KIDshine

KIDshine is a social services programme delivered by Shine and Family Works Northern

Outcome Evaluation Report

May 2025

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Published

May 2025

Acknowledgements

Conflict of Interest Declaration

KIDshine service is a Presbyterian Support Northern programme, and this evaluation has been conducted by the Presbyterian Support Northern Service Evaluation Team.

Copyright

Glossary

EAC   Evaluation At Closure

OT   Oranga Tamariki

PO   Protection Order

PSN   Presbyterian Support Northern

SET   Service Evaluation Team

Table of Contents

Executive Summary

The KIDshine programme is a brief psycho-educational safety initiative for children who have witnessed or experienced family violence. Its primary aim is to offer child-centred, family violence-informed, and culturally responsive support to enhance children's safety and wellbeing. By teaching essential knowledge and skills, KIDshine fosters hope and empowerment, equipping children with tools to stay safe physically and emotionally. The tailored programme runs between four and eight sessions and provides immediate, proactive interventions focused on reducing the effects of trauma, risk and needs assessment, and safety planning.

The evaluation objective was to assess the programme's effectiveness in achieving its intended short-term and medium-term outcomes, to identify factors contributing to its success, and areas for improvement. A mixed-method approach, with emphasis on qualitative data, was employed to capture the perspectives of programme participants, their caregivers, and KIDshine staff. The evaluation method and analysis involved semi-structured interviews, focus groups, and Evaluation at Closure (EAC) data.

The KIDshine programme was successful and met most of the intended outcomes. Short-term outcomes were met as participants and their caregivers reported increased knowledge and skills related to the effects of violence, self-worth, and healthy relationships. Individually-tailored safety plans helped to keep clients safe and advanced their knowledge about support services. KIDshine was recognised as a safe space where clients could process their traumatic experiences. Medium-term outcomes were fully met as it improved the safety of children physically and emotionally, enhanced their resilience (better emotional wellbeing and social connections), and increased access to appropriate services.

Key success factors of the KIDshine programme include the trust established between clients and facilitators and close parental engagement. Essential programme content contributed to its success including topics such as emotional regulation skills, the development of safety plans, healthy relationships, and the effective use of resources. Additionally, facilitation played a crucial role, with the practitioner's expertise frequently noted. Their approach was structured yet flexible, catering to individual needs.

While the KIDshine programme has been predominantly successful, several areas for improvement could enhance its effectiveness. Firstly, refining the programme introduction for clients could better explain the overview and clearly differentiate between psycho-education and counselling, highlighting the expected outcomes of each. Additionally, reviewing the referral process and forms may help to increase client engagement and clarify assessment criteria. Enhancing available resources, such as improving the venue atmosphere and location, incorporating more interactive and creative tools, and providing food as a default, could also be considered. Furthermore, extending the length or number of sessions, including follow-up sessions, developing ongoing peer support, and widening external networks could ensure comprehensive support for participants.

To further enhance the KIDshine programme, several key recommendations are proposed. Engaging parents and maintaining the programme's flexibility will preserve its child-centred approach. Strengthening consistency and cohesion across Shine and FWN sessions, while addressing operational challenges, will boost overall effectiveness. Future considerations include solidifying KIDshine's role as family violence specialists and integrating various support services to offer comprehensive care. Emphasising harm prevention over crisis intervention can promote and foster a proactive approach to safeguarding children's wellbeing.

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Section 1: Introduction

This section introduces the background of the project, evaluation objectives and the intended outcomes.

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Introduction

Family violence in New Zealand

Family violence is a broad term which is used to refer to physical, sexual or psychological abuse inflicted on or upon children or partners by any other person who has been in a familial relationship (Family Violence Act 2018 No 46 (as of 06 October 2023), Public Act – New Zealand Legislation, 2023). Violence within families and relationships is an issue that affects all areas of society but disproportionately impacts women, children and young people, Māori, Pasifika, disabled people, elderly people, rainbow communities, and ethnic communities.

Research indicates that children who experience family violence, either as a victim or a witness, are both at a significantly higher risk of negative life outcomes. These outcomes could include severe physical and mental health issues, low educational achievement, long-term unemployment, and criminal behaviour, including family violence in the future (Artz et al., 2014; Holt et al., 2008; Kimber et al., 2018; Kitzmann et al., 2003; Strathearn et al., 2020; Whitten et al., 2022).

Data illustrates that exposure to domestic and family violence during childhood is prevalent globally, including in New Zealand. A third of New Zealand adults (30.2%) have experienced physical and sexual violence offences committed by an intimate partner in their lifetime (Te Kāwanatanga o Aotearoa, 2025).

Te Aorerekura - National Strategy to Eliminate Family Violence and Sexual Violence

Te Aorerekura is a long-term national strategy that has been developed for Aotearoa New Zealand with the aim to eliminate family violence and sexual violence. This strategy has been developed by the collaborative group Te Puna Aonui, which spans across various government agencies including Oranga Tamariki (Te Kāwanatanga o Aotearoa, 2021).

Key strategic aims illustrated by Te Aorerekura are as follows:
1.   Strength-based wellbeing
2.   Mobilising communities
3.   Skilled, culturally competent, and sustainable workforces
4.   Invest in approaches that will prevent harm before it occurs
5.   Safe, accessible, and integrated responses
6.   Increase capacity to support healing

KIDshine programme overview

The KIDshine programme was initially developed by Shine in 2003 and is currently funded by OT. It has also been provided by Family Works Whangarei since 2023. It is a psycho-educational safety programme that serves as a brief intervention for children who have witnessed or experienced family violence. The primary objective of KIDshine is to offer child-centred, family violence-informed, and culturally responsive support to enhance children's safety and wellbeing.

The programme's intended outcomes

KIDshine aims to provide an immediate and proactive intervention that focuses on reducing the effects of trauma, risk and needs assessment and safety planning. The programme is designed to foster a sense of hope and empowerment and healing for children by teaching them skills, and providing them with tools and knowledge to keep safer physically and emotionally.

Target group / beneficiaries

Programme Target Groups are primarily children between the ages of 3 to 17 years-old who have been exposed to some form of family violence although protective or non-abusive caregivers are also closely involved in the process and are provided with information about how best to support their children. The target group for the Shine pilot teen programme included females aged 11 to 14.

Programme activities

For children under the age of 14 (i.e. 13 years and younger), consent from a caregiver is generally required to deliver the programme whereas the general standards for requesting caregiver/parental consent for evaluation tends to be older (i.e. 17 years and younger). There are some cases however where younger children may be reluctant to involve their parents when seeking help. Depending on the situation, the decision around the ethical needs to request parental consent for the evaluation is made in consultation with the KIDshine manager.

- Young children (3 – 7 years)
- Older children and youth (8 – 17 years)

The format of the programme can vary from individual (single or sibling) sessions to group sessions depending on what is most appropriate while the key topics remain the same.

Parent and caregiver involvement at FWN includes an initial assessment session and a whānau hui, which typically occurs at the very end of the programme as a summary session. Caregivers of younger children are generally briefed at the end of each session. However, the pilot group programme did not include a whānau hui where parents participated in the programme alongside their children.

The programme length ranges from four to eight sessions depending on the children's needs and suitability. Generally, for younger children there are four to five sessions; for older children there are six to eight individual sessions. Each child receives at a minimum four and a half hours direct interventions by their practitioner.

Key topics are addressed and interweaved across all sessions. One session can cover more than one topic depending on the need of the individual or the group.

- Safety planning
- Understanding family violence
- Emotions
- Dealing with difficult feelings
- Control
- Resilience – self-esteem
- Resilience – future planning
- Healthy vs unhealthy relationships
- Values
- Gender stereotypes
- Whānau session preparation
- Closing/evaluation session

KIDshine's Teen Group programme started as a pilot in Auckland in 2023 and included the aim to foster stronger social connection between peers who have had similar experiences. The small group of similarly-aged children (11 - 14 years) that initially had no personal relation, met regularly over a session of 10 weeks to cover the following key topics in age-appropriate ways:

- Initial Assessment (incl. safety planning and goal setting)
- Understanding FV
- Understanding Healthy Relationships
- Feelings and Strategies
- Building Healthy Relationships
- Resilience and Positive Self-Talk
- Hopes for the Future

Section 2: Evaluation objectives and methods

This section lays out the evaluation objectives, methods, data collection and analysis details.

Evaluation objectives and methods

Evaluation objectives

This outcome evaluation is designed to:

1. Determine the effectiveness of the KIDshine programme in meeting its short-term and medium-term outcomes
2. Understand the strengths and weaknesses of different programme processes and formats, e.g. individual vs. group sessions
3. Capture lessons learned and stories to identify ways in which the KIDshine service can be improved

Key evaluation questions

1. Did the service meet its intended goals (to ensure children's safety, and enable participants to be more resilient and feel supported)?
2. How did the KIDshine programme contribute to the intended short and medium-term outcomes?
   - What components of the KIDshine programme helped (success factors)? What works best for whom, why and when?
   - Does the delivery logistics (location, group versus individual delivery) influence the outcomes?
   - What unintended outcomes were produced?
3. Are clients generally satisfied with the service?
4. What improvements could be made to the service?
5. Are there any barriers or factors that hinder the achievement of the intended outcomes?

Theory of change and outcomes logic model

The KIDshine programme aims to reduce the harmful impact of family violence on young children in New Zealand by providing support to children aged three to 17 who have experienced or witnessed family violence.

Skilled professionals conduct individual or group interventions that are tailored to children's needs and developmental stages. They conduct risk and needs assessments to identify the children's specific challenges and vulnerabilities and work with them to develop safety plans.

The programme seeks to help children gain a deeper understanding of family violence, its effects, and available support services. It also aims to help children develop effective strategies to regulate emotions and navigate challenging situations, minimise exposure to situations at risk of violence, ensure their well-being, and strengthen children and families to have access to various supportive resources.

Ultimately, this approach should lead to safer families, improved children's well-being, and the creation of greater support networks in society.

INPUTS

- Funding
- Referral
- Skilled staff
- Facilities and resources

ACTIVITIES

Individual children or sibling sessions
- 4-5 sessions for 3 – 7 years
- 6-8 sessions for 6 - 17 years

Peer / Youth Group sessions 6-8 sessions for 11 – 17 years

Caregiver/family activities
- Risk assessment
- Goal settling
- Other Activities

Other Activities
- One whānau session at the end of programme
- Advocacy and casework

Follow-up phone calls for youth

OUTPUTS

of referrals received

# of clients (children, youth, caregivers)

# of safety plans developed

# of hours of service provided (cases or groups)

# of groups conducted

# of whānau sessions

# of referrals to other services (internal/external)

# of advocacy engagements

SHORT-TERM OUTCOMES

Increased knowledge and skills.

