family knows where they are moving to, the provider will refer the family to another Family Start provider, if Family Start is available in the location moved to.

management

This programme is Cabinet-directed and has been managed through a protocol involving the Ministries of Health, Education and Social Development, CYF and Early Childhood Development. The protocol describes the roles and working relationships of the co-funding agencies.

Family Start has relied on inter-agency management to ensure that health, education and welfare are incorporated into the programme. Family Start is described by the Ministry of Education as “fitting well” with PAFT, as the curriculum for PAFT is used within Family Start. Many families are referred on to PAFT once they have reached a lower intensity level on Family Start. Family Start is reported by the Ministry of Education to work well in combination with the Tamariki Ora/Well Child health checks and immunisation schedules, which are monitored through Family Start.

evaluation

Fieldwork for the Family Start Outcome/Impact Evaluation took place during 2002 and 2003, with an interval of approximately seven months between the two data collection periods. Both qualitative and quantitative data were collected. The final report was released in March 2005 and can be viewed at: <http://www.msd.govt.nz/work-areas/social-research/outcome-impact-evaluation-of-family-start.html>

It cannot conclusively be stated how much benefit the programme had for participants, or whether any gains observed in the evaluation would have been achieved without all or parts of the intervention. It was not possible for the evaluators to compare the outcomes achieved by Family Start clients with other similar families who had not participated in the programme. The outcomes described in the report were based on information collected on less than a fifth of the eligible programme participants, because of difficulties in collecting follow-up data from some participating families and the non-participation of other eligible families. International evidence shows that high intensity, home-based early intervention programmes (such as Family Start) are able to improve outcomes for vulnerable children and families. The Government has made improvements to, and continued to invest in, the Family Start programme since the evaluation was undertaken.

These improvements were informed by the Family Start Process Evaluation Final Report (2003), contract monitoring and international evidence.

Improvements that were made from 1 July 2004 included:

- > training on provider governance and management arrangements
- > a mandatory requirement that supervisors have tertiary qualifications
- > memoranda of understanding between Family Start sites and CYF on referrals and notifications of child abuse and neglect
- > a more comprehensive needs assessment tool
- > new tangible indicators relating to the Family Start outcomes.

The new tangible indicators have been written into service provider contracts to give workers greater guidance. These indicators include ensuring that:

- > families are enrolled for and receive regular dental check-ups
- > families are regularly seen by a Well Child/Tamariki Ora provider
- > all children receive their prescribed pre-school immunisations
- > support is provided to mothers to encourage breastfeeding for at least the first six months of life
- > children are enrolled in and attend ECE programmes
- > children and families are well-prepared for school entry
- > families have been assisted to establish stable home environments
- > CYF is promptly notified of any care and protection concerns for children.

In addition these indicators outline how parents will have improved their parenting capability and practice, and personal and family circumstances. Additional improvements that will come into effect from 1 July 2005 require:

- > Family Start family/whānau workers to have tertiary qualifications wherever possible
- > Family Start providers to build positive working relationships with local service providers through regular meetings, protocols and providing detailed feedback on the outcome of key assessments.

PARENTS AS FIRST TEACHERS (PAFT)

Parents as First Teachers (PAFT) is a government-funded parent education and family support programme that has been operating in New Zealand since April 1992. PAFT

is administered by the Ministry of Education and provides practical support and guidance to families with young children. This support lasts from before birth to three years, and there is no cost to participating families.

PAFT is based on the philosophy that parents are their children's first and most important teachers.

PAFT uses a research-based curriculum (Ahuru Mowai and Born to Learn) as the basis of its delivery to families.

It should be noted that, as a result of the recently released Ministerial Review of Targeted Policies and Programmes, the Government has decided that ethnic targets are to be removed from the PAFT programme, and ethnic participation in PAFT is to be monitored to ensure that PAFT continues to represent the proportions of parents in need, for each ethnic population. As a result, the PAFT programme site-specific criteria will change slightly, involving the removal of current ethnicity criteria. The Ministry of Education states that there will be no impact of this change on families currently enrolled in the programme. (Refer to Appendix Two for further information.)

expenditure

The 2003-04 and 2004-05 Vote: Education expenditure on PAFT will be \$8,562,000 per year. This is the sole source of government funding for this programme. There are 19 contracts in place for 2004-06, and the remaining 20 contracts have been approved for 2005-07. Funding is based on the number of families to be enrolled in each programme.

target group

Initially PAFT was offered to all families in particular locations. The programme is now explicitly targeted to families considered to be at some risk of poor parenting and child outcomes. Each site has negotiated recruitment criteria based on the demographic profile of their region.

The target group is families with children up to three years of age. New enrolments are targeted at families who meet criteria generally believed to indicate some risk of poor education outcomes. Each programme has site-specific recruitment targets for the following criteria:

- > low income of family (under \$25,000)
- > ethnicity (Māori, Pasifika)
- > young age of mother (under 20 years, 20 to 24 years)
- > family structure (families parenting alone; parenting without supportive partner)

- > lack of family/community support
- > lack of parenting information.

referral process

Referring agents (including midwives, Plunket, CYF, WINZ and GPs) link families to PAFT providers.

Families usually enter PAFT at any time during pregnancy until the baby is four months old; however, some families with older babies have been enrolled.

Families complete enrolment forms which are entered into the PAFT database. Biannual reports from providers are given to the Ministry of Education; these monitor site-specific recruitment criteria and provide an overview of the families enrolled on the programmes.

assessment and intervention

The aim of the PAFT programme is to assist parents to participate more effectively in their children's early development and learning.

PAFT can help families to:

- > understand how their child grows and develops
- > encourage their child's growth and development
- > ensure their child's safety and wellbeing
- > gain confidence in their parenting skills
- > get the support and professional assistance they may need for their child's health and development.

PAFT can help a child to:

- > develop good language skills
- > increase his or her ability to problem-solve
- > develop social skills
- > have any potential health and learning problems detected.

how PAFT works

personal visits

Trained parent educators make regular home visits to share information and practical ideas, to give families guidance and to model appropriate parent-child learning activities. The home visit allows the parent educator to individualise the PAFT programme for each family and child.

group meetings

Regular opportunities are offered to families to meet with other families in a variety of ways – from sessions on such topics as managing behaviour to less structured gatherings, where both the children and the adults can participate.

developmental surveillance

Observations on the child's growth and development are recorded at each home visit. If problems are identified, the family is helped to access the support they require. Families are encouraged to observe and monitor the child's development on an ongoing basis. Parent and parent educator observations alongside the formal 'screening' undertaken by Well Child health agencies, help to ensure against undetected delays or learning difficulties during the first three years of life.

connections with community resources

PAFT parent educators maintain networks with other local community services and can link families with services offering support outside the scope of PAFT.

