



SUBMISSION BY THE FAMILIES COMMISSION

to the

**GREEN PAPER FOR VULNERABLE CHILDREN
HE TAONGA TE MOKOPUNA**

FEBRUARY 2012



GREEN PAPER FOR VULNERABLE CHILDREN – HE TAONGA TE MOKOPUNA

FAMILIES COMMISSION SUBMISSION

A letter of introduction

It is with very serious intent that I write this introductory letter to the Families Commission's submission to the government's Green Paper on Vulnerable Children.

As Nelson Mandela famously said *"There can be no keener revelation of a society's soul than the way in which it treats its children."*

By that measure, our statistics for child abuse and neglect in New Zealand are a chilling indictment on the state of our nation. However, I believe we do value children in this country. They are a *taonga*, a treasure, as recognised in the title of our submission. Most families are absolutely committed to the best outcomes possible for their children and New Zealanders are united in their desire to see an end to the neglect and maltreatment of children.

So this is a defining moment. The Green Paper offers us a once in a generation opportunity to put aside ideology and politics and focus on what matters for the children. We need to do things differently.

The Families Commission takes a zero tolerance position on child abuse. In all cases the safety of the child must be paramount and a child-centred approach is essential. We must be clear, however, that this recognises that children are at the centre of families and their needs and circumstances must be properly understood in the context of their family environment. You can't make the child okay if the family is not okay.

The causes of child abuse must be addressed and most of the issues affecting children are adult issues. We need to take a good, hard look at the prevalence of alcohol and drug addiction in this country. Intensive home visitation services that support families are essential. We support a review of kinship care and recommend consideration of professional foster care for our extremely vulnerable children in state care.

We need to look at empowering families and communities by supporting what they ARE doing well. Successful models already exist and they are changing lives. Some of these are outlined in our submission.

In the quest to find new solutions to some of the issues this country faces, we must recognise the importance of Māori knowledge. Partnering with Māori would be a powerful approach for the government to take at this time, addressing head-on the disproportionate numbers of Māori children who suffer abuse and neglect.

The Green Paper needs to look at longer-term prevention and a bigger picture for New Zealand. The World Health Organization and the International Society for the Prevention of Child Abuse and Neglect have stated with full confidence that there is

plenty of evidence that child maltreatment can be prevented and that large-scale reduction is possible.

We want to save lives, yes, but the Families Commission has a vision for a country that has virtually eradicated child maltreatment. Now that would be an achievement to be proud of. Most countries haven't gone down that road, but we can in New Zealand. With courageous leadership we can make a lasting difference.

A handwritten signature in black ink that reads "Carl Davidson". The signature is written in a cursive, slightly slanted style.

Carl Davidson
Chief Commissioner, Families Commission

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Put Children at the Centre

A child-centred approach is required to prevent vulnerability and protect vulnerable children. The needs of the child must be the first and paramount consideration, particularly in cases of child abuse and neglect.

The safety of children is paramount. A child-centred approach is essential

All components of a child-centred approach need to work well to achieve optimal wellbeing for the child. The components of a child-centred approach are illustrated in the following figure:

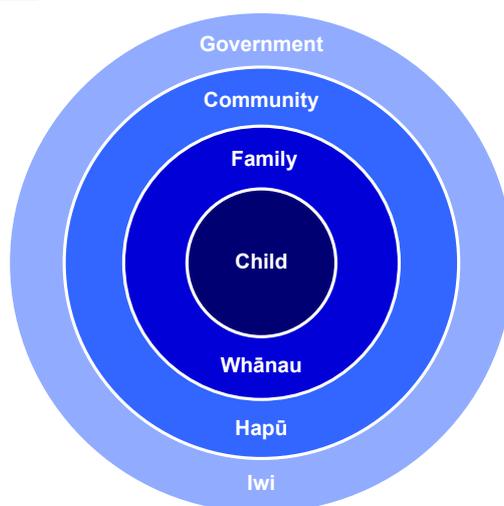


Figure 1 Basic components of a child-centred approach

UNICEF defines a child-centred approach as:

A child-centred approach recognizes that children's rights and needs are the primary focus for development. A child grows and develops not in a vacuum but as part of a family, a community, a culture and a nation. Since numerous institutions are accountable for fulfilling the rights of children, a child-centred approach inevitably requires strengthening social systems for care and wellbeing of the entire society... The realization of children's wellbeing is largely contingent on the care, protection and respect given to them by parents or guardians such as their mothers, fathers, and other family members.¹

Children are at the centre of families

You can't make the child okay if the family is not okay

In our opinion, the proposals in the Green Paper do not give enough attention to strengthening the social systems that support the child at the centre. The Families Commission supports a balanced integration of all the components of the child-centred approach. The roles played by family and whānau are critical for preventing child vulnerability and protecting vulnerable children. Families are powerful, whether they nurture or harm.

Children will not be okay if their family and whānau is not okay and are not able to protect or provide for their safety – this is when there is a role for the Government.

¹ UNICEF *Child-centred Development: The Basis for Sustainable Human Development*. Accessed 30 January 2012 at <http://www.unicef.org/dprk/ccd.pdf>.