- Understand effect of violence
- Understand self-worth (not their fault)
- Understand healthy relationships

Increased knowledge about accessing support (social skills)

- Know where to seek support
- Ability to share openly with peers and family

Customised safety plans

Space to process and understand traumatic experience

MEDIUM-TERM OUTCOMES

Improved safety for the child

- Ability to identify risks
- Learnt strategies applied
- Feeling safer

Improved child resilience

- Improved emotional well-being
- Improved social connection

Enhanced navigation to support

- Access to appropriate services
- Feeling better supported

LONG-TERM OUTCOMES
(contributing to)

Safer families

Improved well-being for children

Greater support networks

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Methodology

A mixed methods research approach was used to explore short-term and mid-term outcomes and to capture the voices of participants and key stakeholders. The methods used included desk review, semi-structured interviews, focus groups and observations. These different ways of gathering information enable triangulation and boost the validity of the data.

Data sources and sample

The evaluation data collection period commenced in December 2023 and ended in February 2025. It included the following:

Document (desk) review

The evaluation utilised Shine's EXESS and FWN's SAGE database information for completed cases between 1 December 2023 and 28 February 2025. The specific data includes client engagement data, demographic information, goal-setting and Evaluations at Closure (EAC) data.

Session observation

One observation was conducted for the pilot teen group programme to capture the interactions between facilitator and attendees.

Focus groups and interviews

Two focus groups were undertaken in Auckland with the three children group and the three caregivers' group to gather feedback from the pilot teen group programme in December 2023.

A series of *semi-structured interviews* were conducted with service users (i.e. children) and their caregivers were invited to share their experiences.

During these sessions, an assessment sheet was used for child clients to indicate the level of change for key indicators across various session topics, including:

- Safety planning
- Exploring feelings
- Anger strategies
- Worry strategies
- Healthy relationships
- Resilience
- Future me
- Whānau Hui

Six clients completed the Session Rating Sheet

A series of *semi-structured interviews* were conducted with KIDshine practitioners via online video sessions (MS TEAMS).

Confidentiality and anonymity were ensured, and interview transcripts or raw data could only be accessed by the Evaluation team before reporting as aggregate data.

Data management, analysis and reporting

The quantitative data from Shine Auckland EXCESS and FWN SAGE databases for the selected clients was extracted in an Excel format, then amalgamated into uniform codes to eliminate data errors and a statistical analysis completed. The Evaluation at Closure (EAC) quantitative questions use a five-point Likert scale (fully agree, agree, neutral, disagree, fully disagree) and an agreement rate is calculated from this, combining the fully agree and agree responses.

The qualitative data included client EAC feedback information, focus groups and interview records. The evaluator obtained consent from participants to record the audio of all interviews. These were later transcribed using a transcription service (Otter.ai or MS Teams).

The narrative comments were thematically analysed to identify patterns and meaning. The identified emerging themes were then mapped against the intended outcomes. Some quotes presented in the report were edited for clarity and annotated in some areas.

Given the sensitivity of the topics and the challenges children faced in articulating certain aspects, feedback was triangulated with the perspectives of their caregivers and practitioners. This approach ensured the validity of the evaluation and provided a holistic understanding of the programme's effectiveness.

The final interpretation and conclusion utilised a sense-making review process with PSN Stakeholders to better understand the findings and to explore areas of further improvement and recommendations.

Ethics

This evaluation has been conducted in line with the Presbyterian Support Northern Research and Evaluation Ethics Policy.

Participation in the evaluation was completely voluntary. It is important that participants were able to give their informed consent before participating.

Participants were informed of:

- How the evaluation was to be carried out
- The purpose of the evaluation
- How their information was going to be used
- How their privacy and confidentiality would be protected.

To ensure that these requirements were met, all participants were provided with a participant information sheet and consent form. These were signed and returned to the researcher prior to any interviews. Clients also consented for the researchers to observe one session of the pilot group. To ensure anonymity, researchers avoided recording identifiable behaviours or taking photos unless consent was given.

Limitations and challenges

- This evaluation measured the short-term and medium-term outcomes of the programme only and did not consider the measurement of long-term outcomes.
- Shine introduced new EAC forms in July 2024 which included changes to some of the question and response options. Every effort was made to recode the responses, but for some questions, the consistency and comparability could not be applied and therefore limited the data representation.
- Gaps or inconsistencies of the intervention goal records limited the analysis of certain Social Services domains.
- A key challenge was to recruit research participants. The participation was voluntary, and some children and parents were reluctant to take part due to the sensitive nature of the topic. In addition, involving participants from the Whangārei office was sometimes particularly challenging due to changes in the personal circumstances of the families or the simple lack of responses.
- Having a limited number of participants for the interviews (n=18) who represented only ten families may affect the ability to generalise the findings, as the results might not accurately represent the broader population. The limited sample size further constrained our ability to comprehensively evaluate differences between individual and group interventions as well as between FWN and Shine programme delivery.

Section 3: Findings

This section presents the findings in relation to the intended outcomes, as assessed through desk reviews and interview data from direct clients, caregivers, and practitioners.

Findings

This section describes the characteristics of FWN and Shine clients who participated in the evaluation and the key research findings related to the outcomes and areas of improvement.

Evaluation participation

At completion of the programme, all clients from both services had the opportunity to provide feedback on the standard Evaluation at Closure (EAC) form. Shine group programme clients were invited to participate in the focus groups in December 2023 and more recent clients were invited to participate in the interviews (November 2024 to February 2025). Practitioners were also invited to take part in the evaluation interviews.

EAC response rate

A total of 68 children and/or their caregiver completed EAC forms out of a total of 263 clients, which is an overall response rate of 26%. When the response rate was examined separately between Shine and FWN services, Shine had a lower response rate of 17% compared with FWN which had a significantly higher response rate of 57%.

EAC response rate by service (n=68, 26%)
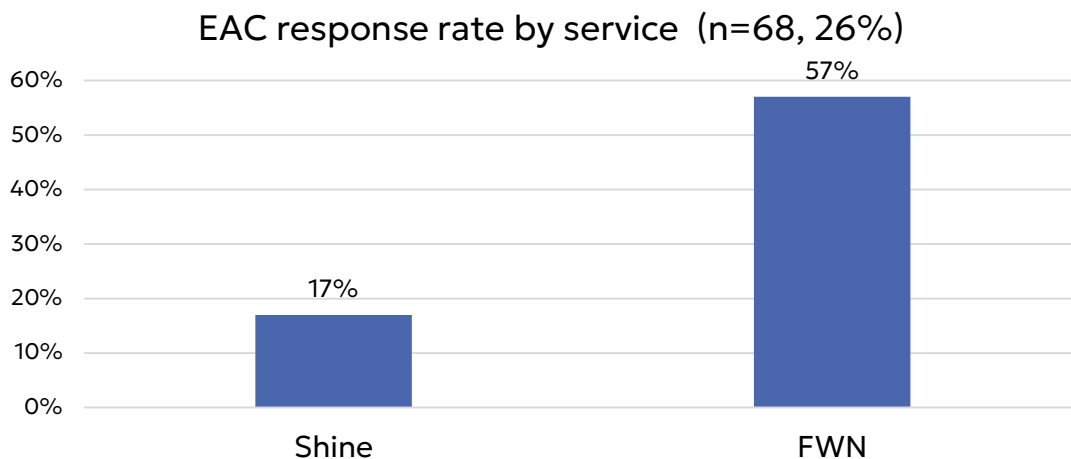
EAC	FWN	SHINE	TOTAL
No. of completed cases	**56**	**207**	**263**
No. of completed Evaluations At Closure (EAC)	*32*	*36*	*68*
by children	23	22	45
by caregiver (on behalf of the child)	*9*	*14*	*23*
Response Rate	***57%***	***17%***	***26%***

Face-to-face evaluation participants

Of all 104 families that completed the programme during the period, 10 volunteered to be part of the evaluation, representing 11% of 104. Seven families from Shine and three families from FWN participated in the interviews.

A total of 18 individual family members (8 children and 10 with adults) took part in an interview or focus group to share their KIDshine programme experiences.

FACE-TO-FACE PARTICIPANTS	FWN	SHINE	TOTAL
Children	**4**	**4**	**8**
Focus Group	*0*	*3*	*3*
Interview	*4*	*1*	*5*
Adults/Caregiver	**3**	**7**	**10**
Focus Group	*0*	*3*	*3*
Interview	*3*	*4*	*7*
Total Individuals	**7**	**11**	**18**
Total Families	*3*	*7*	*10*

More detailed demographic information of the service clients and evaluation participants are presented in the Appendices.

Additionally, four practitioners consented to one-on-one interviews via online videos, which allowed for further triangulation of the outcome findings.

INTERVIEW PARTICIPANTS	FWN	SHINE	TOTAL
Practitioner Interviews	1	3	4

Outcomes

The findings in this section illustrate the identified outcomes derived from the combination of analysis of EAC data, client focus groups and interviews (clients, caregiver and staff).

The evaluation found the KIDshine programme was successful as it achieved the majority of the intended short- and medium-term outcomes. The overview below provides details about the achievement levels.

Overview

Outcomes	Achievement[1]	Description
Short-term outcomes		
INCREASED KNOWLEDGE AND SKILLS		Majority of clients that participated in the programme have complete achievement rates of 100% from both clients and their caregivers to indicate that they have learnt a variety of knowledge and skills.
Understanding effect of violence		This was partially achieved due to evaluation limitations concerning children's understanding of the complexity of the concept. This sensitive topic was covered in various ways during the sessions. Most caregivers reported that their children showed a better grasp of the challenges in handling intense emotions influenced by violence and have improved their understanding of strategies to manage these emotions effectively.
Understanding self-worth (not their fault)		This was partially achieved due to limited specific evidence from the children. However, it is inferred to have been achieved, as it is reflected in the increased levels of wellbeing and resilience reported by most clients and caregivers.
Understanding healthy relationships		This outcome has been successfully achieved. Healthy relationships are generally a topic covered for older or more mature children. The focus group identified it as the topic with the highest engagement and learning in the Auckland Teen Pilot Group.
INCREASED KNOWLEDGE ABOUT ACCESSING		The programme mostly achieved increased knowledge about accessing support, breaking down barriers for children and caregivers to access services and agencies.

[1] Green signifies achieved outcomes as demonstrated by the available data. Orange indicates partial achievement of an outcome. Red indicates that the outcomes were not achieved due to various reasons (analysis, documentation gaps or evaluation data is absent). N/A is applied when the outcomes are outside the scope of the evaluation.