The Ahuru Mowai and Born to Learn curriculum contains personal visit plans from the first trimester of pregnancy through to three years of age. Plans allow for weekly, fortnightly, three weekly or monthly visits.

Parents are guided to observe their child and learn what can be expected of children at each stage of development. Reminders about immunisations and Well Child Health Checks are given during visits, and data are collected on the uptake of those services.

Providers are contracted to provide an average of 25 home visits to each family over the three years of the programme. The average number of home visits nationally is 25 on completion of three years. For individual PAFT teams, the lowest average number of home visits over the three-year period was reported as 19, the highest average as 30; the median was 26.

geographical coverage

The PAFT National Centre (based within the Ministry of Education) manages and monitors 39 contracts with various organisations that provide the PAFT programme in 64 locations (specified territorial local authority areas) throughout the country.

demographic data

number of families enrolled

Enrolment is limited to 8,000 families. The average size of the roll during 2003-04 was 7,637. It is estimated that up to 7,997 families will participate during 2004-05.

engagement and retention

Reasons for withdrawing from PAFT are captured within one of five categories: shifted (but not transferred to another PAFT programme); withdrawn; lost contact; completed three-year programme; and other (including transfers to other PAFT programmes).

The following exit data were drawn from the last three biannual reports:

	END 12/04	PERCENTAGE	END 06/04	PERCENTAGE	END 12/03	PERCENTAGE
Shifted	205.5	11	251.5	15	211	13
Withdrawn	299.5	17	258	15	247	15
Lost Contact	356	20	367.5	22	329	20
Completed	831	46	673.5	40	748	46
Other	111	6	148	9	92	56
Total	1,803	100	1,698.5	100	1,627.5	100
<i>Transfers</i>	<i>146</i>		<i>204</i>		<i>175</i>	

Exit rates in the various categories are reported to have been fairly consistent over the 18 months to December 2004. Slightly less than half of all exiting families have completed the programme. Anecdotal evidence drawn from biannual reports suggests that withdrawals are usually due to primary caregivers returning to full-time employment, families feeling that they have learned enough and that PAFT is no longer required, or parents lacking time to participate due to family or other commitments. A small percentage of families move to areas where PAFT is not available. Some families who move are reluctant to go through the process of developing a relationship with a new parent educator.

The number of withdrawals due to lost contact (around 20 percent) is an indication of the transient nature of the lifestyles of many families currently being targeted

by and enrolled in the PAFT programme.³³ Families who meet recruitment criteria are often those who are more transient, and therefore less likely to be retained. The Ministry of Education reports that there can be value in providing a high-risk family with some information and support, rather than not accepting that family because the chances of them not completing the programme are high.

evaluation

Research teams from two New Zealand universities were contracted by the Ministry of Education to undertake evaluations of the PAFT pilot projects; the contracts ran from 1991 to 1997. The Ministry further commissioned an independent summary report of the evaluations in 1998. There were major methodological limitations in the evaluation studies, and concerns about the appropriateness and sensitivity of the research instruments, many of which were developed overseas. Parent educators were reported to be frustrated that the requirements of the evaluation dominated their early visits to families. Significant problems in programme delivery were identified, particularly for Māori, Pasifika and immigrant families for whom language and cultural barriers limited the value of PAFT.

PAFT was subsequently substantially modified, although modifications and expansion began before the results of the pilot evaluations were known. Farquhar (2002) completed a further evaluation report. This report focused on investigating the views of 400 families concerning their participation in, experiences of, and satisfaction with PAFT. The findings were based on an analysis of the Family Exit Survey administered to all families on or around their child's third birthday. The overall conclusion was that participation in PAFT benefits families, with the benefits including strengthening parenting skills, encouraging parents to take greater responsibility for their child's education, and families accessing community, health and ECE services. However, this conclusion was based solely on an analysis of self-reported interview data, rather than by measuring outcomes. As noted earlier, Moran et al (2004) caution that even when participants report feeling helped by an intervention, this does not necessarily result in a measurable improvement in other types of outcomes. The PAFT evaluation report also noted that questions that would be pertinent to an external evaluation were not asked in the Family Exit Survey. Nevertheless, preliminary evidence from the data analysis indicated several key factors believed to underpin

³³ This finding is not peculiar to PAFT. High levels of mobility amongst vulnerable families are reported nationally and internationally in the research literature.

the success of PAFT from parents' perspectives. These included home-based delivery, the strengths-based philosophy and the curriculum.

Farquhar (2003) carried out a second (small-scale) study of PAFT. This used a multiple methods approach, gathering quantitative and qualitative data from a range of sources, including 19 currently enrolled parents/caregivers. The study aimed to provide a description of PAFT and its impact, to help to inform policy analysis and decision-making. Repeating the findings of the 2002 evaluation, PAFT was reported to be popular amongst families, with the programme meeting parental expectations for support, encouragement, guidance and knowledge. High levels of satisfaction were expressed by parents. A range of positive outcomes was identified, although not all families experienced the same outcomes, which were dependent on child and parent needs and interests. Perhaps not unexpectedly, the evaluator noted that parent and caregiver willingness to accept the information and guidance offered by parent educators influenced what was gained from the programme.

The study identified a number of benefits for PAFT participants and suggested that further ongoing research was needed to identify whether longer-term benefits were being accrued for children as well as parents. The relationship between parent educators and families emerged as very important for PAFT's success, and the report recommended that further research be undertaken to identify the skills, attributes and behaviours of parent educators that underpin effective practice. Such information could be valuable for the purposes of staff recruitment and professional development.

HOME INTERACTION PROGRAMME FOR PARENTS AND YOUNGSTERS (HIPPY)

HIPPY is described as "a home-based programme that helps parents create experiences for their children that lay the foundation for success in school and later life". HIPPY works with children aged between three-and-a-half and six years of age, in their last year(s) before school, and their first year at school. There is a significant emphasis on transition to school. Participating families are also encouraged to attend early childhood services.

HIPPY was introduced to New Zealand by the Pacific Foundation in 1992, and is currently operating in 21 sites. HIPPY trains men and women, who are also participants on the programme, to work as paraprofessional tutors with parents. The parents work with their children, using structured materials, for 15-20 minutes a day, for 30

weeks of the year, for two years. Tutors visit parents in their homes fortnightly. On alternate weeks, parents, tutors and a professional HIPPY co-ordinator meet as a group, for forward planning, and to participate in discussions and activities about child development and parenting.

expenditure

The 2003-04 Vote: Education expenditure was \$812,000. The 2004-05 budgeted Vote: Education expenditure is \$1,112,000. For 2005-06 and 2006-07, \$1,112,000 per year Vote: Education expenditure has been committed. Some HIPPY sites are funded by CYF as part of the Family Service/Whānau Centres.

target population

HIPPY is targeted at high-needs families where there are indicators of likely poor learning outcomes for children.

assessment and intervention

Local co-ordinators recruit families, carry out assessments and complete reports.