We note the following comments from our own New Zealand experts:

Strong families/whānau are the bedrock of society and they provide the foundation for healthy child and adolescent development.

Prime Minister's Chief Science Advisor, Professor Gluckman²

An approach that brings together family/whānau, community and multi-agency systems around children are most likely to have the biggest impact.

Chief Social Worker, Paul Nixon, and Miranda Ritchie³

For example, we recommend the development of a "child and family needs assessment" which is uniformly employed across all sectors working with vulnerable children. A "child assessment" is too narrow: the assessment should not occur in isolation from family and whānau. If an assessment did not ask questions about the people living at home with the child (eg a young, violent step father) and their wellbeing (eg drug addiction), it would fail to protect and meet the needs of the child.

The rights and responsibilities of children, parents and the state are set out in New Zealand legislation and conventions.⁴ This framework of rights and responsibilities reaffirms the primary role of parents, family and whānau to nurture and protect their children.

Friends, neighbourhoods, hapū, communities, local authorities, community based social services and iwi all have important roles to play. The Green Paper underplays their role and seems to imply that when families and whānau struggle to fulfil their childrearing responsibilities, the only option is for the government (ie the statutory child protection agency) to step in and "fix" the problem. The Families Commission view is that a range of players *all* need to be involved.

The best support is the whānau

Iwi, hapū and Māori social service agencies describe a "child focus" as having planning to support tamariki "and the best support is the whānau". Isolation and inter-generational dysfunction in the immediate whānau can be effectively addressed through involvement of wider whānau, hapū and iwi support to provide short, medium and long-term safety plans.

He taonga te mokopuna

In this submission we draw on our legislative mandate in the Families Commission Act 2003 to interpret vulnerability through a whānau lens, a focus on resiliency and strengths and by having regard for the needs, values and beliefs of Māori as tangata whenua. Māori are Treaty partners and the structural determinants of the organisation of Māori society are identified as: whānau, hapū and iwi. Beyond whānau, then, hapū and iwi have a role to play in addressing vulnerability.

² Gluckman, P. (Ed) (2011) *Improving the Transition: Reducing Social and Psychological Morbidity During Adolescence. A report from the Prime Minister's Chief Science Advisor.* Office of the Prime Minister's Science Advisory Committee, Auckland, p9.

³ Nixon, P. & Ritchie, M. (2011) Strong partnerships to protect children. *A newsletter from the Office of the Children's Commissioner*, Spring 2011, No.78.

⁴ In particular, the Children, Young Persons, and Their Families Act 1989; Care of Children Act 2004; United Nations Convention on the Rights of the Child 1989; New Zealand Bill of Rights 1990; Declaration of Indigenous Rights; and the Treaty of Waitangi.

Under Article Two of the Treaty of Waitangi, Māori have a right to have wellbeing framed as *Māori*, located within whānau, hapū and iwi social structures of Te Ao Māori (the Māori world). Under Article Three, Māori also have rights as citizens to be afforded the duty of care extended to all New Zealand children.

The demographic characteristics of Māori differ in significant respects from those of other New Zealanders. In particular, the New Zealand population identifying as Māori have a much larger proportion of children and young adults than the general New Zealand population. Approximately one in three children entering the New Zealand school system are now identified as Māori and/or Pacific Nations ethnicity:⁵

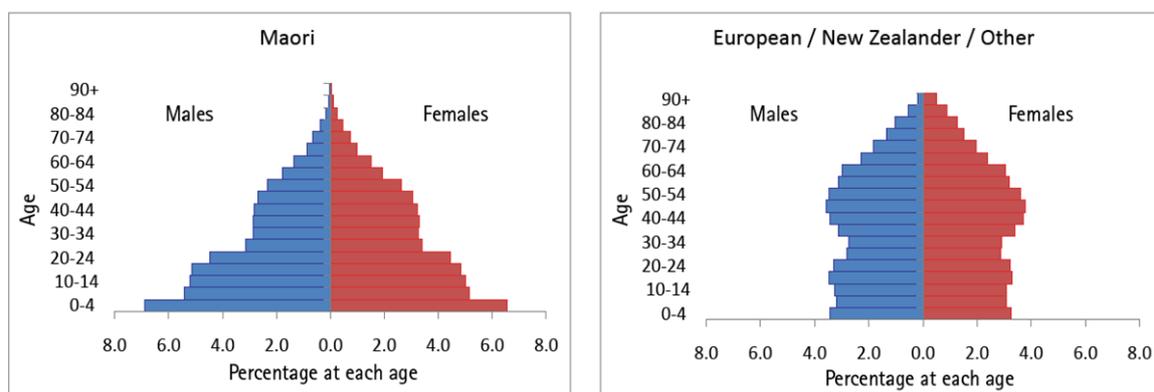


Figure 2 Age-sex structure by major ethnic group (2011 on 2006 Base)

Māori whānau are more likely than the general New Zealand population to experience the stressors (financial stress, youthful and sole parenthood) and difficulties (mental and physical ill-health and addiction issues) that make them, and their children, vulnerable to violence, child abuse and neglect.