SUPPORT (SOCIAL SKILLS)		
Knowing where to seek support		All clients reported having some avenues of support to ensure their safety, such as a 'safe person' or the police. KIDshine practitioners were also seen as the first point of contact for seeking support.
Ability to share openly with peers and family		Children found it easier to express emotions constructively, especially with parents and peers. All caregivers reported improved communication with their children. Practitioners also observed children's increased comfort in sharing experiences.
CUSTOMISED SAFETY PLANS		Evaluation confirmed that development of all safety plans is completed at the initial session, and that safety planning is deemed as a crucial part of the programme by practitioners, ensuring that children have both physical and emotional safety measures in place.
SPACE TO PROCESS AND UNDERSTAND TRAUMATIC EXPERIENCE		Combined positive feedback from caregivers, children, and practitioners indicates that the KIDshine programme effectively provided a safe space for children to process their traumatic experiences.
Medium-term outcomes		
IMPROVED SAFETY FOR THE CHILD		All clients have reported that the programme has improved their safety levels as the Safety Achievement level is at 100% by children and 96% by caregivers.
Ability to identify risks		Most of the child participants and their caregivers reported gaining the ability to identify various risks from the programme.
Learnt strategies applied		Almost all caregivers provided specific examples demonstrating that the programme helped their children apply learned strategies in their daily lives.
Feeling safer		The programme achieved high safety rates (100% by children, 96% by caregivers), with qualitative narratives reinforcing that participants feel safer, as demonstrated by their changed behaviours. A key aspect was the creation of customised safety plans for all clients. This has proven to be valuable in fostering a sense of security for the children outside the programme in their daily lives.
IMPROVED RESILIENCE OF THE CHILD		Most clients and caregivers believe that KIDshine positively contributed to building resilience in children by enhancing their emotional well-being and their social connection.

Improved emotional wellbeing		Well-being improvement rates were 91% for children and 85% for caregivers, with qualitative narratives from both groups indicating enhanced wellbeing.
Improved social connection		The programme fostered social connections, increasing trust and closeness within families. Limited evidence exists for external social connections, but the pilot group feedback highlighted strong bonding within the group.
ENHANCED NAVIGATION TO SUPPORT		Navigation to support was partially achieved due to children's varied ages and understanding, while caregivers showed a higher understanding and often navigated the social services system.
Access to appropriate services		While KIDshine laid the groundwork for accessing appropriate services, there is limited evidence of children mentioning other support services beyond KIDshine.
Feeling better supported		Both child and caregiver clients reported 100% satisfaction, expressing strong gratitude and appreciation for the support they received. Caregivers particularly noted increased emotional and practical support.
Long-term outcomes		
Safer families	N/A	Long-term outcomes are outside of this evaluation scope
Improved well-being for children	N/A	
Greater support network	N/A	

Programme Outcomes

This section describes the findings in detail for each of the intended programme outcomes.
### *Short-term outcomes*

The intended short-term KIDshine programme outcomes are mostly fully achieved. Child participants as well as their caregivers have increased their knowledge and skills around understanding the effects of family violence, understanding their self-worth and healthy relationships. All clients developed customised safety plans addressing their personal circumstances and most of the respondents interviewed are more aware of and have information about various support available to them. The feedback also highlighted that KIDshine was a trusted space to share and understand traumatic experiences that children and families have gone through.

Increased knowledge and skills

The evaluation found that the outcome of increased knowledge and skills has been successfully achieved.

When clients were asked on the EAC forms if they feel they have learnt something new, the achievement rating[2] was 100% for both the clients and their caregivers.

Learning achieved (n=33)   Learning achieved (n=18)

100% ■ Children   100% ■ Caregivers
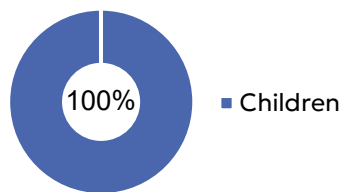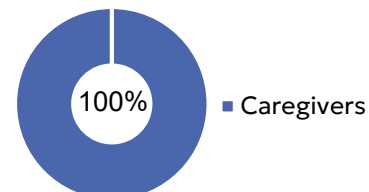
Programme sessions are customised to match the participants' ages and are scheduled according to their availability, at the practitioner's discretion. The key sessions typically covered by practitioners include safety planning, dealing with difficult emotions, resilience and if age-appropriate, information about healthy versus unhealthy relationships. Consequently, the depth of some topics may vary. However, the children interviewed rated their new learning high across various areas.

Table 1.3: Session rating by child interviewees (n=6, *only 2 responses were completed for Whānau Hui)

	Safety planning	Exploring feelings	Anger strategies	Worry strategies	Healthy relationships	Resilience	Future me	Whānau Hui*
Average Score (1 – 10)	9.3	9.0	9.5	9.7	7.3	8.7	9.0	10.0

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[2] Achievement rates refer to all respondents who selected fully agree or agree in the 5-point Likert scale options which have then been recoded as fully achieved or mostly achieved to provide consistency across all survey questions.

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EAC and interview comments also highlight that almost all children were thankful for the various new knowledge and skills gained through the KIDshine programme.

> *"Thank you for helping me learn and work on new skills and I love you and I'm going to miss you."* (client)

> *"I'll give it [the worry strategy session] a ten too, because I didn't really get that worried anymore when we finish."* (client)

The caregivers' responses also validate that new knowledge has been gained in a positive way. Caregivers not only noticed that the children gained knowledge but stated they themselves also gained knowledge which was often helpful and beneficial as parents.

> *"Talking, making them feel safe. Teaching them about emotions and feelings and how to deal with them. "* (caregiver)

> *"It was quite early on, whatever sessions were early on that I noticed he was starting to get some comprehension and some understanding of his own thoughts. How were you able to see that - just in his behaviour towards me and in his behaviour around the house and stuff like that."* (caregiver)

Understanding the effect of violence

Programme participants' understanding of the effects of family violence was difficult to assess, particularly for younger children due to the nature of the topic and some children were not fully aware why they were participating in the session. Therefore, the evaluation found that the intended outcome was partially achieved given the limited evidence.

The effects of violence were not always covered as a standalone topic in all sessions, but were addressed within a broader context that explored various emotions associated with experiencing violence. Practitioners also pointed out that they were cautious about not triggering trauma. In some cases, family violence incidents occurred a long time ago and it was sometimes unclear whether the children's observed effects could be fully attributed to family violence.

The comments from most caregivers, however, indicate that their children exhibited a better understanding of challenges in handling various intense emotions and had better knowledge of strategies to manage them better.

> *"Despite being a nurse, I hadn't worked in this area at all. I think the difference is expertise and knowledge and real knowledge about how insidious these situations can be… I think that that was an absolute pivotal difference with Shine, that they understood the behaviours and conceived [the] wood for the trees a lot quicker."* (caregiver)

> *"It would have been different [if kids hadn't been through the KIDshine programme].. [The kids are] now realising more that what has happened has affected everyone, not just one person."* (caregiver)

"I think, [KIDshine helped my son's] understanding what was happening in the home from an objective point of view, thinking about some of the behaviours and helping him step through them. Why do you think your mum may have reacted that way? Just being taught how to think about it a little bit more critically and step back from it and go, well, is this how mum behaves normally, or is this how mum behaves when dad's around, right? What is my dad actually doing? What is my mum actually doing? To see the situation for what it is, I think Shine really, really helped." (caregiver)

Understanding self-worth (not their fault)

The children's understanding of self-worth was also more difficult to assess. The evaluation found that it was partially achieved due to limited evidence. However, the increased levels of wellbeing and resilience reported by most clients and caregivers inferred that the understanding of self-worth has been achieved. Children's improved awareness of various situations and emotions allowed them to reason more objectively and effectively. It has helped them to recognise that not everything is under their control and has given them permission to be vulnerable while learning coping strategies.

"I didn't know how to deal with anger and stuff. So that helped a lot." (client)

Understanding healthy relationships

The outcome for clients to **understand healthy relationships** has been successfully achieved and had a score of 7.3 in the above topic assessment table. Healthy relationships are generally a topic covered for older or more mature children. Despite this, the focus group identified it as the topic with the highest engagement and learning in the Auckland Teen Pilot Group. The discrepancy between the comments and the combined scores from individual sessions may be due to some participants not yet being mature enough to fully understand the concept. Conversely, those with more maturity were able to relate to and comprehend and appreciate the content better.

The parents of the group programme also highlighted their observations about their children identifying some boys as 'red flags', demonstrating the knowledge of what to look out for in relationships.

"I can see already she's making better decisions with the friendships and stuff. I know that she's more critical thinking about relationships now when there's like, power plays and emotional dramas going on." (caregiver-pilot group)

"I think [the healthy relations session] was pretty cool because it made me realise a lot of things about my one […] mates… There were times when I could have done better…It made me realise that…you were able to actually have a choice and influence in that…it was more like identifying healthy and unhealthy relationships." (client-pilot group)

Knowledge and trust of accessing support

The short-term outcome to increase knowledge about accessing support and related social skills was mostly achieved. Child participants and their caregivers not only learnt about the support networks, the findings demonstrate it also broke down barriers to access these services and agencies.

Knowing where to seek support

All the clients reported that they know of or now have some **avenues of support** to ensure their safety, such as a 'safe person' or the police. KIDshine practitioners were also seen as the first point of contact for seeking support. Depending on their age and maturity, children did not always have a comprehensive understanding of the available services beyond the KIDshine programme in which they participated.

> *"I felt nervous [at first]. I got someone to talk to about my stuff…[now]." (client)*

> *"KIDshine was trying to educate you through the family court so that you can know how the system can be navigated …' [The practitioner] actually rang me back and I took [the practitioner] through what happened at court, and [the practitioner] said 'this is actually a really good outcome' and explained what the judge had to do …. and it just calmed me right down… [The practitioner] also gave me tips on how to talk to [my child]" (caregiver)*

Ability to share openly with peers and famly

All caregivers noted that KIDshine helped their children to express themselves more openly through various means of communication. Practitioners also observed that, in most cases, children became more comfortable sharing their journey with their families by the end of the programme, such as during Whānau Hui. Child participants reported finding it easier to express their emotions constructively with their parents or particularly with their peers if they were part of the pilot group. The programme fostered a sense of teamwork and closer family bonds which also helped boost the participants' confidence in accessing support.

> *"Because it was good. It actually helped us a lot. Brought us all closer like a team… I love that we got to make lessons longer. I remember sitting in the car thinking, 'man, the girls really hit it off today" (client – pilot group)*

Additionally, one practitioner observed that some participants experienced a positive shift in their attitudes towards receiving support after participating in KIDshine. They felt more comfortable accessing other related services, such as counselling. The programme also had a positive halo effect, encouraging the use of other services and family members to consider seeking help.

> *"You see changes in the parents opening up too, and then that always leads on to other things [after KIDshine]. They're happy to have counselling, support or other social work support because you built that relationship. They know that you're there to support and help and not judge." (practitioner)*

The Whānau Hui sessions were highlighted as an opportunity for children to openly share their feelings and experiences with their caregivers and families that they may not have shared before the programme. It helped to provide opportunities to reflect and strengthen relationships, according to the practitioner.

