

Volume II

The White Paper
for Vulnerable
Children



THE WHITE PAPER FOR
VULNERABLE CHILDREN

Executive summary



- 1 A minority of children in New Zealand are at significant risk of harm to their wellbeing now and into the future because of the environment in which they are being raised and, in some cases, their own complex needs. Environmental factors that influence child vulnerability include not having their basic emotional, physical, social, developmental and cultural needs met at home and/or in their wider communities.
- 2 The concept of vulnerability provides a way of thinking about children that recognises that their needs do not always fit neatly into the service categories of government agencies, and that their wellbeing depends on the actions of their parents, their wider families and whānau, their communities and government. The factors that make children more or less vulnerable are often multiple and interrelated in complex ways. Addressing those factors requires co-ordinated action across the social sector, with families, communities and government working together.
- 3 This White Paper sets out:
 - what the Government is doing to address the factors that place children at risk of becoming vulnerable, as well as the factors that protect children from vulnerability
 - major changes to the way in which children at risk of, or experiencing, maltreatment are identified and have their needs responded to.
- 4 The White Paper outlines a set of reforms that:
 - help to ensure that parents, caregivers, family, whānau and communities understand and fulfil their responsibilities towards children, as the single most critical factor in the care and protection of vulnerable children
 - give professionals new tools so that they can identify earlier children at risk of, or currently experiencing, maltreatment
 - build a new community-based approach to meeting the needs of children at risk of maltreatment as early as possible
 - reinforce joint responsibility and action across government to improve outcomes for children within target populations
 - develop a new direction for the way that Child, Youth and Family, justice, health, education and welfare agencies, professionals and other organisations work together, and an information platform through which they can record and share information
 - develop a new cross-agency Strategy for Children and Young People in Care
 - build a children's workforce that is responsive to the needs of vulnerable children
 - introduce a range of new measures to manage adults at high risk of abusing children.
- 5 At the heart of the White Paper is a blueprint for a new interagency service response targeted at some of our most vulnerable children. The key features of this service are:

- a *Child Protect line* – a single point of contact (with a free phone line) for public and frontline professionals with concerns about vulnerable children. Depending on which is the most appropriate service to respond, concerns will be directed to Child, Youth and Family, intensive family support in the form of new Children’s Teams, early intervention or universal services
 - *Children’s Teams* – key community professionals from across sectors, supported by new risk-assessment tools. The Teams will ensure that children at risk of maltreatment are identified early, have their needs and strengths assessed, and receive services to achieve outcomes
 - *Common assessment and planning* – whole-of-child assessments of children’s needs, which will be addressed by single plans covering all their needs, co-ordinated by lead professionals.
- 6 New measures will be introduced to ensure vulnerable children have access to the services they need, particularly intensive home visiting initiatives, and mental health and addiction services for children and their parents (including services for children of parents with mental illness and addictions).
 - 7 This service will be supported by new tools to assist professionals working with vulnerable children. These will include a new information-sharing platform providing controlled access to relevant information from a number of databases, and enabling information-sharing to support integrated case management and the ongoing monitoring of outcomes for vulnerable children.
 - 8 The service will be targeted at children vulnerable to maltreatment, and will be introduced to the existing spectrum of services currently available for children (see the diagram below). The focus on those who are at risk of maltreatment, or are currently being maltreated, will not be at the expense of existing universal services available for all children, which are instrumental in preventing vulnerability. The Government will also continue to maintain and strengthen its investment in other targeted services that address the needs of children across the broad spectrum of vulnerability.
 - 9 Frontline leadership of and support for these reforms will be fundamental to their successful implementation. The Government will partner with the front line to develop and implement a *Children’s Workforce Action Plan* that will emphasise the role of professionals in safeguarding children, and will help to ensure that the children’s workforce has the appropriate standards and competencies for working effectively with vulnerable children and their families and whānau. A key part of the plan will be fostering a sense of common purpose and a shared understanding of what needs to be achieved.
 - 10 Reforms will also be supported at the regional and national levels through new cross-agency governance arrangements. These will include a new Chief Executives’ Vulnerable Children’s Board of to provide sustained strategic leadership, and Regional Directors who will be accountable for vulnerable children’s outcomes.
 - 11 A Vulnerable Children’s Bill will be introduced in 2013 to bring about the legislative changes required to support these reforms. This will include changes to the Children, Young Persons, and their Families Act 1989.