The HIPPY programme is based on a curriculum licensed to the Pacific Foundation. Other elements of the programme are captured at a high level in the Ministry of Education Statement of Intent.

The HIPPY curriculum is primarily cognitive-based, focusing on language development, problem-solving, logical thinking and perceptual skills. Social-emotional, fine motor and gross motor skills are also addressed. The Age 4 HIPPY curriculum has been updated, and activities now have specific links to Te Whāriki and the New Zealand Curriculum Framework.

geographical coverage

HIPPY is situated in 'areas of need' where there are groups that have identified capacity to deliver the programme. These areas are: Far North (Kaitia, Kaikohe, Mangonui, Whangarei); Auckland (Kelston, Mt Roskill, Manurewa, Northcote, Glen Innes, Mangere East, Papakura, Ranui, South Kaipara); Central North Island (Huntly, Hastings, Gisborne, Wanganui, Opotiki, Palmerston North); Wellington (Porirua); South Island (Motueka).

management

HIPPY is managed by the Pacific Foundation and sub-contracted. The sub-contracting includes a site-by-site requirement to raise approximately 30 percent of the programme costs per site through sources other than Ministry of Education funding.

HIPPY has six sites operating within Family Service/Whānau Centres, which are funded by CYF.

An additional 12 sites are funded through Vote: Education. These programmes also raise funds locally to make up the funding shortfall.

HIPPY Kaikohe is a component of the joint Project Kaikohe (a coalition of four programmes: Project K, Kiwi Can, Parenting with Confidence and HIPPY), under the umbrella of the Kaikohe (Rau Marama) Trust. The lead funding bodies are the Ministry of Education and the Tindall Foundation.

Two new sites have opened in 2005 (in Ranui and South Kaipara). These receive funding through Vote: Education, as well as through local health board support. South Kaipara also receives some funding through Te Puni Kōkiri and lotteries.

Eleven of the 21 programmes are headed by Māori coordinators. Six programmes are administered by Māori trusts. Nine HIPPY programmes share sites with ECE centres. Eight programmes are located on primary school sites.

demographic data

During 2004, a total of 1,565 children were enrolled on HIPPY:

- > 1,049 were at sites funded through the Ministry of Education
- > 472 children were on HIPPY programmes based at Family Service/Whānau Centres
- > 44 children were at HIPPY Kaikohe.

HIPPY sites funded through the ministry of education

At HIPPY sites funded through the Ministry of Education:

- > 226 children graduated from the programme having completed 60 modules
- > 499 children were expected to continue on the programme into 2005

- > 239 children exited the programme during the year before completing the required 60 modules.

An additional 61 families did not fulfil the enrolment requirements and were considered to be non-starters, due to withdrawing from the programme after completing four weeks or fewer (43) or not completing any modules (18).

Twenty-four children from one site (for which updated fourth-quarter information was not available) graduated or exited at the end of 2004.

gender

Male: 54 percent
Female: 46 percent

There has been little change in gender percentages over the last 12 months.

ethnicity

The majority of the 1,049 children enrolled were identified as Māori (43 percent), with 22 percent Pākehā, 19 percent Pasifika and the remainder 'other' or ethnicity not identified.

family service/whānau centre data

Of the 472 children on HIPPY programmes based at Family Service/Whānau Centres in 2004:

- > 215 began the two-year programme in 2003
 - 120 (56 percent) graduated at the end of 2004
 - 81 (38 percent) withdrew during 2004 before completing the programme
 - 14 (6 percent) carried over to 2005 in order to complete the programme
- > 257 began the two-year programme in 2004
 - 79 (31 percent) withdrew during 2004 before completing the programme
 - 178 (69 percent) carried over to 2005 in order to complete the programme.

One HIPPY site reported low enrolments for this period due to restructuring within the centre.

gender

Male: 234 (50 percent)
Female: 231 (49 percent)
Missing data: 7 (1 percent)

ethnicity

The data for ethnicity are affected by the fact that a number of families did not give permission for statistical use of the data. However, the available data for whānau enrolled on HIPPY programmes based at Family Service/Whānau Centres during 2004 indicate that approximately 47 percent of participating children were Māori, 35 percent were New Zealand European, 15 percent were Pasifika and a very small percentage were 'other', or did not answer.

household income

For the 472 whānau enrolled on HIPPY programmes based at Family Service/Whānau Centres during 2004:

INCOME	PERCENTAGE
\$0-\$10,000	05
\$10,001-\$20,000	10
\$20,001-\$30,000	12
\$30,001-\$40,000	10
>\$40,000	16
Don't wish to say	24
Other ³⁴	23

HIPPY kaikohe enrolment data

During 2004, a total of 44 children were enrolled in HIPPY Kaikohe.

- > Thirty-five (79.5 percent) were still enrolled at the end of 2004 and carried over to 2005 to complete the second year.
- > Nine (20.5 percent) were early exits during 2004
 - 44 percent of early exits were due to multiple issues in the family
 - 33 percent of early exits were due to the family or the child relocating.

There were no graduates for Kaikohe in 2004, as it was the first year of operation and HIPPY is a two-year programme. The first graduation will be at the end of 2005.

Of the six families who exited early and gave permission for their data regarding reasons for early exit to be used, two had relocated, three had multiple issues within the family and one did not answer.

gender

Approximately 61 percent of children enrolled were male, and 39 percent were female.

ethnicity

All 37 children whose parents gave permission for data to be used were Māori.

HIPPY south kaipara and ranui

For the first quarter of 2005:

- > 45 children were enrolled in HIPPY South Kaipara
- > 47 were enrolled in HIPPY Ranui
- > one whānau was a non-starter (ie enrolled, but exited within four weeks of beginning the programme).

gender

There were more boys than girls enrolled at each of these sites, with approximately 61 percent of enrolments being boys.

ethnicity

Children at the Ranui site were predominantly Pasifika and Māori, with a small number of Pākehā and 'other'. Children at the South Kaipara site were predominantly Māori and Pākehā, with a small number of Pacific children enrolled.

engagement and retention

Parents exiting from HIPPY, either early or on completion, are asked to complete a survey on their experiences of HIPPY. When a family exits from the programme before completing 60 modules, a co-ordinator tries to contact the family and arrange a visit. This is not always possible, particularly when families relocate.