Traditional Māori child-rearing was characterised by whānau involvement in and responsibility for child care. Early observers particularly noted the constant involvement of fathers and male whānau members in child care, the close and affectionate relationships between grandparents and their mokopuna, the absence of a culture of physical punishment of tamariki, and the engagement of children in all aspects of whānau, hapū and iwi life.⁶

The Families Commission has received clear messages from Māori social service agencies, whānau, hapū and iwi representatives and communities that:

- > Reducing vulnerability and preventing abuse and neglect for Māori children must involve whānau.
- > Māori groups wish to take more responsibility for their own whānau and communities.
- > Trust and distrust are major issues for whānau and agencies working with them. Whānau distrust of government agencies is widespread. Distrust leads to whānau 'shut-down' – avoidance and resistance, thus inhibiting the ability of agencies to effectively assess and address risk and vulnerability factors.

⁵ Statistics New Zealand (2008)

⁶ Jenkins, K., Harte, M.K., & Te Kahui Mana Ririki (March 2011) *Traditional Maori Parenting: An Historical Review of Literature of Traditional Maori Child Rearing Practices in Pre-European Times*. Office of the Children's Commissioner, Wellington.

- > Māori organisations are more likely to be trusted, and more able to develop relationships with whānau that facilitate communication and effective assessment of risk and vulnerability, while also enabling prevention and early and positive intervention.⁷

Defining vulnerability

Build on the strengths of families

A key part of the Families Commission’s role, set out in the Families Commission Act 2003, is to identify and have regard to factors that help to maintain or enhance families’ resilience and strengths. In our research with families and whānau we take a strengths-based approach. The concept underpinning the Green Paper – child vulnerability – is not strengths-based. The flip side of vulnerability is resilience, and we would prefer this was the conceptual framework underpinning the Green Paper.

Assuming the Minister continues to use vulnerability as the conceptual framework for the White Paper, defining vulnerability is a difficult but necessary task. A definition will determine:

- > the scope of the population deemed to be vulnerable or at risk of vulnerability
- > the types of interventions and support services
- > the source and amount of Government funding.

It is critical that the final definition is explicit and is agreed across Government and the broader community and NGO sector.

A clear articulation of both the causes and effects of vulnerability will lead to an effective response. Risk factors often interact and have a cumulative effect. Protective factors can prevent vulnerability even when risk factors are present. The majority of risk factors are in the environment surrounding the child, that is, children are living in vulnerable circumstances.⁸ This is illustrated below:

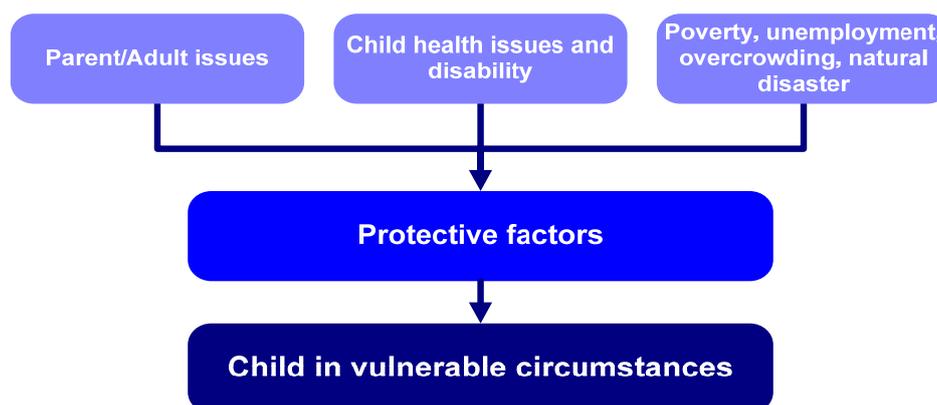


Figure 3 Risk and protective factors lead to children in vulnerable circumstances

⁷ Families Commission (unpublished 2012) He Ara Whakamua Wananga, Auckland. Families Commission, Wellington.

⁸ For a discussion of risk and protective factors refer to: Kerlake Hendricks, A., & Stevens, K. (2012) *Safety of Subsequent Children: International Literature Review*. Families Commission, Wellington. Centre for Social Research and Evaluation (2011) *Vulnerable Children: Numbers and Risk Factors*. Ministry of Social Development, Wellington.

Let's agree what vulnerability means

However, the definition of vulnerability is not at all clear in the Green Paper. Is the scope of the White Paper to cover all the aspects of vulnerability included in figure 3 above?

Or will the White Paper be focused specifically on reducing the incidence of child abuse and neglect?