- 12 A key theme of this White Paper is shared responsibility for vulnerable children, out of a recognition that addressing the needs of such children requires action at all levels: parents, families and whānau, communities and government.
- *Parents, families and whānau* – better approaches to the planning and co-ordination of services, including services for parents, to meet the needs of vulnerable children, better engagement with universal maternity, well-child and early childhood education services, a more comprehensive management of adults who pose a risk to children, and a comprehensive review of parenting programmes to ensure that they meet the broad spectrum of parental needs.
 - *Communities* – mechanisms to leverage community-level leadership and responses to the needs of vulnerable children, including iwi and hapū, a public awareness initiative to encourage communities to take responsibility for vulnerable children, and improvements to the funding, contracting and mix of available services.
 - *Government* – collective responsibility and accountability for vulnerable children, shifting funding to services based on known effectiveness, actions to ensure that policies and practices are child-centred, and that children’s wellbeing and interests are given primary consideration.
- 13 In combination, the actions of the White Paper will constitute the most comprehensive changes to policy and services for children vulnerable to maltreatment since the passage of the Children, Young Persons, and their Families Act 1989.

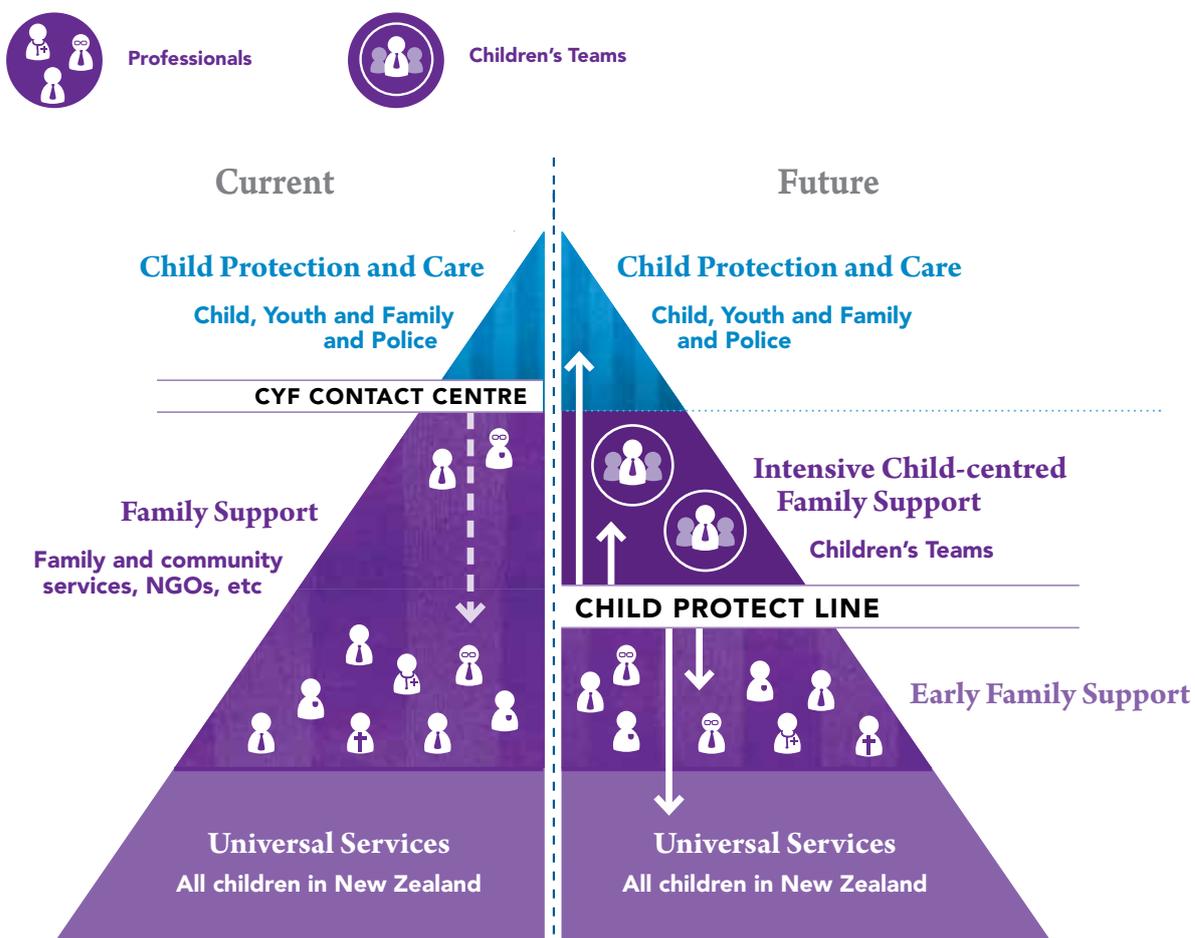


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Introduction

- 1 On 27 July 2011 the Government released a *Green Paper for Vulnerable Children* to seek the views of New Zealanders and encourage debate on how we as a nation can better protect our children from abuse and neglect.
- 2 This consultation document attracted around 10,000 submissions from the general public, frontline workers, non-government organisations (NGOs), other organisations, and children and young people. The submissions were analysed and the findings published in August 2012. This analysis can be accessed at <http://www.childrensactionplan.govt.nz/>
- 3 Cabinet directed Social Sector Forum chief executives to form a cross-agency working team to develop the *White Paper for Vulnerable Children*. This cross-agency team included representatives from the Ministries of Social Development, Education, Health and Justice, the Treasury, the New Zealand Police and Te Puni Kōwhiri.
- 4 In developing the White Paper, officials have drawn from the analysis of the Green Paper submissions. The analysis and recommendations have been informed by local and international sources of research, practice and policies about vulnerable children. Part of this has entailed a consideration of how initiatives tried elsewhere fit with our unique social and cultural context.
- 5 Officials have also drawn on the recent findings and recommendations of the Experts' Forum on Child Abuse, Mel Smith's report on the *Inquiry into the Serious Abuse of a Nine-Year-Old Girl* and Coroner Garry Evans' report on the inquest into the deaths of the Kahui twins. High-profile reports on child deaths and serious injuries have also been considered, including the Children's Commissioner's report on the death of James Whakaruru, and the report on the deaths of 12-year-old Saliel Aplin and her 11-year-old sister Olympia.
- 6 The proposals in the White Paper have also been tested and refined in workshops with key NGO representatives and with leading professionals from the health, education, justice and social services sectors, including Māori service providers. The workshops provided opportunities to design the new service response to reflect frontline expertise, and to highlight implementation issues.

Overall structure of the White Paper