> "'From saying that 'Mum's not going to know anything' to by the time we get to the Hui, the kids usually just blow everything out, and let the family know how they've been feeling. I love seeing the parents being really open to it as well." (practitioner)

Customised safety plans

The evaluation confirmed that development of safety plans was achieved for all clients and was mostly completed at the initial session. Safety planning is deemed as a crucial part of the programme by practitioners, ensuring that children have both physical and emotional safety measures in place. It is integrated into assessments and other sessions by all practitioners spoken to, focusing on creating individualised plans that address each child's specific needs and environment. The plans are also discussed in the final whānau sessions.

> "We would or will always cover safety planning in some way, even if it's not a session on its own, it'll be covered in the assessment or during other sessions, making sure that kids have a safe action, safe people, that is probably the first priority." (practitioner)

The creation of customised safety plans for all clients has proven to be valuable also in fostering a sense of security for children outside the programme in their daily lives. These plans equip children with strategies and tools that empower them, giving them greater control in vulnerable situations. Older children reported learning practical ways to access a wider network, including within their families and external agencies (e.g., police) was enhanced particularly through developing safety plans.

> "[Safety planning] actually helped a lot, because I was doing visits with dad and stuff. I felt safer." (client)

Safe space to process traumatic experiences

Overall, the positive feedback from caregivers, children, and practitioners indicates that the KIDshine programme successfully achieved its goal of providing a safe space for children to process their traumatic experiences.

Caregivers are generally eager to involve their children in the KIDshine programme once they are made aware of it because their primary concerns often revolve around the broader impacts of the family violence on their children. Children themselves can sometimes be reluctant and sceptical to partake in the programme in contrast. However, after starting the programme, the child clients come to understand and appreciate its value as a safe space to discuss and

process their experiences in addition to learning new skills due to the trust and rapport that is fostered with the practitioners.

> *"I didn't know you (KIDshine) at all… I was rung by your social worker, and she works for Shine. I told her, I don't need counselling for myself, but I think I need counselling for my son."* (caregiver)

> *"It worked well with [the social worker]. Close to the ending when she mentioned to my son that the next one will be the last session, my son was disappointed. I felt that my son really expected someone to come to have a game and conversation with him every Tuesday."* (caregiver)

> *"Because I've got a teenager and she went [to KIDshine], but I think the only thing was, connection… she thinks connection wasn't there."* (caregiver)

Experienced practitioners were also mindful of the importance of this aspect in their practice, actively working to build trust in their relationships with clients at the start.

> *"Transparency - I make sure they know right from the start…I don't have any pressure on them… I do let them know I'm going to talk to mum and just say we did this session today and you guys are doing really well. But I would never share, and they knew it…So the kids learn to trust really quickly and they understand that you are a safe person and someone that they can trust."* (practitioner)

Narrative feedback, particularly from the younger children, highlights that the relaxed and fun nature of the KIDshine programme helps them to ease into settling and engaging with the topic well, while processing the traumatic experiences. For one particular client, KIDshine was the best fit compared to other counselling services due to its specialised expertise in family violence.

> *"I liked it…and you're doing magic tricks. I used this paper tissue, and then I put one in my hand. Then I used another one, and then I ripped it up, and then put in a ball. And then I got the new one out, and then I put it back up out."* (client)

> *"I went to a counselor before, and I didn't like it at all. [KIDshine is] just like, more talking about things that I like doing, and not just what's happened like, about Dad and stuff, that's all."* (client)

Caregivers also expressed that they saw significantly positive value for their children who participated in the *programme.*

> *"I've had an amazing experience. Shine and family action have fundamentally been the pivotal things that got me through, and KIDshine was the pivotal things [that] helped with my son."* (caregiver)

> *"The kids at first didn't want to do it, especially my 13-year-old son. But after a few sessions, he really engaged and really loved it."* (caregiver)

Practitioners are also well aware and adept at handling various scenarios and responses, making concerted efforts to connect with clients and the parents and build rapport to the best of their abilities. They congruently expressed confidence in their ability to build amicable relationships with clients, a strong indicator that trust has been established, allowing participants to share vulnerable and personal experiences.

> *"Kids, you know, it usually takes about two to three sessions, and then they're just fully, really open and right into it. They hate it ending because they just really get into it and love it. I get to see changes in that short time."* (practitioner)

The outcomes and session activities are interwoven and the independent assessment of each individual indicator is more difficult. Despite that, the evaluation found that the short-term outcomes were achieved.

Medium-term outcomes

Overall, the programme successfully achieved the medium-term outcomes of improving safety for the children, improving resilience and enhancing navigation to support. It has empowered children with the skills and confidence to apply their learning and to ensure their own safety, improving connections and leading to happier and more secure lives.
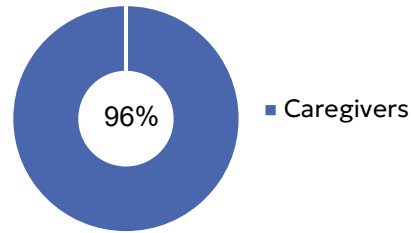
Improved safety for the child

All clients have reported in their EAC that the programme improved their safety levels. The achievement level was 100% by children and 96% by caregivers. KIDshine has equipped children with practical skills to navigate potentially unsafe situations with more confidence. The safety plans offered practical methods and strategies to ensure their well-being. Additionally, participants stated notable improvements in anxiety management and reduced worrying by applying the learned strategies.

Safety achieved (n=44)	Safety achieved (n=23)
100% ◻ Children	96% ■ Caregivers
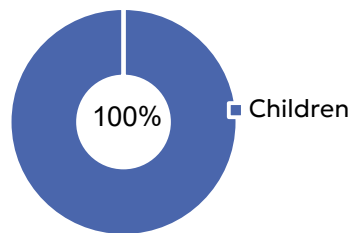
A key aspect of improved safety is being **able to identify risks,** and this was achieved. Most of the child participants and their caregivers reported gaining the ability to identify and manage various risks and shared examples highlighting their newly acquired awareness. These risks ranged from managing emotional regulation and recognising outbursts to identifying unhealthy relationships. Collectively, these examples demonstrate how clients have learned to ensure both emotional and physical safety.

> *"I understand what was happening. And I have many worries, like super worried. And I think how do I get over or pass it, right? … the coping strategy helped. Sometimes if I'm worried about something, I just go biking or motor biking now. (client)*

> *"They [the children] become more aware when I am angry now, when I'm upset, on what to do. So when I'm really angry, when I'm about to burst, they know what to do…I know that they're more sensible, that they know when their mothers had it… If I'm angry, she's understanding this is how I feel."* *(caregiver)*

The programme was developed with the aim of empowering participants to **apply the learnt strategies,** and the evaluation found that this has been achieved. Many caregivers provided specific examples demonstrating that the programme helped their children apply their learning

in their daily lives. Children were able to complete simple tasks which indicated the change in their improved well-being and resilience. Additionally, caregivers noted that their children showed increased confidence and independence in various other daily activities and expressing themselves, further highlighting the positive impact of the programme.

> *"I didn't expect [the programme] to make a large difference, but it has made some difference, where she can tell me when she's mad, and lately, she's actually put it on paper and slid it under a door... So she's learned how to express it properly through paper rather than bashing up the house. Before we attended, she was putting holes everywhere."* *(caregiver)*

> *"One of my daughters couldn't even go to the bathroom on her own [after what happened], and her sister had to do everything with her. Now she can do it by herself. I can see that the kids are happier and know that they are safe."* *(caregiver)*

Practitioners' observations of their clients further reinforced that the children's safety improved, reflecting the real-world experiences of their clients and caregivers. By educating clients on healthier coping strategies when they exhibit unhealthy behaviours that could jeopardise their physical or emotional safety, practitioners have helped clients adopt safer and more effective ways to manage their emotions and navigate various situations.

> *"Some children have coping strategies but don't understand that they're coping strategies, and that might be really unhealthy stuff around alcohol, around self-harming themselves in the bedroom… You can start introducing the idea what might be healthy strategies. Some children worked out that when they go on the trampoline and bounce around, they start to understand that that's actually a healthy coping strategy. Others get hold of something soft. Even though they're 12-13, it's still okay to take a tiny bear to bed. They'll start to understand why it's important for them to give themselves permission to take something soft to bed… Because it's a psycho education programme, we're not going to magic away the impact of the trauma and the impact, but what we can do is support children's healthy coping strategies."* *(practitioner)*

Feel safer

The analysis of the qualitative narratives from both children and caregivers provided evidence that participants felt safer as a result of the programme. This was also demonstrated by their changed behaviours.

> *"I liked [the programme] because it was making me feel safe."* *(client)*

> *"[The programme] helped me in school, because I used to always think that, like the drill [alarm] will go off, because last year, the drill has gone off. But that [thought] doesn't make me worried anymore."* *(client)*

Caregivers also observed and reported a marked increase in their children's sense of security and independence, that has contributed to their overall happiness and sense of safety. This restored sense of security also fostered greater confidence, allowing children to act more independently.

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"There was a period where he was really scared of something nice. I feel that it's better now. His sense of security has definitely come back…I see he is not too afraid of going to the bathroom alone. For a period of time, he always asked me to go to the bathroom [before]." (caregiver)

"I can see that the kids are happier and know that they are safe." (caregiver)

Improved resilience of the child

The outcome to improve children's resilience has been mostly achieved. Most clients and caregivers believe that KIDshine positively contributed to building resilience in children by enhancing their emotional wellbeing and their social connection.

The outcome of improved **emotional wellbeing** of the child has been demonstrated in the EAC achievement rating from children (91%) and caregivers (85%).

Wellbeing achieved (n=29)   Wellbeing achieved (n=13)
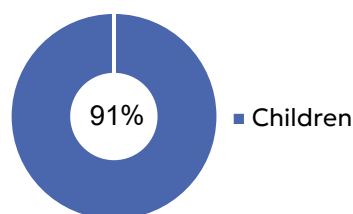
91% ■ Children   85% ■ Caregivers
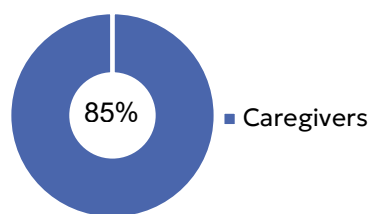
Clients and their caregivers provided examples of improved wellbeing. The children were better equipped to navigate difficult situations that would have otherwise diminished their emotional state. They showed a greater understanding of their situations, exhibited increased confidence in expressing themselves, and reflected positively on the sessions they found helpful. This increased positivity suggests that this enhanced emotional well-being has contributed to the children's resilience.

"It just felt cool to do that [Future Me session at the end], because I think about positive things." (client)

The children's enhanced well-being was also observed by their caregivers at home which benefitted the family as a whole.