Five Key Actions

There are five key actions that will reduce child vulnerability, and abuse and neglect in New Zealand:

1. Prevention / investing in prevention
2. Early detection and early intervention
3. Effective response to notifications of abuse and neglect
4. Rehabilitation
5. Evaluation and investment in effective practices and services

These five key actions *all* need to be addressed. MacMillan et al⁹ propose the following framework for the prevention of child maltreatment:

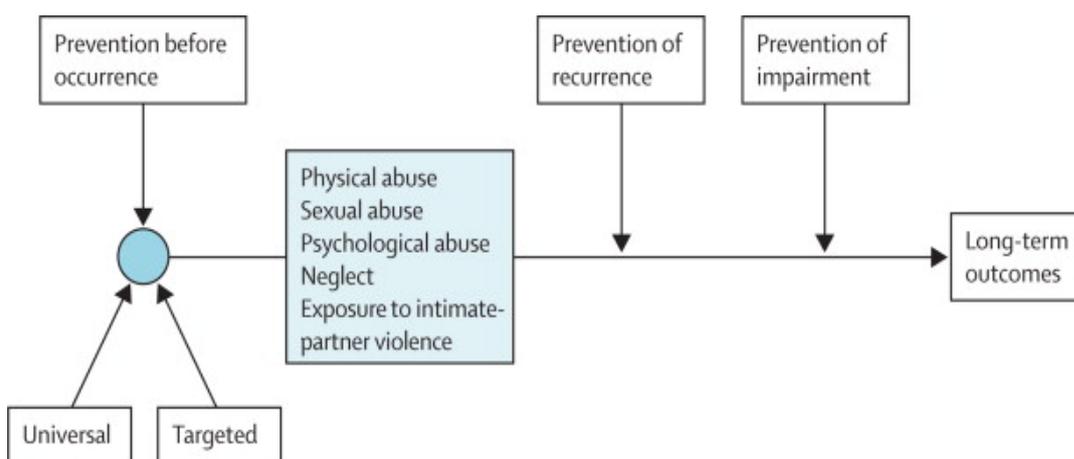


Figure 4 Framework for prevention of child maltreatment

Key Action 1 – Prevention / Investing in Prevention

The prevention of child vulnerability, and abuse and neglect, should be a key goal of the White Paper.

The World Health Organization and International Society for the Prevention of Child Abuse and Neglect note:

⁹ MacMillan H., Wathen N., Barlow, J., Fergusson D., Leventhal J., & Taussig H. (2009) Child maltreatment three. Interventions to prevent child maltreatment and associated impairment. *The Lancet*, Vol 373, issue 9659, 250-266.

There is sufficient evidence, including in the scientific literature, to state with full confidence that child maltreatment can be prevented. Despite this, little attention in terms of research and policy has been given to prevention.

Many existing prevention efforts consist of the early identification of cases of child maltreatment and interventions to protect the children involved. This strategy is indeed a form of prevention and may well be beneficial to individual children and families. It will not, however, lead to a large-scale reduction in the incidence of child maltreatment that is possible using strategies that address the underlying causes and contributing factors.¹⁰

Our own Chief Science Advisor to the Prime Minister notes:

Social investment in New Zealand should take more account of the growing evidence that prevention and intervention services applied early in life are more effective in altering outcomes and reap more economic returns over the life course than do strategies applied later. This will require long-term commitment to appropriate policies and programmes.¹¹

We recommend the following interventions to prevent child vulnerability, and abuse and neglect:

- > Whānau Ora
- > parenting support
- > public education campaigns
- > addressing the root causes of vulnerability and child abuse and neglect.

Whānau Ora

Continue investment in Whānau Ora – with a robust evaluation

Whānau Ora philosophy and practises are based on providers working in partnership with vulnerable families and whānau, and communities. The focus is on both child and whānau wellbeing. While Whānau Ora providers are committed to ensuring the immediate safety of children, the medium and long-term goals are to increase wellbeing of whānau, to reduce whānau (including tamariki) vulnerability to a range of negative health and social outcomes, including child abuse and neglect.

We recommend continued government investment in Whānau Ora initiatives, with a robust evaluation. What we do know now is that current services are having limited success for vulnerable tamariki, families and whānau.

Parenting support

Make a difference with parent support

Parent support and development programmes can make a positive difference, especially as part of overall strategies

¹⁰ World Health Organization & International Society for Prevention of Child Abuse and Neglect (2006) *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*. World Health Organization, Geneva, p32-33.

¹¹ Gluckman, P. (Ed) (2011) *Improving the Transition: Reducing Social and Psychological Morbidity During Adolescence. A report from the Prime Minister's Chief Science Advisor*. Office of the Prime Minister's Science Advisory Committee, Auckland, p2.

to address issues affecting parents' and children's lives.¹² Research shows:

- > early interventions report better and more durable outcomes for children, but later intervention is better than none and may help parents under stress.
- > the most effective interventions will have:
 - a strong theoretical base and model of the mechanism of change
 - measurable, concrete objectives and aims
 - more than one method of delivery
 - close attention to attracting, retaining and engaging parents
 - a variety of referral routes
 - manualised programmes to maintain programme integrity
 - delivery by trained and skilled staff, backed up by good management and support
 - a parallel focus on parents, families and children.¹³

Useful elements of parenting support programmes include: education about child development, practical life skills, parenting skills and couple relationship education.

We need to review funding for parenting programmes

In 2003/04 government contracted \$30.5 million for parenting programmes. This is a significant investment. The Families Commission recommends reviewing this funding, using what we know about effective services as assessment criteria.