- 7 This document is one of four components that collectively comprise the *White Paper on Vulnerable Children*:
 - **Volume I** contains the Government's key proposals. It sets out clearly the actions the Government will take to get better outcomes for our most at-risk children.
 - **Volume II** is for those who want more detail. It contains the evidence and detailed policy rationale for each of the proposals in the White Paper.
 - **Volume III** is a summary of the 9,985 submissions we received on the Green Paper, providing a feel for the weight of submissions on each issue.

- The **Children’s Action Plan** sets out the key activities arising from the White Paper in the first five years of implementation, and the high-level timeframes for implementing those activities.

Structure of Volume II

8 The overall structure of Volume II is set out below:

Why vulnerable children?

- 9 The concept of vulnerability recognises that child development is a multidimensional process, and the factors that pose risks to children’s development are many, varied and interrelated. Chapter One, ‘Child vulnerability’ describes the impacts of early experiences on brain development in infancy and childhood, particularly the impacts of stress and trauma on future wellbeing, and the role of parenting in a child’s development. It also discusses the factors that threaten this development, including mental and physical health, material hardship and inadequate housing, and violence, as well as the various factors that protect children from these risks and make them more resilient in the face of adversity.
- 10 Based on the principle that prevention is usually better than cure, Chapter Two, ‘Preventing vulnerability’ describes the principles of an effective preventive approach, and what the Government is doing to both build protective and resilience factors and address the factors that place children at risk. Central to such an approach is improving support to parents, strengthening and extending the existing government services universally available to all children, and addressing wider social problems such as poverty, inadequate housing, alcohol-related harm and mental health issues.

Who is the Government most concerned about, and how do we find them?

- 11 As the first two chapters demonstrate, universal services are important but not all children are vulnerable to the same degree, and some children and families need additional assistance. Chapter Three, ‘Targeting to reduce vulnerability to maltreatment and improve outcomes’, examines the rationale and benefits of targeting to reduce the extent and impacts of child abuse. Given the association between maltreatment and poor outcomes later in life, it describes the groups that are seen as a priority and thus targeted for more intensive services: children at risk of, or currently experiencing, maltreatment.
- 12 Chapter Four, ‘Identifying children in the target populations’, outlines how the Government aims to improve its ability to locate and intervene with children who are at risk of, or currently experiencing, maltreatment. This will be achieved through better processes for identification, reporting and assessment, and improved processes for sharing information among professionals.

What is the Government’s response to these children?

- 13 The White Paper then focuses on what happens once these children have been identified. Chapter Five, ‘Responding to children at risk of maltreatment’, outlines the services needed for children at risk of maltreatment, including integrated planning and co-ordination across government, and agencies prioritising services to the children in target groups. It describes how the White Paper will help to ensure that the right services are available to address these children’s needs, are culturally appropriate, are timely and are based on sound evidence.