"It helps him get through some things he finds hard - happier, less angry. This has been amazing for my family/ whānau as a mother. I really want to thank [practitioner] and the team for their support for me and my whānau." (caregiver)

Improved social connection

The programme also aimed to foster and improve social connections, and this was partially achieved as well. Participants and caregivers generally reported increased trust and closeness within the family. Outside the family network, there is limited evidence to indicate improved social connections. However, feedback from the pilot youth group highlighted a strong sense of bonding within the group, which was not reported in individual cases. This bonding helped group participants develop greater confidence in coping with their daily lives outside the KIDshine sessions.

In their EAC, children expressed an improved sense of connectedness with those around them with a high 95% achievement rate; caregivers also indicated a high achievement rate of 95%.

Connected achieved (n=42) Connected achieved (n=18)

95% ■ Children   95% ■ Caregivers
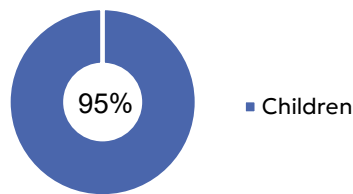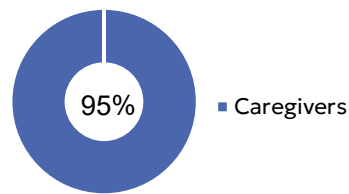
The pilot group environment was seen as a space that fostered a strong sense of belonging among like-minded individuals that mutually engendered a shared understanding of each other's experiences. The initial sessions were reported as intimidating for the children. However, the peers familiarised themselves as the sessions went on, and the group setting was found to be a supportive environment where participants felt comfortable opening up without fear of judgment. Despite feeling initially intimidated, the children quickly developed a sense of belonging and acceptance. This supportive environment allowed them to share their experiences openly and feel understood, which they valued highly. The observation of the group and how they shared their experiences, also indicated the trust the children had for the practitioner.

> *"You're talking about certain things. People like her kind of relate with you. Whereas if I was just talking to my friends about it, like having experience what I have, they wouldn't really get it. And they wouldn't properly understand me. Yeah, if I come here to talk to someone about it, I feel like they'd understand it better." (client – pilot group)*

> *"[I enjoyed] coming here and then learning all the stuff. Also having the talk, just talking to people other than my family because sometimes I told my family multiple times." (client-pilot group)*

The children's caregivers highlighted the benefits of having their children in a group setting. A couple of parents noted that the car rides to and from the group provided valuable opportunities to discuss various topics and strengthen their bond with their children. Additionally, parents found that they also learned new things during these conversations.

"It was good for her to work in a group. She has enjoyed the company of the girls and the practitioners." (caregiver-pilot group)

"We got that quality time coming here, going home, on the way home [in the car] with recount or debrief of what she did. And she teaches me 'I learned what? Like, the red flags.' I heard about it. I've seen it, but I never knew what it was personally. And she's taught me red flags. Good Behaviour, choice, good. Relationship. Healthy Relationship. Then there was another one they learned about romanticising. Such a powerful principle taught. Because I didn't know that was such a thing." (caregiver-pilot group)

Caregivers also noted their own positive personal growth and positive changes as parents. The programme provided an opportunity for some families to reflect on their dynamics and core values, helping them to empathise with their children better which also helped to enhance their sense of connectedness as a result.

"I was able to see and understand what kind of emotions that kids went through, and I don't really talk about it with my kids, so it was good to see and know what my kids were feeling." (caregiver)

"We have become much stronger in a way that we know when one person is upset or whatever happened, all we have is each other. We better back up each other. So, they're realising more, in a way that we have to stand for each other. We can't let each other break. Yes, we can be annoying. Yes, we can be angry with each other. At the end of the day, we've got each other. We have to have each other." (caregiver)

One of the programme's aims was also to **enhance the navigation to support** for the children who participated**.** This was only partially achieved due to limited evidence. Accessing appropriate services as a child is challenging and is dependent on the child's age and cognition level. Despite these challenges, the KIDshine programme often served as an initial step for many participants and their caregivers, encouraging them to access other available support services.

Younger children often had a limited understanding of external support networks beyond the police or schools. Through safety planning, all children learned or were encouraged? to reach out to their 'safety person' or the police in emergency situations. However, the children did not mention other support services similar to or apart from KIDshine.

Most caregiver reports s suggest that their children have acquired the skills and confidence to seek appropriate support services if they needed to. KIDshine is viewed as a positive initial step in seeking support and often encourages clients to feel comfortable receiving help when needed.

"Seeing dad with a supervisor, and then we moved to unsupervised business. I learned that if something happens, I could call someone or something, right? So, I had strategies. That made me feel a lot more comfortable, safer." (client)

"[KIDshine] has given her better practical skills about who to ask for help and strategies to keep herself safe." (caregiver)

"There's all these support things out there, but it is actually incredibly difficult to navigate and to get into the place where you can get help. And you know, in hindsight, I should have gone to a woman's refuge… because it is not easy to navigate. So, it's almost like the initial pathway is knowing where to go." (caregiver)

On the other hand, caregivers demonstrated a greater understanding of the social services support system available for those experiencing family violence, and they were often the ones navigating through the system.

This is likely because they often need to be in the frontline in navigating the social system to support themselves and their families. One parent strongly emphasised her gratitude for the support and guidance she received from the KIDshine practitioner in understanding the social services and family court systems significantly better.

"I'm absolutely flabbergasted by the Family Court. KIDshine was trying to educate you through that so that you can know how the system can be navigated. I actually texted [practitioner] when I came out in court…'was I going to be further done for parental alienation or what?' He actually rang me back… I took him through what happened at court, and he said, 'this is actually a really good outcome.' He explained what the judge had to do, right or wrong in context of the law. And it just calmed me right down… He also gave me tips on how to talk to [my child] … I didn't know what to say… I cried. And he said, 'if you give him the facts about all the judge said, x, y and z, then that's not parental alienation.' You're just sharing facts. I mean, I'm an intelligent person, but I couldn't work it out." (caregiver)

A few practitioners also noted that KIDshine plays a key role in bridging the gap between clients and other social services. By building on the initial trust gained with KIDshine, clients can become more receptive to support from a broader network of services.

"I think a positive change we see is because they've had a positive experience with us, they're more open to working with other professionals. So, you know, initially they'll be like, 'I don't want to do counselling,' and then we'll do a few sessions, and then they might still be like, 'Oh, I don't know'. And I go, 'Well, you gave me a chance, and that worked great'. So maybe we might do a soft handover, or I might go with them to Oranga Tamariki meetings to help them engage with that support. I've gone to school and connected them with their school counsellor and sit in that room or show that I have a relationship with that school counsellor to help them feel a bit more trusting." (practitioner)

Additionally, one practitioner observed that some participants experienced a positive shift in their attitudes towards receiving other external support after participating in KIDshine. They felt more comfortable accessing other related services, such as counselling. The programme also had a positive halo effect, encouraging other services and family members to consider seeking help.

"You see changes in the parents opening up too, and then that always leads on to other things [after KIDshine]. They're happy to have counselling, support or other social work support because you built that relationship. They know that you're there to support and help and not judge." (practitioner)

Feeling better supported

The children felt supported through the KIDshine programme. Although primarily due to their cognitive age level, some younger children didn't necessarily verbalise the level of support they felt, there was corroborative supporting? evidence such as the strong satisfaction level of both children and caregivers, with a high positive experiences rating. This high satisfaction level (100% EAC achievement rate) indicates that the programme effectively made the participants feel empowered to navigate through difficult situations.

Satisfaction achieved (n=30)   Satisfaction achieved (n=18)

100% Children   100% Caregivers
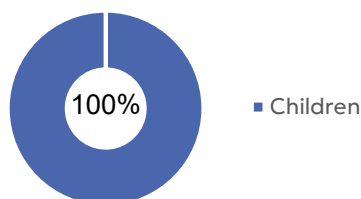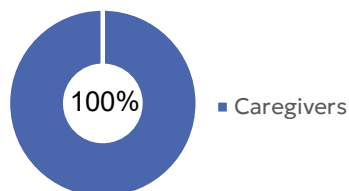
A strong sense of gratitude and appreciation for the support the children received was also palpable and apparent in all the participants' comments.

"I feel happy, I feel safe, I don't feel worried about anything now." (client)

This increased sense of support was particularly evident among caregivers, who reported receiving emotional and practical support themselves. KIDshine practitioners often assisted in navigating these complex social service systems when caregivers felt overwhelmed. Although their initial intent in enrolling their children in the programme was often solely for the kids, parents felt supported and experienced a sense of relief and less burdened as a result.

"It's good for me to talk to people like [practitioner] too. Sometimes my child would interrupt the one-on-one time with [practitioner], but then she would just sit there and quietly observe the interaction. And she would tell me, 'You are doing so well, Mama. You know, how you are handling the situation. And then she also told me if the child did anything wrong." (caregiver)

"I've had an amazing experience. Shine and Family Action[3] have fundamentally been the pivotal things that got me through, and Shine to be the pivotal things helped with my son... It has just been so outstanding. Even to the fact that I sent a text about a concern that I had, and I don't over text. One of the shine people took some time out of their day just to have a quick chat with me, just to check in. It means the world me." (caregiver)

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[3] www.familyaction.org.nz

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Unintended positive outcomes

Although caregivers are not the KIDshine programme's direct target client group, all the caregivers interviewed reported numerous benefits from the programme. These included an enhanced relationship with their children, enhanced parenting skills, and increased awareness to help them organise their thoughts and needs and engage with support services and agencies.

Improved relationships between caregivers and their children

One of the key unintended outcomes reported by most was how the programme helped to improve the relationship between parents and children. Most of the reports from children indicate that their perception of their relationships with their parents have improved.

> *"I felt a lot better. And the relationship with my mum changed a little bit. And with dad, I kind of saw who he actually was instead of who I thought he was…"* (client)

Most caregivers also reported that better listening and better communication in general contributed to this.

> *"It was my next-door neighbour who said to me, 'I'm so pleased you got away, because just listening to [your child] yelling at you the same way that [former partner] yells at you…' They've gone. We have a great relationship now… He's respectful."* (caregiver)

Parenting skills and tips

Another key outcome reported by most caregivers interviewed is that they gained valuable insights through their interactions with practitioners in the debriefing sessions as one of the key unintended outcomes. One of the most significant skills they acquired is learning how to effectively manage their children and adapt their parenting in different situations.