Information within this section is drawn from the HIPPY Milestone Report (February 2005) prepared for the Ministry of Education. The report notes that families who 'exit early' from HIPPY are most likely to do so either very early in the programme or during the summer break when parents are between the first and second year of the programme. Co-ordinators are reported to endeavour to maintain families' commitment to the programme during the summer break; most families who exit during this time

³⁴ Includes: income variable; did not answer; permission not given; don't know.

do so due to reasons other than reduced commitment to the programme (eg just under half of these families relocated).

A pattern has emerged from data showing that the number of modules (out of the 60 available) completed by children before the family exits the programme tends to peak at 30.

A category of 'non-starter' exists to distinguish the point at which whānau commitment to the programme is indicated.

Of the 61 families who were non-starters during 2004, the following five categories accounted for 66 percent of their reasons for exiting the programme:

- > relocation (n=10)
- > hard to contact/not committed (n=11)
- > parent(s) started work or study (n=9)
- > multiple issues within the family (n=6)
- > child changing homes, or custody issues (n=4).

The population that HIPPY targets is reported to be highly mobile. Just over a quarter (26.4 percent) of families exiting before completing 60 modules did so due to relocation. Reasons for relocating included issues with rental accommodation, employment, relationship breakdowns, health issues leading to relocation to where other family members were living, and changes in custody arrangements.

Almost half of families relocating moved to an area where HIPPY was not available. Even if HIPPY is available in the new community, families do not always rejoin the programme.

The exit rate data for 2004 included 239 children in families who exited early (not including non-starters). Other than relocation, reasons for exiting early included parents starting work or study, children starting school, health issues (for children, parents or extended family) and the birth of a new baby. Eight families exited early because they felt they had achieved what they wanted to, and were ready to move on.

A small number of families exit due to being 'uncommitted to HIPPY' or unable to be contacted. Reports indicate that it is hard to know whether this is due to programme-related or family-related reasons. Some families are reported to "disappear overnight", due to sudden and unexpected moves. The HIPPY Milestone Report prepared for the Ministry of Education (February 2005) notes that co-ordinators and tutors are concerned when families suddenly move from the area "...as it

raises the possibility that serious issues such as abuse are occurring within the family and have lead up to their 'disappearance'." (p 55).

HIPPY managers state that introducing (potential) mobility as a basis for selectivity at enrolment would be contrary to the aims of HIPPY.

evaluation

HIPPY was established in Israel in 1969 and evaluations have taken place in a number of countries in which HIPPY runs, using a variety of evaluation designs.

BarHava-Monteith et al (1999) carried out an evaluation of HIPPY's benefits to children and caregivers, as well exploring process issues. They report that overseas HIPPY evaluations have primarily focused on children, with results generally showing significant differences between HIPPY and control group children. Drawing on the work of Burgon (1997), they also note that an earlier government evaluation of HIPPY found that HIPPY children's performance on both reading and maths was on a higher level than might have been expected, given their circumstances. Their overall academic progression was also described as much faster than might have been expected. Because there were some shortcomings in the earlier New Zealand evaluation (eg the appropriateness of the comparison group), a further evaluation was undertaken.

BarHava-Monteith et al (1999) evaluated HIPPY in five locations, using control groups. The locations were chosen to represent stressed urban environments as well as poor rural areas. The evaluation found that the HIPPY children in the study scored higher than non-HIPPY children on all of the 11 measures obtained, with the difference reaching statistical significance on four literacy-related measures. Compared with comparison caregivers, HIPPY caregivers and tutors were reported to be significantly more likely to engage in formal educational activities, to carry out more educational activities with their child in a given week, and to have been involved in adult education. BarHava-Monteith et al (1999) also identified a generalised benefit of HIPPY to the local communities. A flow-on effect was noted by some school personnel, whereby HIPPY parents influenced other parents to become involved in the school.

ANAU AKO PASIFIKA

Anau Ako Pasifika is a home-based early childhood project for Pasifika parents and children. It was

established in 1986 with funding from the Bernard Van Leer Foundation in the Netherlands. It is now solely funded by the Ministry of Education through a yearly purchase agreement for the delivery of home-based early childhood education and parent support programmes. There is no charge to participating families. It should be noted that, as a result of the recently released Ministerial Review of Targeted Policies and Programmes, the Government has decided that the Anau Ako Pasifika programme will end in December 2005. (Refer to Appendix Two for further information.)

Home tutors maintain contact with Pacific language-based early childhood centres and support families who wish to make a transition to these. Families who prefer to be involved in the home-based programme or are not able to access an early childhood service of their choice (eg because of distance or lack of transport) may continue in the home-based programme.

expenditure

The 2003-04 Vote: Education expenditure for Anau Ako Pasifika was \$488,000.

The 2004-05 budgeted Vote: Education expenditure is \$488,000. Ongoing baseline funding of \$488,000 per annum has been committed.

target population

The programme is targeted at Pasifika fanau who are not participating, or who are unlikely to choose to participate, in early childhood education outside the home, and for whom support in their first Pasifika language is preferred. Many families involved in the programme demonstrate a number of at-risk features that indicate their children may be at risk of poor learning outcomes, but the programme does not specifically target high-risk families.

The Ministry of Education monitors whether programme participants fit the eligibility criteria through ongoing contract monitoring.

assessment and intervention

At least 300 families across the three sites participate at any one time. Families may include blended families and composite arrangements of extended families.

geographical coverage

Anau Ako Pasifika currently operates in Auckland and Wellington. The Tokoroa office is in the process of being disestablished.

engagement and retention rates

Compared to the other programmes discussed in this review, far less data appear to be gathered about Anau Ako Pasifika. Information about completion rates for the programme may be held by the provider, but is not currently reported to the Ministry of Education. Home tutors maintain contact with Pacific language-based early childhood centres, and support families who wish to make a transition to these.

Participation in home visits is reported to be more variable during the end of year/summer holiday break than at other times of the year. Reasons reported for 'missed visits' (ie families not at home when the home tutor visits) include families taking advantage of fine weather, visiting or being visited by relatives from other parts of New Zealand or overseas, and attendance at conferences.

The Auckland site noted that demand for home tutors in Auckland was reported to be outstripping supply.

To encourage continued attendance, providers offer intensive support, make repeated visits and use community networks. Missed visits can usually be rescheduled for a later date. However, if a family continues to be unavailable over time, steps are taken to exit the family from the programme, unless a valid reason is found.

The Ministry of Education reports that it appears that Anau Ako Pasifika staff do not consistently exit families from the programme when their need for the programme reduces.

evaluation

The Ministry of Education reports that a recent evaluation was not able to be completed, but an initial report-back from the researchers indicated some programme level issues.