- 14 Chapter Six, 'High-performing child protection services', describes how a new, multi-agency Strategy for Children and Young People in Care will be developed and implemented to improve outcomes for children and young people in State care. The new strategy will be strongly child-centred, establish new multi-agency accountabilities and governance for outcomes for children in care, and be more culturally responsive to Māori. The chapter also sets out how the existing services of Child, Youth and Family will be improved, including strengthening social work practice, reinvigorating the family group conference process, improving information-sharing and multi-agency working, and enhancing workforce capabilities.
- 15 As well as responding better to particular children's circumstances, the Government's protection services can be strengthened by the better management of high-risk adults. Chapter Seven, 'The management of serious abusers', describes how the Government will implement a broader and more coherent regime for the management of such adults, through new 'prevention orders' and more systematic monitoring arrangements.

What can the Government do to make it happen?

- 16 In order to make the required changes happen, the proposals in this White Paper need to be supported by a range of changes at multiple levels, in terms of both 'hard' factors (formal systems, structures and institutions) and 'soft' factors (people and relationships).
- 17 Chapter Eight, 'The children's workforce', describes the changes needed to help to ensure that those working with children are safe to do so, and have the right knowledge and skills to carry out their roles. This will be achieved through an integrated action plan across the entire workforce (both 'core' and 'wider'), which will include vetting and screening processes, and tiered standards and competencies.
- 18 Chapter Nine, 'Governance, accountability and legislation', sets out the 'hard' factors needed to make these changes happen. They include cross-agency networks at national, regional and local levels, supported by changes to the existing legislation, including the Children, Young Persons, and their Families Act 1989.

'Better Public Services' targets

- 19 The Government's 'Better Public Services' targets include specific 'vulnerable children' targets:
 - Increasing participation in early childhood education (ECE).
 - Increasing infant immunisation rates.
 - Reducing the incidence of rheumatic fever.
 - Reducing the number of assaults on children.
- 20 The *Supporting Vulnerable Children Result Action Plan*, released in August 2012, sets out a series of actions for achieving progress towards these targets.
- 21 The White Paper will also contribute to the achievement of these targets by ensuring:
 - that for each of the children within the target population there is one plan, overseen by a lead professional, that includes immunisation, ECE and safety outcomes

- cross-agency information-sharing to monitor progress against immunisation, ECE and safety outcomes
- shared agency responsibility for the goals set out in the plan.

United Nations Convention on the Rights of the Child

22 In 2011 the Committee for the United Nations Convention on the Rights of the Child made 65 observations and recommendations following its examination of New Zealand's compliance with the Convention. The White Paper proposals are consistent with the Convention and will address or partially address many of the Committee's specific concerns, including the recommendations that New Zealand:

- develop a comprehensive, nationwide strategy to address child abuse and neglect
- increase training for professionals working with children to ensure that they can identify and respond to abuse and neglect appropriately
- increase local services to assist parents to raise their children, particularly services for the treatment of alcohol and drug use, and culturally appropriate services.

Design, testing and evaluation of White Paper initiatives

23 The White Paper initiatives are significant and far-reaching and it will take time to design, test and bed in a programme of this scale. In particular, introducing new systems and practice models will require a significant culture change in service delivery, with concomitant teething problems and the opportunity for learning to inform the way forward.

24 This package of initiatives has been tested with senior practitioners and NGO representatives, but some of the details will need to be developed further through testing and implementation processes. Evaluation will also be used to guide the iterative development of many of the initiatives set out in this paper; some of the specific details of the proposals may change as evaluation occurs.

Children are taonga

The approach set out in this paper puts children at the centre of the picture, with supports and services wrapped around them and their needs.

New Zealanders will recognise this as a traditional Māori view of children.

Te reo Māori itself provides a powerful insight into the values and beliefs that placed children at the heart of Māori society, through the kupu Māori (Māori word) for children:

“Tamariki: Tama is derived from Tama-te-ra the central sun, the divine spark; ariki refers to senior status, and riki on its own can mean smaller version. Children are the greatest legacy the world community has”¹.

This highlights the way in which children were viewed as taonga – treasured future leaders, central to the life of the community².

Support, nurture and education came not just from the parents but from relatives and the community. Children lived within an environment that embraced at least three generations. Children were taught all aspects of life through living with, sleeping with and being cared for by their parents, grandparents, grandaunts, granduncles and community.

A child’s place in the world was secure and celebrated, established and nurtured through traditions, legends, whakapapa and karakia, central to the concerns of family, community and society³.