Rokx¹⁴ argues that parenting programmes that are not based on Māori values and childrearing practices inhibit positive outcomes for Māori parents.

Whānau Toko I Te Ora is delivered through Māori Women's Welfare League. The main objectives are to promote and improve positive parenting skills, confident family functioning, relationships and mental outlook, and learning and development opportunities for children. This programme is targeted at Māori whānau with medium to high needs and is delivered through home visiting, a whānau learning programme and group support. Five success factors of the programme are that it is: broadly-based and established on negotiated goals; incremental, allowing for gradual, self-motivated change; targeted; flexible; and supported by committed kaiāwhina who are support people, counsellors and role models. An outcome evaluation was undertaken in 2002 by Ian Livingstone.

Tips and Ideas on Parenting Skills (TIPS) was developed by Far North REAP in consultation with Māori communities to meet the needs of vulnerable and isolated families and has bicultural components. The objectives are: to promote responsible parenting; to enhance parents knowledge of effective behaviour modification; to foster the use of parenting techniques that build self esteem in children; to share difficulties and facilitate personal awareness and growth in parents; to build parents'

¹² Families Commission (2005) *Review of Parenting Programmes*. Research Report No 2/05, Families Commission, Wellington, p5.

¹³ Reported in Families Commission (2005) *Review of Parenting Programmes*. Research Report No 2/05, Families Commission, Wellington, p16.

¹⁴ Rokx, H. (1998) *Atawhainga te Pa Harakeke/Nurture the Family*. Paper presented to the Twelfth International Congress on Child Abuse and Neglect. Early Childhood Development, Auckland.

confidence in themselves. The programme includes: an emphasis on communication skills; relationship building strategies; the use of role play scenarios of common family situations. An evaluation of the programme in New South Wales, Australia, in 2005 showed positive outcomes for parents and children and was very highly rated by participants. Gifford and Pirikahu (2008) implemented and evaluated a TIPS parenting programme for Ngāti Hauiti whānau.

Triple P (Positive Parenting Programme) aims to prevent behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. There are five levels of intervention:

1. Universal – all parents interested in information about parenting and promoting their child’s development (minimal contact with professional staff – print media, telephone)
2. Selected – parents with specific concerns about their child’s development (face-to-face or telephone)
3. Primary Care – parents with specific concerns who require consultations or active skills training (80mins over four sessions)
4. Standard, Group or Self Directed – parents wanting intensive training in positive parenting skills. Typically parents of children with more severe behaviour problems, such as aggressive or oppositional behaviour (10hrs over eight to ten sessions)
5. Enhanced – parents of children with concurrent child behaviour problems and family dysfunction, such as parental depression or stress, or conflict between partners (intensive individually tailored program – up to 11 sessions).

A number of studies have found levels four and five Triple P programmes work.

Public education campaigns

Continue to invest in It’s Not OK and SKIP

A child-centred approach recognises the role played by neighbourhoods, the community and society generally in supporting children, families and whānau. The family violence It’s Not OK campaign and the Ministry of Social

Development’s SKIP programme are both solid investments that should continue to receive government funding.

Addressing the root causes of vulnerability and child abuse and neglect

Let’s address the root causes of child abuse and neglect

As Mick Brown noted in his inquiry into Child, Youth and Family (CYF) in 2000,¹⁵ child abuse and neglect is an adult problem. It is equally important to address the symptoms *and* the root causes of child vulnerability, and abuse and neglect.

¹⁵ Brown, M. (2000) *Care and Protection is About Adult Behaviour: The Ministerial Review of the Department of Child, Youth and Family Services*. Ministry of Social Development, Wellington.

The issues that affect children are adult issues

Research consistently identifies that parents who abuse or neglect their children are experiencing significant and complex stress.¹⁶ This stress does not excuse their behaviour; but it does help us to understand why they inflict

harm on their children, and, therefore, what might be done to prevent abuse and neglect.

Adult issues commonly include:

- > parental drug and alcohol addiction and abuse
- > parental mental health issues
- > intimate partner violence
- > parental intellectual disability
- > lack of parenting skills, associated with unrealistic expectations of child development
- > parents' own experience of being in state care
- > parents' own experience of childhood sexual abuse
- > grief and loss experienced after a previous child's removal.

It will also be necessary to address the issues that are widely recognised¹⁷ to predispose vulnerability and child abuse and neglect, including poverty, unemployment and overcrowding. The White Paper should make explicit links with the Ministerial Committee on Poverty and the government's response to the Welfare Working Group.

Key Action 2 – Early Detection and Early-Intervention with Vulnerable Children and Families

Early detection

Well Child is an opportunity to target needs assessment for vulnerable families

Access to universal services, such as Well Child and Tamariki Ora services, allows for early screening and detection of families with additional needs without stigmatisation. We endorse the way forward proposed by Dr Pat Tuohy that Well Child moves “towards a needs assessment model for targeting additional services to

vulnerable families...develop[ing] this new model over time into a multi-sectoral assessment framework”.¹⁸

The World Health Organization¹⁹ identifies practitioners in the health sector as having a key role in identifying, screening, treating and referring cases of abuse and neglect.