A recent Milestone Report (dated March 2005) notes that problems relating to office reorganisations, changes in professional leadership and support and financial shortfalls have been both unavoidable and unpredictable. These challenges are reported to have imposed considerable difficulties and a heavy workload for staff and the board of trustees. Despite this, commitments to families have continued to be fully met by the home tutors.

WHĀNAU TOKO I TE ORA

Whānau Toko I Te Ora is a national parenting programme for Māori whānau delivered under the auspices of Te Ropu Wahine Māori Toko I Te Ora (the Māori Women's Welfare League). There is no cost to participating families.

It should be noted that, as a result of the recently released Ministerial Review of Targeted Policies and Programmes, the Government has decided that Whānau Toko I Te Ora will continue to be delivered as it is currently, targeting very high-needs Māori whānau. However, the overall fit between Whānau Toko I Te Ora and other parent support and development programmes will be considered, in order to achieve greater coherence between government parent support and development programmes for very high-needs families. (Refer to Appendix Two for further information.)

The programme is designed by Māori, and delivered by Māori kaimahi to address the needs of at-risk Māori whānau. The services provided are child-centred and whānau-focused, using a holistic approach that integrates Māori tikanga into all aspects of child development, with an emphasis on the first five years.

The programme is structured around three strands: home visits, education and learning, and group support.

The main objectives are to promote and improve:

- > positive parenting skills
- > confident family functioning, relationships and mental outlook
- > learning and development opportunities for children.

expenditure

The 2003-04 Vote: Education expenditure was \$1,000,000 (GST incl). Vote: Education is the sole source of government funding.

The 2004-05 budgeted Vote: Education expenditure is \$1,000,000, and this is an ongoing baselined amount.

The contract is for the whole programme, with a target of 112-120 high-needs whānau.

target population

Whānau entering the programme have evidence of high risk for poor outcomes, including drug and alcohol use; low/no income; low/no support networks; whānau violence issues; health issues for children and adults;

housing issues. To ensure that programme participants fit the eligibility criteria, regular case study reporting is undertaken by the provider in each region. Internal monitoring is also undertaken, using the database.

The Ministry of Education reports that this programme reaches whānau who, on entry, present with high-risk indicators and are not linked into available networks. Because the programme is intensive, it enables whānau to manage and overcome the initial issues they present with, and often leads to whānau engagement with other agencies, including ECE services and tertiary education opportunities. The development of links and networks into the wider community is encouraged, with support from the Māori Women's Welfare League.

referral process

Referrals are generally through Māori community networks either from whānau, friends, community or government agencies, and health or education professionals.

assessment and intervention

During the three-month period 1 October to 30 December 2004, 154 action plans were initiated. The Milestone Report notes that some whānau have required intensive specialist counselling or in-depth social work intervention, as opposed to community home visit support. If Whānau Toko I Te Ora does not have the expertise to assist whānau with particularly high needs, staff continue to support them and ensure that appropriate specialist support is also provided. Staff have developed strong networking relationships with government and community agencies.

data

The following data are drawn from a Milestone Report covering the period 1 October to 30 December 2004. One hundred and twenty-seven whānau were enrolled during this period.

Children's ages varied from one to four years old plus, with a fairly even spread across each age group. There were 72 males and 107 females. The number of whānau enrolled per site ranged from 12 to 21. All regions were reported to have attained their required number of enrolments "without too many complications".

A total of 984 visits were made across all sites (1,308 hours). The length of each visit varies according to the family's circumstances. Some visits may be short (20 minutes); others have lasted for over three hours.

geographical coverage

There are eight sites. Delivery began in three trial sites: Tairāwhiti (Gisborne), Ikaroa (Flaxmere/Wairarapa) and Tamaki Makaurau (West Auckland), and was expanded to include Aotea (New Plymouth, Waitara and Whanganui), Taitokerau (Northland) and Te Waipounamu (Christchurch), and then Tainui (Maryvale) and Waiariki (Murupara and Kawerau).

engagement and retention

Originally the contract was for one-year periods, meaning that programme entry and exit were a feature of the contract mechanism. There were effects on the delivery of the programme when staff were not sure that it would continue, and so took other jobs. Whānau were then likely to move off the programme. At some points there was 'down time' during the contract negotiation, meaning that the work was not continuous. The Ministry now has a three-year contract with providers, in part to manage this issue.

The Ministry of Education identifies transience as a particular problem within this programme.

To encourage continued attendance and completion rates, providers draw on their knowledge of, and networks within, communities, and provide high-intensity initial support for whānau. Providers also use a range of other whānau-specific strategies to respond to individual circumstances. Further information about exits and graduations would need to be accessed from the provider database.

evaluation

An evaluation of this programme took place in 2001. A further evaluation is planned for 2005-06.

Livingstone's evaluation report (released in 2002) was primarily based on 16 case studies. The case studies were compiled from information drawn from a national database, combined with information from in-depth interviews. Although this was an outcome evaluation, the evaluator reported that by virtue of its design it was not possible to demonstrate that it was the programme itself that was solely responsible for causing the positive changes observed. The addition and modification of goals, and the variation in their length and specificity,

presented a challenge to the evaluator and made comparison of success rates over a defined time period difficult. Because goal achievement was not routinely recorded on the database, the evaluator relied heavily on verbatim responses from kaiāwhina (support persons).

Five specific features of the programme were reported to have a major effect on its success. These were that the programme is: broadly-based and established on negotiated goals; incremental, allowing for gradual, self-motivated change; targeted; flexible; and reflecting commitment on behalf of the kaiāwhina. The evaluator notes that it was unlikely that significant change would have occurred without the intensive input of the kaiāwhina.

DEPARTMENT OF CORRECTIONS

The Community Probation Service within the Department of Corrections contracts with a number of providers who deliver reintegrative programmes, of which parenting skills are often a component. The Community Probation Service also refers offenders who present with a parenting-related need to community funded parenting programmes and may pay for the individual's attendance at the programme. This is most likely in the case where the offender is required to attend a parenting programme as a condition of their sentence.

The Department of Corrections has a national policy entitled 'Mother and Baby', allowing for babies under six months to either live with their mothers in a self-care unit, or to be brought into the prison on a daily basis for feeding and bonding. Parenting programmes are available for both male and female offenders who are caregivers to children under the age of 16 years.

The two programmes described within this section address Parenting Programmes in Prison, and Reintegrative Support Services for Offenders and their Families/Whānau.

Both programmes' objectives are part of the department's objective for reintegrative services as set out in Output Class 7.5 of the Statement of Intent. Participation is voluntary for both programmes and the department reports that offenders are motivated to attend.