In comparison with European styles of the day, early visitors and settlers considered Māori parents and communities to be overly warm with and indulgent of their children⁴. Thankfully, times have changed and most parents now understand the importance of warm, nurturing and confident parenting in the development and wellbeing of their children.

Today we want all New Zealand children to be treated as taonga. To be treasured, nurtured and protected as future leaders by their parents, families, communities and society.

While Māori children are currently more likely than others to come to the attention of care and protection services, this is a problem that crosses ethnicities and communities.

Likewise the solution won’t rest on a single factor or change, and won’t be fixed by one community or group working alone.

Working to make a difference for a child means working with the family, the whānau and others in the community who have a role to play in treasuring, protecting and nurturing.

1 Pere, R R (1994). *Ako: Concepts of Learning in the Ma-ori Tradition*. Te Kohanga Reo National Trust Board, Wellington.

2 Pihama, L et al (2004). *A Literature Review on Kaupapa Maori and Maori Education Pedagogy*, International Research Institute for Maori and Indigenous Education, University of Auckland.

3 Makareti (1938 original). *The Old Time Maori*, New Women’s Press, Auckland (1986), cited in Pihama.

4 Salmond, A (1997). *Between Worlds: Early Exchanges Between Ma-ori and Europeans 1773 – 1815*, Penguin Books NZ, Auckland.

This recognises and draws upon the strength of whānaungatanga (the protective, nurturing power of the collective) and manaakitanga (the responsibility to look after people and be careful how they are treated).

We recognise that sometimes there will be tensions between this collective vision and the White Paper's clear focus on the interests of the child. When such tensions arise we will work through them to produce the best outcome for the child.

Treating children as taonga is about what parents, whānau, communities and government actually do, what we all do, every day.

Chapter One: Child vulnerability

Introduction

- 1 All children are vulnerable in the sense that they are reliant on the adults around them to provide them with food, shelter, nurturance and protection, in the absence of which their development and wellbeing would be seriously endangered. For most children, these things are provided as a matter of course, as a result of which they generally grow up to be healthy, well adjusted, productive members of society.
- 2 A minority of children, however, are not so fortunate. Risks to their wellbeing come from a range of sources, including both factors associated with the environment within which they are being raised (the family, community, peers and wider society) and factors intrinsic to the children (such as chronic ill-health, disability, age and temperament).
- 3 This chapter:
 - describes the processes of neurological development in the early years and highlights the important role of parents in nurturing children, both in their very early stages and through childhood
 - identifies the principal threats to healthy development
 - provides data on children's exposure to key risk factors
 - details the factors that can protect children who may otherwise be at risk
 - provides a working definition of vulnerability
 - concludes with a more detailed discussion of vulnerability to maltreatment.

Neurological development in the early years

- 4 Human development from the moment of conception to adulthood is an extraordinarily complex process. Development during the early years is especially complex, centred on the rapidly organising brain and related gains in sensori-motor capability, language, cognition and socio-emotional development. These processes take place within an intricate array of external influences, which all help to shape child development and some of which threaten it.
- 5 Because this process surrounds us every day, we tend to take it for granted and not see it for the achievement that it is. While there is endless potential for things to go wrong, most children turn out well, and only a minority experience serious developmental problems or other adverse effects of negative environmental influences in the early years of life.

Early brain development

- 6 At birth, the human brain is only around a quarter of its eventual size. It already contains all of the 100 billion neurons that populate the adult brain⁵. Most subsequent growth occurs during the first three years of life. By age three, the brain has reached about 90 per cent of its adult size. The brain becomes bigger because neurons grow in size and the number of axons and dendrites – the structures that allow neurons to connect with each other – increase⁶.
- 7 The important development that occurs after birth is a proliferation of connections between neurons, known as synapses. During the early months of life, many more synapses are created than will ever be needed in the mature brain. This means that the infant brain has enormous potential for learning. However, it is also relatively inefficient and soon afterwards another process begins, by which little-used synapses are pruned. As a result of these two processes – the blooming and pruning of synapses – by age three infants have around 15,000 synapses per neuron, where they had around 2,500 at birth⁷.
- 8 This process is driven by the things that the infants experience. Stimulating experiences enact certain synapses, which trigger growth processes that consolidate these connections. Synapses appear to be programmed to be eliminated if they are not functionally confirmed⁸. Thus positive experiences lay down pathways for healthy development, while stress and trauma of different types compromise the development of the brain. In this way, both positive and negative experiences are encoded into the developing brain.
- 9 Another important process in the developing brain is myelination. Myelin is the protective coating that sheathes the axons – the long fibrous arms that protrude from neurons. It insulates the axons and speeds the transmission of electrical impulses, making the transmission of signals through the brain more efficient⁹. Anything that hampers this process has a negative effect on the processing capacity of the brain and, consequently, on cognitive development.
- 10 Brain development proceeds from the ‘bottom up’ in the sense that higher-order functions emerge over time to govern the basic instincts of the primitive lower brain. As the higher-order functions – impulse control, socialisation, decision-making and planning – gradually overlay the lower brain, the individual becomes less impulsive, less reactive, more thoughtful in responses. Any factors that interfere with this process, by increasing activity in the brainstem or reducing the moderating capacity of the prefrontal cortex – the seat of higher-order executive functions – will result in less regulated behaviour.