¹⁶ Kerslake Hendricks, A., & Stevens, K. (2012) *Safety of Subsequent Children: International Literature Review*. Families Commission, Wellington.

Cram, F. (2012) *Safety of Subsequent Children: Maori Children and Whānau, A Review of Selected Literature*. Families Commission, Wellington.

¹⁷ World Health Organization. *World Report on Violence and Health. Chapter 3: Child Abuse and Neglect by Parents and Other Caregivers*. Accessed 13 February 2012 from http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap3.pdf

¹⁸ Tuohy, P. (2011) Universal and targeted services for children. *Children: A Newsletter from the Office of the Children's Commissioner*. Spring 2011, No.78. Office of Children's Commissioner, Wellington, p33.

¹⁹ World Health Organisation. *World Report on Violence and Health. Chapter 3: Child Abuse and Neglect by Parents and Other Caregivers*. Accessed 13 February 2012 from http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap3.pdf

Consequently, training health professionals in the early detection of abuse and neglect, and to ensure they know how to refer cases on, is a priority.

Keep training our health professionals in the detection of abuse and neglect

We endorse the calls for more information sharing among professionals and other practitioners working with vulnerable families, and for law relating to privacy to be clarified. We note, however, the attempt to create an information sharing database in the UK ('contactpoint' through the Children's Act 2004) has been put on hold.

This will have lessons for New Zealand.

Principles of 'what works' for early-intervention services

We know what works. Let's use that knowledge to decide how the money is spent

In summary, principles of effective early-intervention programmes and services are:²⁰

- > a family-centred focus
- > cultural appropriateness
- > strong engagement and retention strategies
- > strong relationships
- > sound base of theory and intervention logic
- > structure and flexibility
- > prolonged interventions of varying intensity
- > accessibility
- > well-run, co-ordinated and integrated services
- > built-in evaluative practice.

We recommend these principles be used to guide contracting and funding of early intervention services.

Te Aroha Noa Community Services, based in Highbury, Palmerston North, offers a wide range of services, including HIPPY, SKIP, early childhood education, counselling and adult education. Achievements for Te Aroha Noa include improved positive parenting practices, families proactively engaged in activities, increased uptake of adult education opportunities, and families more engaged with their community.²¹

Victory Village in Nelson comprises the Victory Community Health Centre and Victory School. Victory Village operates as a community hub for service providers, to connect with the community, the school and families. The Health Centre has three strands: one-to-one services for families; community centre programmes including physical activity, social and educational programmes; and community events. From the year 2000 to 2009 overall academic achievement rose at Victory School by more

²⁰ Refer to the following two reports:

Families Commission (2010) *Early Years Policy Forum: Principles of 'What Works' for Early-Intervention Services*. Families Commission, Wellington.

Gray, A. (2010) *Early-Intervention Support and Vulnerable Families and Whānau*. Families Commission, Wellington.

²¹ Handley, K., Horn, S., Kaipuke, R., Maden, B., Maden, E., Stuckey, B., Munford, R., & Sanders, J. (2009) *The Spinafex Effect: Developing a Theory of Change for Communities*. Innovative Practice Fund No 4/09 Families Commission, Wellington.

than 30 percent. The link between positive changes at Victory Village and improvements in school and family relationships is strong, although a causal link can not be shown.²²

Key Action 3 – Effective Response to Notifications of Abuse and Neglect

Mandatory reporting

Mandatory reporting has been proven to enhance public awareness of the issue of child abuse. There is, however, a lack of evidence that mandatory reporting is effective in reducing child deaths or maltreatment.²³

Experts suggest that a comprehensive approach to recognising and addressing child abuse is required, with mandatory reporting *part of* a complementary package including public and professional education, alert systems, improved relationships between health and social sector agencies and interagency information sharing.²⁴

Drawing on national and international research literature, Hill (2010) outlines the benefits and disadvantages of mandatory reporting, cautioning that there is a lack of empirical data on the effectiveness of mandatory reporting systems. The benefits of mandatory reporting include: enforcing a legal responsibility for professionals to report; raising public awareness of child abuse and reporting processes; encouraging early identification and reporting. The disadvantages include: increases in reports of child abuse may pose problems if there are inadequate resources to respond effectively; trust in the system may diminish if cases are not responded to effectively once they are reported; resources become focused on the need to investigate with less attention to ongoing help that is needed.²⁵

If the government decides to employ a mandatory reporting regime, consideration should be given to which agency would receive the mandatory referrals. Given the current perception of, and dissatisfaction with CYF, it may not be the first choice.

²² Stuart, D. (2010) *Paths of Victory: Victory Village (Victory Primary School and Victory Community Health Centre) – A case study*. Innovative Practice Fund No 8/10, Families Commission, Wellington.

²³ Ainsworth, F. (2002) Mandatory reporting of child abuse and neglect: does it really make a difference? *Child and Family Social Work*, 7:1:57-63

Hill, N. (2010) *Child Protection: Mandatory Reporting*. Unpublished paper prepared for the Waitemata District Health Board meeting, 31 March 2010. Accessed 20 June 2011, at http://www.waitematadhb.govt.nz/LinkClick.aspx?fileticket=OFb3kiC_2xs%3D&tabid=161&mid=560

²⁴ Kerslake Hendricks, A., & Stevens, K. (2012) *Safety of Subsequent Children: International Literature Review*. Families Commission, Wellington.