For Parenting Programmes in Prison, the Parenting Skills Course is an intervention to improve the ability of offenders to safely and effectively parent their own children. This statement appears in the department's Service Descriptions: Parenting Skills.

The objective of the Reintegrative Support Services for Offenders and their Families/Whānau is to contribute directly to the offender's reintegration with their family/whānau on release from prison. The service aims to increase wellbeing and self reliance of offenders and their families/whānau by providing intensive, integrated family/whānau support for offenders returning to the community to parent children. This statement appears in the contracts with the participants.

These formal statements are repeated in provider contracts.

The department reports that the strength of both programmes is the ability to target parenting skills in relation to participants' offending and its effect on their children. However, the department acknowledges that the offenders have little opportunity to immediately practise their new skills as access to children whilst in prison is limited.

The department reports that there is limited evidence that specifically addressing parenting or family-related issues will impact upon re-offending, particularly if other factors such as alcohol and drug use are not addressed.

expenditure

Vote: Corrections is the sole funding provider for these programmes.

For 2003-04, the Vote: Corrections expenditure was:

Parenting Programmes in Prison

Baseline funding of \$123,150 provided 6,934 hours worth of programmes.

Reintegrative Support Services for Offenders and their Families/Whānau

The two providers (Te Hokinga Mai, based in Auckland; PILLARS, based in Christchurch) had baseline funding of \$1.15 million.

The 2004-05 budgeted Vote: Corrections expenditure for the two programmes is:

Parenting Programmes in Prison

Baseline funding budgeted for \$220,088. All funding is within baselines and therefore is ongoing. The basis for funding is a bulk grant.

Reintegrative Support Services for Offenders and their Families/Whānau

Baseline funding of \$1.15 million. Funding is in the department's baseline until June 2006. The funding is negotiated in the contract.

target population

The programmes target parents who are offenders.

Parenting Programmes in Prison

These are targeted at longer serving inmates who are at least occasional caregivers to children under the age of 16 years, and who agree to participate.

Reintegrative Support Services for Offenders and their Families/Whānau

These are offered to inmates who have a history of offending (ie two previous convictions) who are assessed as having a high risk of re-offending and are being released to either Auckland or Christchurch. The inmates will also be returning to families/whānau where they are a parent/caregiver to child/children 12 years or under.

referral process

The department makes referrals based on assessment.

data

Only limited data are available, as outlined below.

Parenting Programmes in Prison

No demographic information is collected. However, information about the numbers of inmates who had children in their care prior to going to prison was recorded in the 2003 Census of Prison Inmates and Home Detainees.

Reintegrative Support Services for Offenders and their Families/Whānau

The department expects to be able to provide data about Reintegrative Support Services for Offenders and their Families/Whānau once the evaluation is completed.

geographical coverage

Parenting Programmes in Prison

These are primarily provided at the larger prisons (Auckland, Mt Eden Women's, Waikeria, Arohata, Hawke's Bay, Rimutaka and Christchurch) and where programme providers are available.

Reintegrative Support Services for Offenders and their Families/Whānau

These are provided in Auckland and Christchurch only, as it is a pilot programme.

engagement and retention

Parenting Programmes in Prison

The programme provider supplies reports outlining participation and completion, and including reasons for withdrawal. Some reasons include: transfer of inmates to another prison, course is too hard/too confronting. In general, it is reported that engagement by the inmates in the programme is high and so is retention. To encourage high retention rates, providers seek to offer a high-quality programme.

During 2003-04, 264 people participated in parenting programmes in prison. Estimates for the programme are based on the budget allocated for reintegrative service hours, mixed with other programmes delivered under reintegrative services.

Reintegrative Support Services for Offenders and their Families/Whānau

The programme providers supply reports on completion rates; reasons for withdrawals are also recorded. More information will be available once the evaluation of the pilot is completed. To encourage high retention rates, providers seek to offer a high-quality programme.

The programme caters for up to 120 participants at any one time. There is no information available at this time about the number who have participated, or the targeted/estimated number of participants, in the Reintegrative Support Services for Offenders and their Families/Whānau.

evaluation

An evaluation of Parenting Programmes in Christchurch Women's, New Plymouth and Rimutaka prisons took place during 1998 and 1999. The aim of the evaluation was to examine the effectiveness of the parenting skills programmes in the three prisons to inform policy development and service provision, in relation to a range of objectives. Overall, the evaluation indicated that the Parent Education Training Programme has the potential to have a significant long-term impact on women who attended the programme. The report notes that if the behaviour and attitude changes that were observed were able to be sustained and transferred into the post-release environment, then there was likely to be a high likelihood of long-term positive impacts. This in turn would be likely to lead to a reduction in the transmission of inter-generational offending.

The Reintegrative Support Services for Offenders and their Families/Whānau Pilot is currently being evaluated for effectiveness. The evaluation report is due in June 2005.

APPENDIX TWO: RECENT GOVERNMENT INITIATIVES

EARLY INTERVENTION WORK PROGRAMME

The Government's early intervention work programme sets out a vision that all vulnerable children receive the support they need from before birth to their transition to school to provide them with the best start in life and enable them to maximise their potential (refer Cabinet Social Development Committee (04) 161). It is expected that this work programme will be across agencies and budget years. Future work will build on existing services and initiatives – in particular, the Working for Families package, the Primary Health Care Strategy and the Early Childhood Education Strategic Plan.

With reference to the broader service continuum for children and young people, the advice provided to Cabinet suggested that:

- > ensuring child wellbeing brings benefits not only to individuals and families but to the country as a whole, including a skilled workforce, a healthy population and capable parents of the next generation
- > an array of social services is needed, providing support of appropriate intensity, duration and focus
- > these services form a continuum that extends from widely available services promoting general wellbeing, through to targeted services for more vulnerable children and young people, to statutory social work interventions through CYF.

Over the years, government has put in place a range of universal and targeted/specialist services designed to meet the needs of young children and their families. Key universal services are maternity care, Well Child services and the Primary Health Care Strategy. Key targeted services include income support and parent support programmes (eg Family Start, PAFT and HIPPY).

Work on early intervention initiatives is currently being led by the Ministry of Social Development and a report-back is due to the Cabinet Social Development Committee by 31 July 2005.

The four key elements of the Government's proposed programme for early intervention are:

- > improving health, education and parent support services for vulnerable children and their families

through building on existing universal and targeted services

- > promoting local co-ordination, governance and funding through enhancing Strengthening Families, building on Local Services Mapping, and providing funding for local innovation
- > improving identification, needs assessment, referral and monitoring of vulnerable children through enhancing existing processes and tools and overcoming information-sharing barriers
- > supporting families to access and engage with services through improvements to services and Strengthening Families, targeted parent awareness-raising and developing early years' community workers.