> *"[I received] great parenting advice from her. I found it quite comforting. She understands the family dynamics, so she would listen without judgments. That's the best part, you know."* (caregiver)

> *"So, she said next time your child does something wrong, you can say 'get mama a cup of coffee or water or something'. He would remember that mum needs to be served too. I thought, 'oh, that's such a good idea' because normally I just ask to apologise. But if you apologise and willingly bring a cup of coffee or like a pillow or something, the kid actually knows it was wrong and truly wants to make up to you."* (caregiver)

Increased awareness of caregivers' own emotions and their own needs

In addition to receiving advice on parenting skills, a couple of caregivers reported an increased awareness of their own emotional dynamics because of their children participating in the KIDshine programme. While most parents were preoccupied with their children's wellbeing,

the involvement of a third party in their children's lives through KIDshine led to a realisation among the caregivers that they themselves had also been feeling overwhelmed. This realisation provided an opportunity for them to release some pressure and stress from their daily duties as the single protective parent.

> *"I'm more aware that I need to understand her feelings more so, because we both went through the same... So, it challenged me into "Okay. You know what? She's upset. Let's not push it." "Okay - how am I gonna challenge myself and to calm down in a short amount of time and not getting angry at all of what's happening?" There are a lot of times I'm still trying to learn - lot of times that I've burst, I just had it. But there are times that, I need to go down to her level. I'm to talk to her [about] what's happening and tell her that it's okay to explain what she's feeling too."* (caregiver)

> *"[KIDshine] took a bit off my shoulder, because at least they know they are there. Because trying to research, trying to raise everyone, I forget that I have to teach them what to do. So it's more on me, like, 'if that's happened, I could do this and this.' I forgot that I can only handle so much. I didn't realize that what it took on me until pretty much everything. It did help."* (caregiver)

Variances between individual casework and the pilot youth group programme

Most of the KIDshine programmes were conducted as individual sessions, with the only group session being the pilot group at KIDshine in Auckland. The small sample size for the group sessions imposed some constraints on conducting a comprehensive comparison of differences in facilitation. Overall, the KIDshine feedback from both children and their caregivers in the pilot group was positive and similar to that of the individual sessions with minimal differences in the delivered outcomes. However, one of the unique insights that emerged from the pilot group sessions was the stronger sense of camaraderie that was fostered between peers.

Whanau Hui Practice

The formalisation of Whānau Hui was more prevalent with FWN, where the process was more structured. In contrast, Shine had a more varied approach, with less fixed sessions with caregivers and Whānau Hui was not formally embedded into the KIDshine programme. Additionally, Whānau Hui was not conducted in the pilot group and may have contributed to limited parental engagement.

Provision of food

Feedback from clients of the pilot group emphasised that providing food was one of the key benefits of attending the pilot group. The availability of food helped reduce perceived barriers to participation, making it easier for clients to attend with anticipation. It also served as a gesture of care, creating a welcoming and nurturing environment. This provision contributed to a sense of community and support, as sharing meals often facilitated informal conversations and bonding among participants. Additionally, it ensured that children were not distracted by

hunger, allowing them to focus better on the sessions and engage more fully with the programme's activities.

> *"Oh my…They bought us food, especially when I was out of school because I would come straight from after school and I'd be hungry. Yeah. So I like that. They cared about us like that." (client)*

Collective learning in a group

One significant difference in the varied practice approach outcomes was the rich collective learning experience gained in the group environment. The group setting enabled participants to share their experiences and learn from each other.

Although only one KIDshine pilot group session was conducted in Auckland, a strong sense of camaraderie was evident among participants of similar maturity, despite having no prior relationships (e.g., not siblings or friends). These young female adults, aged 11 to 14, created a supportive environment where they could share experiences with peers. They felt safe with and learnt from one another.

While our ability to pinpoint the specific elements that made the group session effective compared to individual sessions is limited, the pilot group is believed to have worked well due to the bond formed between clients of the same gender, age, and maturity.

A better understanding of healthy versus unhealthy relationships was reported from the group participants allowing for reflection on their own experiences. Caregivers of the pilot group participants also noted that their children were able to identify unhealthy relationships and make better decisions, demonstrating improved critical thinking and emotional awareness.

> *"[KIDshine] was good because it actually helped us a lot. It brings us all closer like a team." (client - pilot group)*

> *"[The group works because we have] similar maturity…I feel like if it goes on to older, like older than 15, that's scary…" (client-pilot group)*

> *"I think it'd be weird [to have boys in the mix]…Prefer to just have girls…" (client-pilot group)*

Level of Parental Engagement

The level of parental engagement was another factor that emerged as a variant between practices. Practitioners also observed that parental engagement varied depending on the individual but generally, those that engaged in the individual cases seemed to have higher involvement and awareness. Whereas the pilot group caregivers seemed to have had less engagement and were less informed about the session contents directly from the practitioner.

The sense of connectedness and overall success of the intervention was closely tied to the caregivers' involvement. One practitioner highlighted the challenges faced when parents showed a lack of interest or engagement, particularly during the Whānau Hui sessions at the programme's conclusion. This lack of engagement hindered the ability to build a meaningful connection and trust between the practitioner and the parent.

> *"Sometimes when you're doing the KIDshine programme, some parents just aren't really that interested in engaging. So you get through the sessions because they're happy you're at the school doing it, so they don't want to hear from you- just fix my kids. So when it comes to the Hui, it feels a bit like I haven't really got to do any work with the parent. I haven't really got to build that connection, as in them being able to share and trust each other." (practitioner)*

Conversely, one feedback from a caregiver of the pilot group indicated that parents were less involved and inadequately informed about the content and progress of the group sessions. This made them feel more isolated from their child's journey and did not contribute as effectively to improving the parent-child relationship.

> *"I have felt more comfortable knowing I am doing all I can to support my child, but there is a disconnect between what my child has been able to share with me about what they are learning. Overall, I can see she is better in herself." (caregiver – pilot group)*

Suggestions included sending text message reminders and providing follow-up resources to ensure ongoing support and reinforcement of the concepts learned. Ensuring that participants and their parents are well-informed about the sessions and have access to additional resources could enhance the programme's impact.

Key success factors

This section analyses the successful core elements of the project that led to the achieved outcomes.

Several aspects of the KIDshine programme contributed to positive outcomes from the perspectives of clients, caregivers, and practitioners. While the programme's key strengths lie in its personal and empathetic approach, its structure allows some flexibility in its approach and content. Being led by skilful practitioners also plays a crucial role in its effectiveness. These elements are interconnected and not independent of each other; a holistic perspective is essential to fully understand the key factors behind the programme's success.

Building rapport

Trusted practitioners

One of the key factors in the programme's success was the practitioners' ability to build strong, trusting relationships with both users and caregivers. Participants who spoke highly of the programme emphasised the significant level of engagement they experienced with the

practitioners, highlighting the high degree of trust they felt. Most of their initial scepticism or concerns often faded after the first few sessions, as users grew more confident in their trust and connection with the practitioners. Conversely, in a couple of instances where a close rapport between the client and practitioner was not established, the programme was found to be not as effective from a caregiver's point of view.

Trust in the practitioners fostered a safe, non-judgmental environment that encouraged openness throughout the programme. Practitioners reassured clients by their transparency, which in turn led to a reciprocal sense of trust.

Trust in the practitioner was also evident within the pilot group, which facilitated bonding among participants. A strong bond and mutual trust seemed to develop more easily in this setting. Anonymity at the outset helped participants feel equal and encouraged them to share their thoughts and experiences. This supportive atmosphere was crucial for building trust and fostering open communication among like-minded peers.

Parental engagement

Although the primary clients were children, another key to the programme's success was the involvement of parents in the journey. All the caregivers that stated the rich success of the programme indicated that the practitioners regularly briefed them of the progress of their children. They also demonstrated engagement and interest in their children's progress. When practitioners liaised with parents, with the children's consent, the positive outcome for both users and parents was more apparent.

Parents appreciated the opportunity to better understand their children's feelings and experiences. Having a third party to mediate complex situations helped caregivers reflect and gain insights into their children's inner thoughts and progress. This collaborative relationship between practitioners and caregivers also facilitated the application of learned knowledge in daily life and improved parent-child relationships.

For those that had the opportunity to attend the Whānau hui, both parties also noted the benefits of the session. The child felt more heard and the parents gained deeper understanding. In contrast, the pilot group parents felt inadequately informed about the sessions and desired more resources to support their children after the programme's completion without any closing sessions that were combined with the caregivers. While they believed the programme effectively achieved its key outcomes, stronger engagement with parents could have enhanced its overall effectiveness.

There is also substantial evidence that aligns with the research by V. Fictorie, Jonkman, et al. in their article "Meta-Analysis on Parental Involvement," published in the Clinical Child and Family Psychology Review. They found that including parents in adolescent psychological interventions significantly improves treatment outcomes, particularly for externalising problems. Additionally, the study by A. E. Pine, Baumann, et al. on "Family-Based Therapy for Youth Exposed to Family Violence" supports the observation that adding a parental component to trauma-focused therapy for youth exposed to family violence increases treatment success.

Programme contents

Emotional regulation skills

In addition to the rapport-building between clients, practitioners, and caregivers, one of the programme's successful elements was the session on emotional regulation.

Emotional regulation entails discerning the aspects of various feelings, developing coping strategies for negative emotions such as anger or worry, and building resilience. Those children and caregivers that found the programme effective indicated that these sessions helped their children to manage their emotions, increasing their awareness of behaviours and improving their ability to navigate challenging circumstances. Comments from KIDshine practitioners also demonstrate their robust understanding of the importance of emotional well-being in building resilience. This is one of the key strengths of the KIDshine programme, where educating children about identifying and managing emotions has proven beneficial.

Ultimately, this led to better relationships between the children and their caregivers. Some caregivers also expressed that the session benefits are not only applicable to those who have experienced family violence but may be beneficial to everyone in increasing awareness levels of their well-being and resilience.

Safety planning

Safety plan development also contributed to clients improving their physical safety and feeling safer. These plans were developed for most participants, providing them with a sense of control and security, which in turn enhanced their emotional safety. By having a structured approach to managing potential risks, clients felt more empowered and better prepared to handle challenging situations. This proactive planning helped to reduce anxiety and build confidence, as clients knew they had a clear strategy to follow in case of emergency.

However, one caregiver expressed that safety planning was not a new concept, and therefore, it was not as useful. Despite this, the overall feedback indicated that the development of safety plans was a crucial component of the programme's success, as it addressed both the physical and emotional needs of most participants.

Understanding healthy relationships

Learning about the difference between healthy and unhealthy relationships was another effective component of the programme, but more limited to the older children in the pilot group. Some younger children did not participate in this session, or it was deemed less relevant for them. However, the older children (pre-teenage group) responded very positively to this session, expressing a high level of appreciation and insight afterwards. The interactive role plays used to cover the topic significantly contributed to this positive outcome, making the learning experience engaging and impactful.

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Engagement through play and use of effective resources

One of the programme's success factors was its incorporation of 'play therapy', particularly for younger children of preschool age or early primary school age. The use of practical tools and interactive resources also enhanced engagement and positive feedback from both clients and practitioners, contributing to improved learning outcomes.