5 Shatz, Carla (1992). The developing brain. *Scientific American*, September, 61–67.

6 *ibid.*

7 University of Maine (2011). *Children and Brain Development: What we know about how children learn*. Cooperative Extensive Publications: Bulletin No. 4356. Available at <http://umaine.edu/publications/4356e/>. Downloaded 24 September 2012.

8 Shonkoff, J P & Phillips, D A (2000). *From Neurons to Neighborhoods: The science of early childhood development*. The National Academies Press, Washington, DC; Thompson, R A (2001). Development in the first years of life. *The Future of Children*, 11(1), 21–33.

9 Tierney, A L & Nelson, C A III. (2009). Brain development and the role of experience in the early years. *Zero to Three*, 9–13 November.

Stress and the developing brain

- 11 The human stress response system evolved through the long years of evolutionary development as a defence mechanism against predators and aggressors that posed a threat to life in the many centuries of pre-history. For this reason it may not be well adapted to the environments in which we live today, in which sources of stress have a different character.
- 12 The system works by preparing the body for fight or flight in the face of a perceived threat. It does this by flooding the body with stress hormones, which perform various functions such as raising the heart rate and blood sugars to ready the body for action and priming the immune system as a pre-emptive preparation against injury. In short periods of acute stress, this has beneficial effects by increasing the individual's chances of surviving the threat.
- 13 However, when the system is activated constantly under conditions of chronic stress, this may have long-term adverse consequences for health, including a heightened risk of heart disease, damage to the immune system and damage to the developing brain¹⁰. Infants may experience the effects of chronic stress even before birth. There is evidence to show that children born to mothers who are chronically stressed in pregnancy are more likely to have emotional and cognitive problems, including attention deficit hyperactivity disorder (ADHD), anxiety and language delay¹¹.
- 14 Chronic high levels of cortisol – one of the most important stress hormones – result in reduced brain volume and may cause neurons to die¹². This may also reduce connectivity in the brain. It can cause children to develop a low threshold for stress, which may render them overly reactive to adverse experiences. It also impairs learning by reducing growth in the hippocampus, which is a key structure for memory¹³. Collectively these processes tend to reduce the moderating role of the cortex, leading to under-regulation of behaviour.
- 15 Thus, while positive nurturant experiences in childhood lay down a basis for psychological health and wellbeing, traumatic and stressful events can have profound negative effects on development, at a basic biological level, by encoding negative experience within the brain and over-wiring the stress response system. A 2007 Harvard report concluded that “early experiences determine whether a child’s developing brain architecture provides a strong or weak foundation for all future learning, behaviour and health”¹⁴.

10 McEwen, B S & Stellar, E (1993). Stress and the individual: mechanisms leading to disease. *Archives of Internal Medicine*, 153(18), 2093–2101.

11 Talge, N M, Neal, V & Glover, C. Antenatal maternal stress and long-term effects on child neurodevelopment: How and why?. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 48, 245–261.

12 National Scientific Council on the Developing Child (2005). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3*. <http://www.developingchild.net>; Lee, A L, Ogle, W O & Sapolsky, R M (2002). Stress and depression: Possible links to neuron death in the hippocampus, *Bipolar Disorders*, 4, 117–128.

13 Center on the Developing Child at Harvard University (2007). *A Science-Based Framework for Early Childhood Policy*. <https://www.developingchild.harvard.edu>.

14 Centre on the Developing Child at Harvard University (2007). *A Science-Based Framework for Early Childhood Policy*. <https://www.developingchild.harvard.edu>, p3.

The role of parenting in nurturing development and wellbeing

- 16 Parents exert the most profound influence over the development of their children, for good or ill. Good parenting provides a protective environment for the early years, providing positive experiences that boost healthy brain development and a protective cocoon against sources of stress and harm.
- 17 The vast majority of parents wish to do their best for their children, although not all have the knowledge, skills and resources to meet their development needs. A small minority does not have their best interests primarily in mind. There is a vast literature on the many ways that parents affect their children's development. Much of the complexity in this literature can be summarised by focusing on two key topics: parent-child attachment and authoritative parenting¹⁵.