As part of the early intervention work, the Ministry of Social Development is developing proposals to improve the type and delivery of parenting information available to vulnerable parents.

The Ministry of Social Development has undertaken a literature review and has sent a questionnaire to a broad range of service providers and community organisations supporting families, young children and parents. (Responses to the questionnaire, from over 200 respondents, are currently being analysed.) Final reports related to these projects were expected to be finalised by the end of June 2005.

Another component of the early intervention work is a project based on enhancing support for teen parents. This project includes identifying what works, identifying gaps in current support and opportunities for improvements, and making recommendations. This project will examine the support for teenage mothers (aged under 20) and their children, in the following areas:

- > health – antenatal and postnatal health care
- > education and training – education for the parent and early childhood education
- > social support – parenting education and support
- > income, employment and housing.

The project will also examine support that enables fathers to maintain positive relationships with their children. A literature review has been undertaken and local information-gathering meetings with stakeholders

and teen parents in five regions have been held. A questionnaire has been sent out to teen parent units around the country. It is expected that key proposals will be developed as part of the report to Cabinet in July.

STRATEGIES WITH KIDS – INFORMATION FOR PARENTS (SKIP)

The Ministry of Social Development's SKIP (Strategies with Kids – Information for Parents) campaign is working with community groups to provide resources and training for parents and caregivers of children up to five years old. This is a pilot initiative with funds committed until 2006.

SKIP will increase the opportunities for communities to promote positive parenting.

The campaign comprises the SKIP Local Initiatives Fund (which funds community groups' positive parenting projects); funding to strengthen and expand existing parenting programmes; the production of national resources to support the campaign; and monitoring, research and evaluation. SKIP has been successful in promoting collaborative partnerships with key national organisations (eg Plunket, Barnardos, Kohanga Reo, Pasifika etc).

Work is under way to look at the future of SKIP after 2006. There are opportunities to build on the success of SKIP and extend its scope beyond its current focus on information and alternatives to physical punishment.

MINISTERIAL REVIEW OF TARGETED POLICIES AND PROGRAMMES – MINISTRY OF EDUCATION'S PARENT SUPPORT AND DEVELOPMENT PROGRAMMES

The Government has recently reviewed its ethnically targeted policies and programmes. The review process checked that policies, programmes and associated government resources were targeted according to need. The review examined whether ethnic targeting reached people in most need of the programmes, and whether the programmes were effective. Three Parent Support and Development Programmes were included within the review: Anau Ako Pasifika, Parents as First Teachers (PAFT) and Whānau Toko I Te Ora. As mentioned earlier, as a result of the targeted review, Anau Ako Pasifika will end in December 2005.

Ethnic targets are to be removed from the PAFT programme, and ethnic participation in PAFT is to be monitored to ensure that PAFT continues to represent the proportions of parents in need, for each ethnic population. As a result, the PAFT programme site-specific criteria will change slightly, involving the removal of current ethnicity criteria. The Ministry of Education states that there will be no impact of this change on families currently enrolled in the programme.

Whānau Toko I Te Ora will continue to be delivered as it is currently, targeting very high-needs Māori whānau. However, the overall fit between Whānau Toko I Te Ora and other parent support and development programmes will be considered, in order to achieve greater coherence between government parent support and development programmes for very high-needs families.

Please refer to the following websites for further information:

- > Briefing Paper to Co-ordinating Minister, Race Relations, on Parent Support and Development Programmes (13 May 2005)

http://www.ssc.govt.nz/upload/downloadable_files/Education_-_Briefing_Paper_Parent_Support_and_Development.pdf

This paper summarises the review of Parent Support and Development Programmes conducted by the Ministry of Education as part of the review of targeted policies and programmes. It also outlines the key findings of the Ministerial Review Unit's (MRU) assessment of the review.

- > Ethnically Targeted Review: Parent Support and Development Programmes (Education Management Policy, Ministry of Education, May 2005)

http://www.ssc.govt.nz/upload/downloadable_files/Education_-_Report_on_Parent_Support_and_Development_.pdf

APPENDIX THREE: RECENT BUDGET INITIATIVES

FAMILY START

Family Start is currently delivered in 16 sites. Funding for a further 11 locations was announced in the 2004 Budget. Implementation of these 11 locations will be completed by 2008.

In the 2005 Budget it was announced that the Government is investing an additional \$6.2 million over four years with an ongoing funding commitment of \$1.6 million per year in out-years to significantly boost services to Family Start. The funding will see the programme expanded to between four and six new sites providing services to an additional 300 families located in small towns or rural communities. Funding has also been provided for a formative evaluation of the expansion.

The locations of the new sites announced in this budget are yet to be confirmed, but they will be selected on the same basis as previous sites, including taking account of territorial local authority boundaries, socio-economic factors and the ability of providers in the area to deliver the programme.

study awards

A training package will increase the qualification levels of Family Start Family/Whānau workers. Up to 200 part-time study awards will be made available to cover workers' tertiary education costs. This will cost \$4.2 million over four years, with an ongoing funding commitment of \$1.3 million per year in out-years.

A maximum of 50 awards will be offered per year which will pay for course fees, backfilling and other course-related expenses to enable Family Start Family/Whānau workers to study part-time for a relevant diploma-level tertiary qualification from the 2006 academic year.

The increase in the number of qualified Family Start workers will ensure that a higher-quality programme is delivered and will improve outcomes for families and children in Family Start.

A Family Start Training Co-ordinator will be employed by the Ministry of Social Development to work with Family Start and training providers to help identify service providers' individual needs and develop training plans.

early childhood education pilot

A pilot project will be launched in December this year that will provide free high-quality early childhood education for approximately 1,750 children in Family Start or Early Start.

Children, particularly vulnerable children, benefit educationally and developmentally from participating in high-quality early childhood education. This pilot will test whether free high-quality ECE increases participation by very vulnerable children.

The pilot, covering seven locations, will see the Ministry of Social Development meet full ECE fees (up to \$6.00 per hour) for a maximum of 20 hours per week for up to the first 12 months participation in early childhood education and for 15 hours per week in the following six months. After this period families will be able to access childcare subsidies so long as they meet income limits.

The location of the pilot areas is yet to be determined.

The pilot will cost \$8.4 million over four years with an ongoing funding commitment of \$2.1 million per year in out-years.

PARENTING SUPPORT PILOT

The Government is investing nearly \$2.1 million over the next four years to pilot and evaluate a universal parenting support service for all parents of young children, building on the core Well Child health service. The service will focus on preventing early behaviour problems in children, early identification of parenting/family problems, and improving access to targeted specialised services where necessary.