Providing interactive and applicable tools made it easier for users to connect enjoyably with the content, engage more actively in sessions, and effectively apply their learning in daily life. Physical or creative activities such as drawing, colouring, and crafting allowed clients to express emotions nonverbally, without speaking or writing. These activities proved particularly beneficial for children, offering healthier and more creative outlets to regulate their emotions and thoughts more effectively.

Older clients who used such creative resources also benefited from this element, engaging in crafts such as making collages or mood boards. The pilot group enjoyed the role-playing activities, which further enhanced their engagement and learning. Tangible tools created as mementos not only helped bring closure to the programme but also served as lasting positive reminders, allowing users to reflect on and revisit the sessions even after they had concluded.

Facilitation

Expertise of the practitioner / staff

Practitioner expertise was another contributor to the programme's success, although participants did not frequently articulate this.

The KIDshine facilitators come from diverse backgrounds, with social work or counselling qualifications, and experience from organisations such as Family Works or Shine. The practitioners' expertise in family violence has been recognised by a few caregivers through their practice and knowledge, enhancing the credibility of the KIDshine programme as professional and effective. This credibility helps caregivers feel confident in entrusting their children's participation in the programme, initially and throughout.

Sessions led by experienced practitioners also ensured a level of objectivity and professionalism, providing users and their caregivers with compassionate and effective support.

Structured and needs-based approach

The success of the KIDshine programme can also be attributed to its structured yet flexible approach. While the content and structure of the programme varied according to the age and circumstances of each client, a clear and standardised framework enabled practitioners to understand what needed to be delivered within a set timeframe. This structured "kitset" promoted consistency, supported effective delivery, and helped clients better understand the process and remain engaged.

At the same time, the framework required skilled and adaptable practitioners who could tailor the content to suit individual needs. This was evident in the variation of sessions delivered to

different clients, with practitioners reporting that they adapted their approach according to the age and specific requirements of each participant.

As specialists in family violence, KIDshine practitioners recognised the vital importance of this flexibility. It allowed them to deliver the programme in a way that aligned with each client's unique circumstances, ensuring that all participants received the most appropriate and effective support.

Areas of improvement

This section presents the participants' feedback and comments on potential future improvements. Both clients and caregivers expressed overwhelmingly positive feedback about the KIDshine programme, with minimal criticism where only one caregiver noted their child may not have gained as much new knowledge as expected. However, there were a few areas where clients and caregivers suggested improvements to further enhance the programme's strengths and benefits. Practitioners also identified operational challenges and potential improvements.

Improve the introduction to KIDshine

Programme introduction

While the programme mostly received significantly positive feedback, none of the participants had prior awareness of the programme. There were a few that lacked clarity and understanding of the programme content and delivery prior to starting the sessions, and that also created an added challenge for practitioners to build credibility at the start. One caregiver noted that the content was not new to their child which resulted in minimal benefits. Although no negative feedback was given, it was contrary to her initial expectations.

One practitioner new to the KIDshine role also struggled to explain the programme to caregivers. A suggestion to create collateral that clearly outlines the session contents may help to facilitate better understanding for the participants and set more appropriate expectations.

Psycho-educational programme vs. counselling

Caregivers value the support given to their children through KIDshine. However, there seems to be some confusion among participants as to whether KIDshine is a counselling programme or a psycho-educational session. One practitioner noted differing expectations about what psycho-education should provide versus counselling. There are varying expectations around client confidentiality and parental involvement. Clearer guidance may be needed to clarify the objectives and expectations of what KIDshine as a psycho-educational programme is for both participants and practitioners.

Review referral and assessment process

Referral forms and questions

Although participants did not provide direct feedback on the referral process, practitioners identified areas for improvement, in the design of the questions and forms used. While the openness of the referral criteria is seen as a strength, the forms are considered too vague and not sufficiently tailored to explore specific issues relevant to some participants. Additionally, the structure of the form does not support a natural flow of questioning, which can make it harder to gather meaningful information.

Assessment process

One practitioner observed that assessment procedures or criteria can sometimes be unclear, particularly when the presence or absence of a protection order influences eligibility for services. This indicates the need for clearer understanding of and more robust assessment procedures.

Improved or increased resources

Venue – atmosphere and location

One of the resources identified by caregivers for potential improvement was the Shine venue. Feedback indicated that the current atmosphere of the Shine room was not inviting or comfortable due to its space and ambience, which could reduce the sense of warmth and welcome for participants. Additionally, several caregivers from the pilot group have expressed concerns about the inconvenience of the current venue locations, particularly regarding access and traffic conditions.

Some feedback suggested that using schools as an alternative venue was positive. Having the alternative option of schools as a venue was beneficial as it caused less disruption in the lives of clients and caregivers especially for older children and provided access to a familiar environment. Regularly including alternative venue options including schools could help broaden options available for the participants.

Tools – interactive and creative

Expanding the programme resources to include more interactive tools would provide participants with more choice and enable practitioners to tailor activities more effectively to each child's needs and preferences. This would also create more opportunities for practitioners to engage with children of varying needs and communication styles. At present, KIDshine session resources are primarily focused on reading and writing, which may not appeal to all children.

By incorporating more hands-on and creative materials, the sessions could become more engaging, enjoyable, and accessible for a wider range of participants. Resource needs may vary depending on the practitioners' styles, ranging from dollhouses and card games to craft

items. This may be an area that could be further discussed with practitioners and managers to enhance the overall benefit of the programme.

Food – icebreaker

Providing food is another suggested improvement to enhance the experience of programme participants. One of the practitioners also suggested that incorporating food into the sessions, could create a more welcoming and supportive environment, encouraging greater participation and engagement from those in need.

Extending sessions or support

Session length and number of sessions

Clients and caregivers expressed satisfaction and gratitude for the programme. Many found it highly beneficial and shared a common desire for longer sessions, feeling that they were too short. Participants in the pilot group echoed this sentiment, expressing disappointment when the sessions ended and the opportunity to connect with one another was lost.

One practitioner shared a similar sentiment, noting that finishing the programme can feel bittersweet, although the finite structure is one of the positive aspects of the KIDshine programme. As relationships and attachments develop, closures can become difficult, especially after forming personal connections with participants.

Follow-up sessions

In addition to wanting longer and more sessions, many participants— especially caregivers — expressed a desire for follow-up sessions after several weeks or months. They felt that these follow-ups would provide valuable opportunities for reflection and allow them to reassess their children's progress over a longer period.

One of the practitioners also stated that there would be probable benefits in conducting client follow-up sessions particularly with the older teens. These sessions could provide opportunities to monitor progress, especially where there is relationship violence or anticipated contact with a parent who uses violence. For instance, a practitioner mentioned using a one-month check-in to ensure a boy who had been abusive in a relationship was making positive changes. This ongoing support helps address specific issues and ensures the well-being of teens.

Ongoing peer support

Another suggested improvement was to establish a way for participants to stay in touch with their peers. This idea was alluded to in the pilot group evaluation. Both the child participants and their parents felt that having a group of like-minded peers they could trust was valuable. An optional pathway for clients and caregivers to stay connected and share resources and information to navigate various situations is considered beneficial as another way to safeguard falling back into old negative patterns and check in on each other.

Widening external networks

The KIDshine programme's value and benefits were strongly acknowledged by caregivers. They perceived that the benefits of the programme could extend beyond children who experienced or witnessed violence to a broader audience. The programme could serve as an educational tool to help children understand wider social systems, potentially acting as a preventative measure.

Practitioners echoed this sentiment, suggesting that the KIDshine programme could be implemented beyond PSN services into for example, schools. They felt that while they connect with schools, which already have various support systems like counsellors, social workers, and teachers, there is potential to do more by holding professional meetings to better integrate these supports. Additionally, they noted that their work is primarily with parents and does not extend to other safe people in the children's lives, such as sports coaches. Given the existing network with schools is already available, this idea could be further explored by the organisation to leverage the current infrastructure.

Section 6: Conclusion and Recommendations

This section outlines a summary of the evaluation findings with a set of recommendations to consider.

Conclusion and recommendations

Conclusion

Both child clients and caregivers expressed high satisfaction rates and noted the positive impact of the KIDshine programme. It is evident that the programme has been effective in achieving its short-term and mid-term intended outcomes.

In the short-term, the programme has successfully increased participants' knowledge and skills, particularly related to healthy relationships and partially in understanding the effect of violence and building self-worth. It also helped to increase their knowledge of where to seek support, equipping them with the ability to share more openly with others. The development of customised safety plans helped the clients to develop strategies to keep themselves safe physically and emotionally. Overall, KIDshine was seen as a space where both clients and caregivers could process and understand their traumatic experience of family violence.

Although parenting skills was one of the unintended outcomes, this was also acknowledged as one of the programme's benefits for caregivers.

Mid-term outcomes were also attained effectively where the programme contributed to improving safety and resilience for children. Examples of improvement were provided where notable changes in the children's behaviours were observed. The programme is also seen to have enhanced their wellbeing and social connections. Additionally, navigation to various support services such as the police, schools, and reaching out to an external 'safe person' has been shown to improve for both children and caregivers.

Key successes were attributed to the programme's core elements, such as the ability to establish rapport and connection, access to expertise in family violence, and the structured nature of the programme with effective resources. Overall, very minimal criticism was received. The core elements of the programme were highly praised and seen as enriching for both individuals and the community as a whole.

The evaluation highlighted that the KIDshine programme outcomes closely align with the aims of the long-term Te Aorerekura National Strategy, which aims to reduce the number of violent crime victims by 20,000 by 2030 (Te Kāwanatanga o Aotearoa, 2025). It confirmed that the programme effectively achieves its intended outcomes, aligning with the key strategic goals of Te Aorerekura.

Recommendations

Evaluation participants suggested several improvements for the programme, including better promotion, streamlined referral processes, and optimised resource allocation. Implementing these recommendations could significantly enhance the programme's effectiveness and broaden its impact within the community.

Additionally, the analysis highlighted **various programme factors** that warrant consideration for enhanced programme delivery and success.

1. Encouraging parental engagement

While the KIDshine programme is designed to be child-centred, the evaluation revealed that positive outcomes were more evident when caregivers/parents were better informed and closely engaged with the child's journey by the practitioners. KIDshine should better recognise the importance of acting as a conduit between parent and child. Although sessions like the Whānau Hui may not always be suitable, effectively conducted sessions have shown benefits in bridging the gap in the child-parent relationship, providing more emotional closure in completing the programme, and offering an opportunity to move forward with the knowledge gained.