Attachment in infancy

- 18 The development of attachment in infancy is a critical phase in child development. Attachment is the affective bond between an infant and caregiver¹⁶ that develops over time as a result of a pattern of behavioural and emotional interaction, as the infant seeks attention and comfort and the caregiver responds to these needs.
- 19 Through repeated, reliable, positive interactions with the caregiver (usually the mother), the child develops a sense of security, from which they can explore the world and develop meaningful relationships with others. Secure attachment during infancy lays down a template for children's subsequent relationships and underpins a range of aspects of social development during childhood and adolescence, including empathy and social competence¹⁷.
- 20 Where interactions with the caregiver are negative, erratic, unpredictable or entirely absent, the attachment process will not occur, with profound and enduring consequences for the child's wellbeing. In place of a secure sense of security, infants in these situations develop an inner model in which others are seen as untrustworthy and potentially rejecting and themselves as not deserving of reliable and sensitive care¹⁸.
- 21 Researchers have identified three types of disordered attachment:
 - Ambivalent attachment, which results from inconsistent and sometimes overly intrusive parenting, creates feelings of anxiety and insecurity in the child.
 - Avoidant attachment, which results from insensitive and rejecting parenting, gives rise to detachment and withdrawal.

15 Riley, D & Bogenschneider, K (1999). Do we know what good parenting is? And can public policy promote it? In: Bogenschneider, K & Mills, J (Eds) *Raising the Next Generation: Public and private parenting initiatives*, Wisconsin Family Impact Seminar Briefing Report, Serial No. 13, pp1–17.

16 Bowlby, J (1969). *Attachment and Loss, Vol. 1: Attachment*. Basic Books, New York; Ainsworth, M D S, Blehar, M, Waters, E & Wall, S (1978). *Patterns of Attachment: A psychological study of the strange situation*. Lawrence Erlbaum Associates, Hillsdale, NJ.

17 Egeland, B (2004). Attachment-based intervention and prevention programs for young children. In: Tremblay, R E, Barr, R G & Peters, R De V (Eds) *Encyclopedia on Early Childhood and Development* [online] (pp1–7). Centre for Excellence for Early Child Development, Montreal, Quebec. Available at: <http://www.child-encyclopedia.com/documents/EgelandANGxp.pdf>. Accessed 18 September 2012.

18 *ibid.*

- Disorganised attachment, which results from aberrant caregiving that may be frightening, frightened, dissociated, sexualised or otherwise atypical, is a powerful predictor of serious psychopathology and maladjustment in children, including problems with the regulation of negative emotions, oppositional, hostile, aggressive behaviours and coercive styles of interaction¹⁹.
- 22 Disordered attachments in infancy have enduring consequences for subsequent adjustment and wellbeing. Attachment disorders have also been documented in adulthood, including a range of psychopathologies, including mood disorders, anxiety disorders and eating disorders²⁰. These can manifest in a range of maladaptive behaviours in relationships, including impulsivity, desire for control, lack of trust, fear of intimacy, addictions and aggression. Research has also demonstrated stability in relationship patterns from infancy to adulthood²¹.

Authoritative parenting

- 23 Authoritative parenting is a particular style of parenting that is high on both warmth and control²². This style of parenting is regarded as optimal for children’s development and has been shown to be associated with a range of positive child outcomes, including schooling achievement, mental health and pro-social behaviour²³.
- 24 These findings transcend ethnicity, socioeconomic status and family structure. Regardless of their ethnicity, socioeconomic status or parents’ marital status, adolescents whose parents exhibit authoritative parenting earn higher grades in school, are more self-reliant, experience less anxiety and depression and are less likely to engage in criminal offending²⁴.
- 25 Having two authoritative parents is associated with the most positive outcomes for adolescents²⁵, but having one authoritative parent can also protect children from the negative effects of less optimal styles of parenting²⁶.
- 26 Within the control dimension of authoritative parenting, a balance is required between establishing standards of behaviour and allowing growth of autonomy. Adolescent development has been found to be optimal where parents stay active in the child’s life, establish firm standards of behaviour and allow a high degree of psychological autonomy²⁷.