The pilot will provide one individual parenting session for parents (when babies are aged around eight months) and two sessions with groups of parents (when children are aged around 12 and 15 months). The individual session will be focused on improving parental understanding of normal child behaviour and social development, and ways to decrease parent-toddler conflict. The group sessions will focus on ways to encourage desirable behaviours, the need for consistent, decisive responses to early problem behaviour (eg aggression), effective alternatives to harsh parenting when managing toddler misbehaviour, and where to seek further help if needed.

The individual session will be delivered by specially trained Well Child providers. Group sessions will be presented by a Well Child provider and a trained parent educator. The parenting support programme will be voluntary, non-stigmatising and free of charge, building on the Well Child service's regular contact and rapport with parents.

The areas where the pilot will be delivered are yet to be confirmed. The first phase of the pilot will be a small trial within one district health board area, from January 2006 to January 2007. From July 2007, the pilot will be extended to two further district health boards to test its effectiveness with a larger sample of families.

EARLY INTERVENTION: EARLY CHILDHOOD EDUCATION CENTRE-BASED PARENT SUPPORT

The Government is investing \$4.6 million over four years in a pilot scheme based in ECE centres, aiming to improve support for parents of young children. There will be a particular focus on vulnerable families with children aged zero to three.

Parenting education, parent social support and outreach activities will be provided by approximately eight ECE centres in 2005-06 and in a further 10 centres during 2006-07.

The pilot will help parents build on their parenting skills and knowledge, improve their connection and access to broader social support services (eg health services) and networks and achieve better co-ordination between children's experiences at home and in ECE.

Funding will be available for ECE centres to develop and provide the following services, building on their current provision and reflecting the needs of the local community:

- > parenting education services at the centre (eg parenting classes)
- > parent social support
- > outreach activities to increase participation by vulnerable families in the ECE centre's services.

The geographical areas in which funding will be available will be selected to ensure the initiative reaches vulnerable families most in need of support. The pilot will be implemented by the Ministry of Education and will complement the range of support services currently available for families. These include initiatives under the ECE Strategic Plan, and the existing range of parent support programmes.

FAMILY COURT PARENTING PROGRAMME

The Ministry of Justice has developed a proposal for a Family Court parenting information programme. Funding for this proposal is \$6.2 million over four years. In this context, parenting education and information programmes aim to increase parents' understanding of the impact of separation on children, their ability to communicate with their children, and their networks for ongoing support.

The proposal seeks to provide parenting education and information programmes in approximately 50 locations, with referrals from the Family Court and other relevant organisations. Approximately 8,000 families per year are expected to access the programmes once they are fully implemented.

FAMILIES INNOVATION FUND

The Government is investing nearly \$1.8 million over the next four years in the Families Innovation Fund to help develop more responsive family services in local communities.

The Families Innovation Fund was established in 2004-05 with the setting up of the Ministry of Social Development's Family and Community Services. The fund supports actions at a local level which provide services to strengthen family and community capability. It provides resources to implement action plans from the Local Services Mapping process and to respond to other local initiatives.

Local Services Mapping is a community-wide approach to improving services that support the wellbeing of families and communities. It provides a framework for determining how services provided by central and local government and community agencies can be managed to better meet local needs.

Funding in 2004-05 has been used to promote family-focused care for children and young disabled people with disabilities through a demonstration model in Auckland, and to develop the 211 Family and Community Helpline which provides access to services for families and communities.

Over the past six months good progress has been achieved with more than 20 communities confirming their participation in the first round of the mapping exercise. Each mapping exercise will result in an action plan for that community and the Families Innovation Fund will allow for the development of some specific projects from these action plans.

APPENDIX FOUR: OTHER INITIATIVES

FAMILY SERVICES NATIONAL ADVISORY COUNCIL

The Family Services National Advisory Council (FSNAC) has representatives from all major stakeholder groups. The council has members from key government departments including Ministry of Health, Ministry of Education, Housing NZ Corporation, Internal Affairs, Police, Justice, Te Puni Kōkiri and Pacific Island Affairs, as well as from NGOs (non-government organisations) and from iwi/Māori and from Pacific peoples' organisations.

FSNAC has developed a strategic framework and vision (the Moemoea) to guide its focus in the coming years.

Clear pathways toward family strength are identified:

- > fostering broader support and leadership for family strength
- > developing the capacity of the immediate family and whānau
- > investing in the development of child wellbeing
- > developing the resiliency of the family and whānau.

The proposed strategy is complex, but FSNAC has proposed two key actions to anchor the wider programme of action:

- > to develop a national community dialogue of the Moemoea
- > to extend the provision of current universal services in health and education sectors focusing on young children and their families.

PARENTING COUNCIL

The establishment of the Parenting Council (in 2003) has been an opportunity for member groups to develop a formal relationship with other organisations that support the parenting environment in New Zealand.

The council member groups are:

- > Parent to Parent: a national information and support network for parents, caregivers and whānau of children with special needs.
- > Parents Centre: a longstanding provider of antenatal and parenting education classes, through 54 centres around New Zealand.

- > Pacific Foundation: the foundation helps children, young people and families, for example by providing opportunities for involvement with HIPPPY, MATES (Mentoring and Tutoring Education Scheme) and Family Service Centres.
- > Triple P (Positive Parenting Program): a parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.
- > Parents Inc (previously known as Parenting With Confidence): dedicated to improving the lives of families throughout New Zealand through the provision of seminars and other strategic resources. Parents Inc aims to inspire parents and to equip them with tools and the belief that they can raise a great family.

The Parenting Council will work to advocate for parents and act as a watchdog on parenting issues.

The strategic objectives of the Parenting Council are:

- > to apply the knowledge, experience and insight of its members to strengthen the ability of parents and government to work together effectively in achieving the prime purpose of parenting, well nurtured children
- > to be a recognised advisory body on parenting issues
- > to provide recommendations and policy advice on parenting to the Government
- > to promote the support and education needs of parents
- > to facilitate, conduct or assist in research to identify current and future issues around parenting
- > to promote the interests of parents to the community and all political parties
- > to network with parenting organisations in New Zealand.

The Commission has had two meetings with the Parenting Council to discuss how to pursue common goals.

Families Commission research reports

- 1/05 *Review of New Zealand longitudinal studies*, Michelle Poland and Jaimie Legge, May 2005.
- 2/05 *Review of parenting programmes*, Anne Kerslake Hendricks and Radha Balakrishnan, June 2005.
- 3/05 *Beyond Zero Tolerance: Key issues and future directions for family violence work in New Zealand*, Janet Fanslow, August 2005.

Reports are available on the Commission's website, www.nzfamilies.org.nz, or contact the Commission to request copies:

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