Kelly, P. (2000) *Mandatory Reporting: A Paediatrician's Perspective*. Presentation to Stop the Hurt conference.

²⁵ Hill, N. (2010) *Child Protection: Mandatory Reporting*. Unpublished paper prepared for the Waitemata District Health Board meeting, 31 March 2010. Accessed 20 June 2011, at http://www.waitematadhb.govt.nz/LinkClick.aspx?fileticket=OFb3kiC_2xs%3D&tabid=161&mid=560

Iwi, hapū and Māori social service agencies

Māori communities, structures and systems have significant potential to respond effectively to notifications of neglect and abuse. Tikanga, respect, trust and continuity are essential elements of effective responses for vulnerable tamariki and whānau. There is concern that these elements are missing from governmental agencies such as CYF, with multiple agency involvement seen as unhelpful. Māori communities and social service providers express concerns about CYF's methods of responding to notifications. Many, including social workers, perceive CYF as having an almost exclusively short-term focus on child safety, and insufficient medium and long-term focus on the wellbeing of tamariki. Māori social service agencies question the effectiveness of CYF at keeping tamariki safe once they are in the CYF system.²⁶

It's time to explore different ways of working with Māori

The role of CYF as the child protection agency responsible for removing at risk children makes it inevitable that there will be problems in rebuilding trust with whānau. It is strongly recommended that Government actively explore and enact different ways of working with Māori. This may involve, for example, some devolution of responsibilities, negotiations with Iwi authorities about whole-of-government arrangements, and further development of iwi or Māori social service agreements.

Intensive foster care for vulnerable children with complex needs – a case for matua whāngai and professionalisation of foster care

Children in care are some of New Zealand's most vulnerable children. One factor significantly contributing to their vulnerability is the instability of placements. Our current foster care system is based on a volunteer model of altruism. We do not believe the right incentives exist to attract the best foster carers to achieve the best outcomes for our most vulnerable young people.

We endorse the principles of the Children, Young Persons and Their Families Act 1989 that, where a child or young person is removed from their family and cannot return for safety reasons, wherever possible they should live in a family-like setting, maintain and strengthen their links with their family, and maintain their personal and cultural identity (s13(f)), and be given an opportunity to develop a significant psychological attachment with a caregiver (s13(h)). We note the importance of a broad definition of family, one that includes the wider whānau.

We also note Article 9 of the United Nations Convention on the Rights of the Child, that a child shall not be separated from their parents except where it is in their best interests, due to child abuse or neglect; and that the child has the right to maintain a relationship and regular contact with their parents, where that is in their best interests.

We also note the discussion in Mel Smith's report about the lack of research into outcomes for children and young people in kinship care,²⁷ and CYF's response that research about kinship care is underway, with findings to be reported in 2012.²⁸

²⁶ Families Commission (unpublished 2012) He Ara Whakamua Wananga, Auckland. Families Commission, Wellington.

²⁷ Smith, M. (2011) *Following an Inquiry into the Serious Abuse of a Nine Year Old Girl and Other Matters Relating to the Welfare, Safety and Protection of Children in New Zealand*. Report to Hon Paula Bennett, Minister for Social Development and Employment, Wellington.

Bring back the matua whāngai model

The matua whāngai model which operated in the 1980s is widely lauded by Māori social service providers and whānau. However these whānau must have adequate resourcing, including training and support services, if the full cost of caring for these tamariki is not to fall back on the state.

Provide intensive foster care for children who can't return home

Intensive foster care programmes use highly skilled foster parents who receive specialised training and are supported by a clinical team. They receive higher rates of remuneration than other foster parents. Intensive foster care has been shown in the US to be effective for children with complex needs.²⁹ This model of paying for highly skilled and supported “professional” caregivers for our most vulnerable children warrants further exploration.

Key Action 4 – Rehabilitation

Rehabilitation is vital for children and young people who have suffered harm. CYF should be resourced to enable children and young people to receive services based on an assessment of their needs. This is an important investment in New Zealand’s future adult citizens and future parents.

The parents or family members who have harmed children, alongside being held accountable for their actions through the justice system, should also receive rehabilitative services, again based on assessment of their needs. Providing treatment and rehabilitation services to parents, even after child removal, is important because: they are likely to have ongoing contact with the child who has been removed; they may have more children; they may move into a family with children; removed children are likely to seek out a relationship with their parents in the future; whānau ora (the ability of the whānau to support the wellbeing of members) needs to be restored.

We need to look at needs assessment and rehabilitation for adults who have harmed children

In our ‘Safety of Subsequent Children’ literature review, we found that in 2010, 45 percent of the children in out of care also had siblings who had previously been removed from their parents.³⁰ When a child is removed from their parents by CYF, there is an opportunity to intervene with a family who is in real need of help. We recommend a needs assessment and plan be developed for parents who have had a child removed, which includes mandatory attendance at a parenting support programme.