2. Retaining flexibility

The structured and fixed aspects of the programme are well-received and seen as effective because they make the sessions more predictable and ensure consistent practitioner delivery. However, it is also important to allow some flexibility enabling practitioners to determine what content is age-appropriate and suitable for each client. This flexibility allows the KIDshine programme to be tailored to individual needs, which in turn helps the client's feel that the programme is relevant while strengthening trust and rapport between practitioners and clients.

3. Strengthening consistency and cohesion

The programme fundamentals teaching safety, emotional regulation, instilling hopeful foresight into the children's lives, and widening their support access are seen to be effective. However, there is a disparity between practitioners in the tools or resources they use in the programme as well as how they use them. Whangārei Family Works for example normally conduct Whānau Hui whereas the Auckland Shine service doesn't necessarily conduct the session.

While it is essential to maintain flexibility and responsiveness depending on the needs of the participants' varying demographics and circumstances, it is also important to operate the programme within the provided parameters and expectations to ensure better programme consistency across the PSN Shine region. This can be possibly attained by getting all the KIDshine practitioners together to discuss and review current practices and share information and insights as to best practice.

4. Strengthening operational processes

Addressing operational issues is also crucial for the consistent delivery of KIDshine across different sites. This includes reviewing resources such as the venue, tools used, the provision of food and ensuring more consistent practice and standards. By creating opportunities for practitioners to discuss and share information, KIDshine can foster a collaborative environment that promotes continuous improvement. Regular reviews and feedback sessions can help identify areas for enhancement and ensure that best practice is implemented as consistently as possible.

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Some specific areas of operation that should be considered include venue upgrades, referral and assessment procedures, session resources and tools, food provision and KIDshine collateral that outlines each session's key topics.

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Appendices

## Appendix 1: Characteristics of EAC respondents

EAC respondents are those who have completed the EAC forms after having participated in the KIDshine programme. The data for child clients and caregivers has been combined where possible.

The combined demographic information of child clients and their caregivers for EAC respondents was available only for gender and ethnicity. Age group information provided is only for child respondents that completed the EAC forms.

EAC respondents by gender

Females were predominant in both the Shine and FWN services, as reflected in the completion of EAC forms and interview participation. More than half of child clients who took part in the evaluation were female (56%, n=25). For caregivers, the majority were female respondents (91%, n=21).

When analysing gender representation by service, the pattern remained consistent, with female respondents being more predominant in both Shine at 69% and FWN at 66%.

EAC Respondents by gender (n=68)
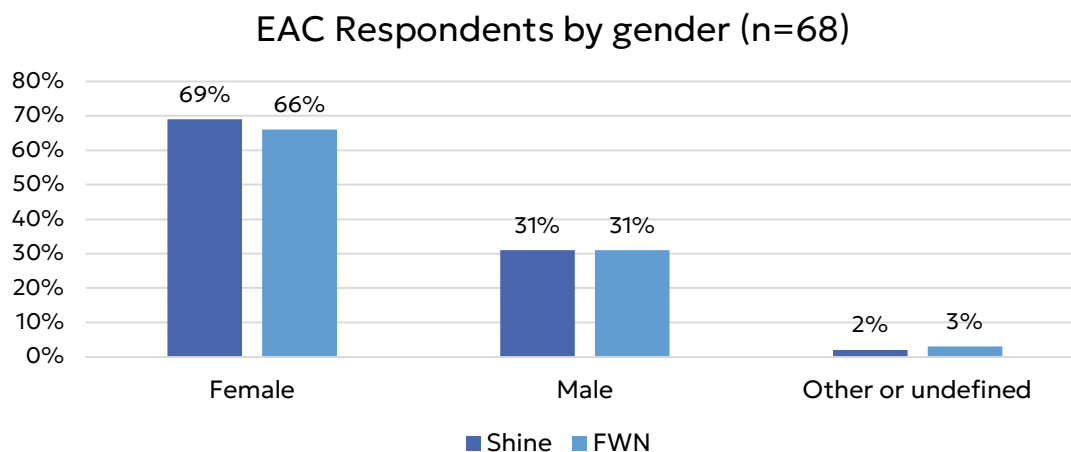
Service	Female	Male	Unspecified	Total
Total	**46 (68%)**	**21 (31%)**	**1 (1%)**	**68 (100%)**
Shine	25 (69%)	11 (31%)	0 (0%)	36 (100%)
FWN	21 (66%)	10 (31%)	1 (3%)	32 (100 %)

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EAC respondents by age group

Children who completed the EAC forms were mostly under 11 years of age (67%, n=30), followed by the 11 to 13 years (18%, n=8), and 14 to 17 years age group (9%, n=4). The average age was five years for Shine Auckland respondents and 7.7 years for FWN respondents.

EAC Respondents by age (n=45)
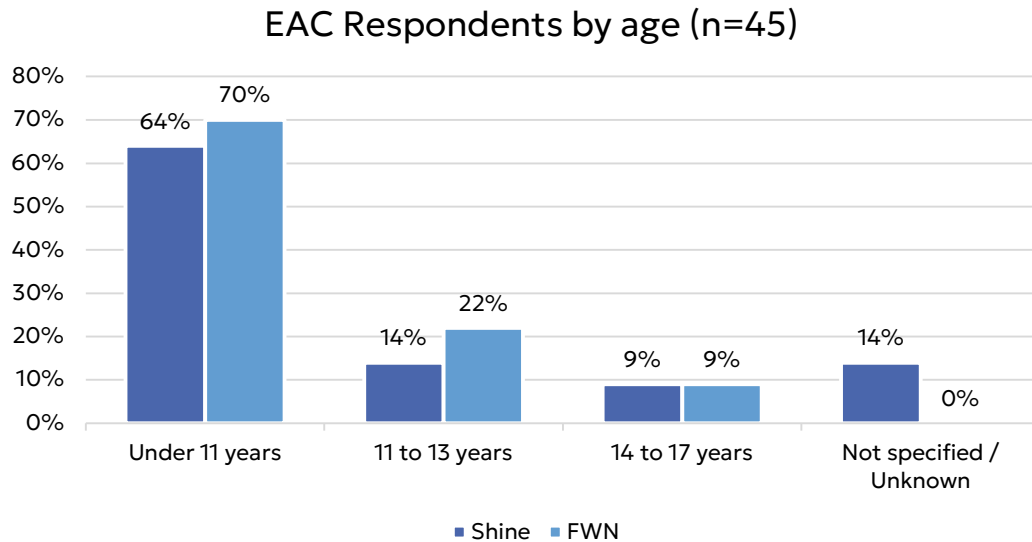
	Under 11 years	11 to 13 years	14 to 17 years	Unspecified	TOTAL
Total	**30 (67%)**	**8 (18%)**	**4 (9%)**	**3 (7%)**	**45 (100%)**
Shine	14 (64%)	3 (14%)	2 (9%)	3 (14%)	22 (100%)
FWN	16 (70%)	5 (22%)	2 (9%)	0 (0%)	23 (100%)

EAC respondents by ethnicity

For almost a third of the respondents (27% of 45 people), no ethnicity was recorded for the EAC data. 'Māori' was the largest ethnic group at 24% (n=11) for both Shine and FWN services, followed by 'NZ European' at 14% (n=8).

EAC Respondents by enthnicity (n=45)
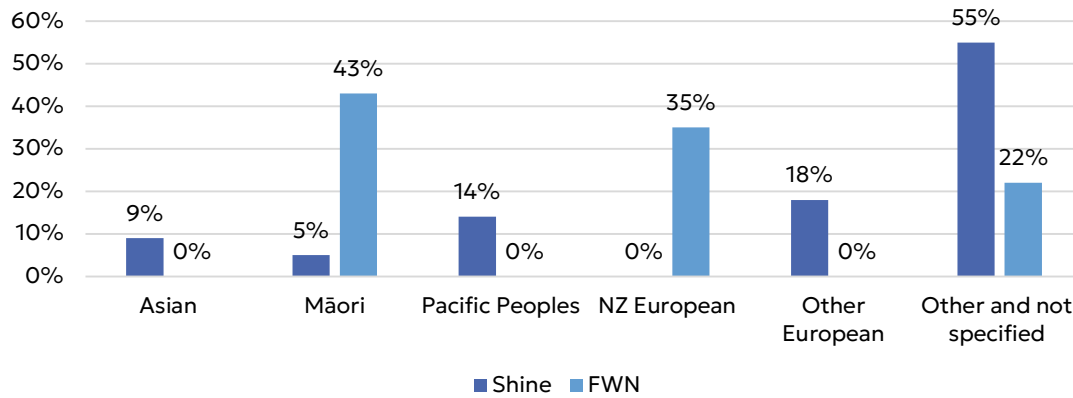
	Asian	Māori	Pacific Peoples	NZ European	Other European	Other and unspecified	TOTAL
KIDshine total	**2 (4%)**	**11 (24%)**	**3 (7%)**	**8 (18%)**	**4 (9%)**	**17 (38%)**	**45 (100%)**
Shine	2 (9%)	1 (5%)	3 (14%)	0 (0%)	4 (18%)	12 (55%)	22 (100%)
FWN	0 (0%)	10 (43%)	0 (0%)	8 (35%)	0 (0%)	5 (22%)	23 (100%)

Appendix 2: Characteristics of face-to-face and remote evaluation respondents

A total of 18 clients and their caregivers also took part in the face-to-face, online videos or phone calls. They also completed EAC forms, but they were followed up with qualitative evaluation in either focus groups or interviews. This section breaks down key demographic information of clients and their caregivers that took part in the face-to-face evaluation excluding the PSN staff.

- The gender balance was notably skewed towards females, with all interviewed caregivers being mothers and 8 out of 10 children were girls. This reflects the gendered nature of family violence, where women and children are often more at risk.
- The age distribution of children in the interviews and focus groups was skewed towards older children, specifically those aged 11 years and above. The highest representation was the 11 to 13 years age group, with four children. This was followed equally by two children each from the 14 to 17 years age group and the under-11 years age group.
- The ethnic distribution of children who participated in the face-to-face evaluation included a diverse range of backgrounds where three identified as Māori, three as NZ European, one as Other European, and one as unspecified.

FACE-TO-FACE OR REMOTE PARTICIPANTS	Children	Caregivers	PSN staff
Total	**8**	**10**	**4**
Gender			
Female	6	10	3
Male	2	0	1
Unspecified	0	0	0
Age			
Under-11 years	2	N/A	N/A
11 to 13 years	4	N/A	N/A
14 to 17 years	2	N/A	N/A
Unspecified	0	N/A	N/A
Ethnicity			
Asian	0	N/A	N/A
Māori	3	N/A	N/A
Pacific Peoples	0	N/A	N/A
NZ European	3	N/A	N/A
Other European	1	N/A	N/A
Other and unspecified	1	N/A	N/A

Ki te kotahi te kākaho ka whati, ki te kāpuia e kore e whati.

When we stand alone we are vulnerable but together we are unbreakable

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