Currently, no government agency has a clear mandate for linking and co-ordinating child and adult services. Work could be done to build the capacity of adult-focused

²⁸ Child, Youth and Family (2012) *Summary of the Recommendations made in the Mel Smith Report and CYF’s Operational Response*. Accessed on 8 February 2012
<http://www.msd.govt.nz/documents/about-msd-and-our-work/newsroom/media-releases/2011/cyf-response-to-mel-smith-report.doc>

²⁹ Atwool, N. (2010) *Children in Care: A Report into the Quality of Services Provided to Children in Care*. Office of the Children’s Commissioner, Wellington.

³⁰ Kerslake Hendricks, A., & Stevens, K. (2012) *Safety of Subsequent Children: International Literature Review*. Families Commission, Wellington.

services to be more child-sensitive, and child-focussed services to be more parent-sensitive. Overseas experts note:

...adult-focused sectors – such as services for drug and alcohol rehabilitation, mental health, domestic violence, homelessness, and refugee resettlement – have, by building capacity to be child and parent sensitive, untapped potential to reduce risk and increase protection against child maltreatment.³¹

Key Action 5 – Knowing and Investing in What Works

There is a paucity of research about whether New Zealand’s care and protection system works to achieve its goals. This is also true internationally:

The development of a knowledge base to help inform our responses to child maltreatment is still in its infancy.³²

FACS needs a clear funding and evaluation strategy

A government priority must be funding for research and evaluation to ensure the investments government makes for vulnerable children, families and whānau are in services that are known to be effective. Family and Community

Services (FACS) has a critical role to play in funding community organisations to support vulnerable children, families and whānau. Considerable investments are made through FACS in family support services, but far too little is known about the effectiveness of these investments. FACS funding strategy, including how it links with other government funding and service delivery agencies, especially CYF, is not clearly articulated.

Kaupapa Māori research can provide real answers

A key strategy must be to undertake kaupapa Māori research. We recommend further research of Māori and other indigenous models of partnerships which demonstrate success in reducing vulnerability, the

incidence of abuse, and increasing early, effective intervention and rehabilitation for tamariki, whānau and families.

Our care and protection system needs research and evaluation

It would also be timely to review some of the key provisions of the Children, Young Persons and Their Families Act 1989.

Strong Leadership and Partnership with Iwi/Māori

Strong, strategic leadership is critical. We are interested in the concept of a departmental joint venture, proposed by the Social Sector Forum in their recent briefing to the incoming government.³³ Vulnerable children and their families experience a

³¹ Scott, D. (2009) The landscape of child maltreatment. *The Lancet*, 373, p101.

³² Scott, D. (2009) The landscape of child maltreatment. *The Lancet*, 373, p101.

³³ Social Sector Forum (2011) *Briefing to the Incoming Government*. Social Sector Forum, Wellington.

range of issues that cross Ministerial portfolios and government departments. Australian child protection expert Dorothy Scott notes:

*The shift in some jurisdictions towards approaches that attempt to integrate child health, education, and social services to promote early intervention and holistic care are encouraging signs.*³⁴

Given the significant proportion of tamariki Māori in the New Zealand population, and the numbers of tamariki Māori identified as vulnerable, leadership from within whānau, hapū, iwi and Māori communities is important. Government can and should support positive leadership within whānau, hapū, iwi and Māori communities by recognising such leaders at all levels (eg whānau level as well as iwi and community levels). Government and regional and local government agencies can also empower leaders within whānau, hapū, iwi and communities by engaging in meaningful dialogue and exercising partnership principles in their policies and practises.

Partnerships with iwi/Māori are the way forward for government

Leaders are those who have mana in whānau, hapū, iwi and communities. Their words are listened to and their lead is followed because of this. Whānau, hapū, iwi and Māori community leaders have the most power to effect positive

change if they are supported and empowered by the Government and government agencies.

If government wants to make a real difference in the lives of vulnerable Māori children and whānau, it needs to engage in real partnerships with Māori.

In contrast there are a number of validated partnership approaches involving Māori and other indigenous communities, which are led by the indigenous partners and supported by government agencies, which have proven efficacious and cost effective.

The **Hollow Water First Nation Community Holistic Circle Healing Strategy** is described as *"the most mature healing process in Canada"*. The model is led by first nations communities working with their own families and communities to reduce child abuse. The community also partners with government police, justice and child welfare agencies. The Hollow Waters model is described as *"integrating elements for a number of federal and provincially funded services (i.e. policing, justice, corrections, health and social services)"*. The successful results of this indigenous community-developed and led strategy are well documented. Results include reduced costs to federal and state governments, markedly reduced child physical and sexual abuse, reduced youth offending and increased uptake of alcohol and drug treatment services.³⁵

³⁴ Scott, D. (2009) The landscape of child maltreatment. *The Lancet*, 373, p101.

³⁵ Public Safety Canada; Government of Canada. A Cost-Benefit Analysis of Hollow Water's Community Holistic Circle Healing Process. <http://www.publicsafety.gc.ca/res/cor/apc/apc-20-eng.aspx#summary>