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- 19 Benoit, D (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & Child Health*, 9(8), 541–545.
- 20 Dozier, M, Stovall-McClough, K.C., Albus, K E (2008). Attachment and psychopathology in adulthood. In: Cassidy, J & Shaver, P R (Eds), *Handbook of Attachment: Theory, research, and clinical applications* (2nd ed.) (pp718–744). Guilford Press, New York.
- 21 Fraley, C R (2002). Attachment stability from infancy to adulthood: Meta-analysis and dynamic modelling of developmental mechanisms. *Personality and Social Psychology Review*, 6(2): 123–151.
- 22 Baumrind, D (1989). Rearing competent children. In: Damon, W (Ed) *Child Development Today and Tomorrow* (pp349–378). Jossey-Bass, San Francisco.
- 23 Steinberg, L, Lamborn, S D, Dornbusch, S M & Darling, N (1992). Impact of parenting practices on adolescent achievement: Authoritative parenting, school involvement, and encouragement to succeed. *Child Development*, 63, 1266–1281.
- 24 *ibid.*
- 25 Simons, L G & Conger, R D (2007). Linking mother-father differences in parenting to a typology of family parenting styles and adolescent outcomes. *Journal of Family Issues*, 28(2): 212–241.
- 26 McKinney, C & Renk, K (2008). Differential parenting between mothers and fathers; Implications for late adolescents. *Journal of Family Issues*, 29(6), 806–827; Simons, L G & Conger, R D (2007). Linking mother-father differences in parenting to a typology of family parenting styles and adolescent outcomes. *Journal of Family Issues*, 28(2), 212–241.
- 27 Gray, M R & Steinberg, L (1999). Unpacking authoritative parenting: Reassessing a multidimensional construct. *Journal of Marriage and the Family*, 61, 574–587.

- 27 Authoritative parenting is contrasted with other less effective parenting styles, which are associated with a range of problems in child development.
- *Authoritarian* parenting (low on warmth and high on control) is associated with greater psychological distress, including anxiety and depression and low self-esteem, with adequate school performance and low antisocial behaviour.
 - *Permissive* parenting (high on warmth and low on control) is associated with behaviour problems, substance abuse and variable school performance, but low psychological distress and high self-esteem.
 - *Neglectful* parenting (low on both warmth and control) is associated with a wide range of academic, emotional and behavioural problems²⁸.
- 28 The link between parenting style and academic competence appears to be via motivation to succeed. One study identified three pathways: authoritative parenting led to intrinsic motivation, while authoritarian parenting led to extrinsic motivation and neglectful parenting led to amotivation²⁹.

Threats to healthy child development

- 29 A wide range of other factors has been identified by researchers as posing a threat to healthy child development. Factors that are frequently and consistently reported in the literature as having adverse effects on child outcomes include:
- poor maternal health behaviours in pregnancy
 - poor maternal mental health
 - parental substance abuse
 - parental antisocial behaviour and criminality
 - material hardship and financial stress
 - poor quality and unstable housing
 - malnutrition
 - exposure to violence in the family
 - recurrent child maltreatment³⁰.

Poor maternal health behaviours in pregnancy

- 30 Poor maternal health choices and behaviours in pregnancy can have highly adverse impacts on the development of the child. In particular, the maternal antenatal consumption of cigarettes, alcohol and other psychoactive drugs has been shown to have long-term negative effects on the development of children.

28 McLaren, K (2002). *Youth Development Literature Review*. Ministry of Social Development, Wellington.

29 Leung, P W L, Kwan, K S F (1998). Parenting styles, motivational orientations, and self-perceived academic competence: A mediational model. *Merrill-Palmer Quarterly*, 44(1), 1–19.

30 Butchart, A, Phinney-Harvey, A et al (2006). *Preventing Child Maltreatment: A guide to taking action and generating evidence*. World Health Organization and International Society for the Prevention of Child Abuse and Neglect, Geneva.

- 31 Maternal cigarette smoking in pregnancy has long been known to reduce birth weight. It is also now evident that it has negative effects on brain development.
- 32 Cigarette smoke contains a number of toxins, such as carbon monoxide and nicotine, which can cross the placental barrier. Carbon monoxide is an asphyxiant that, when combined with haemoglobin, reduces the amount of oxygen delivered to the tissues. Nicotine reduces blood flow to the placenta. Nicotine also reduces growth in the cerebral cortex and overall brain size³¹. As a result, children born to mothers who smoke during pregnancy have higher rates of learning problems and conduct disorders in childhood and criminal offending in adolescence³².
- 33 The maternal consumption of alcohol in pregnancy increases the risk of miscarriage, stillbirth and, for babies born alive, a heightened risk of fetal alcohol spectrum disorders. These include fetal alcohol syndrome, alcohol-related birth defects and alcohol-related neuro-developmental disorder. The estimated prevalence of fetal alcohol syndrome internationally is 1 per cent of live births³³, while three times as many children may have fetal alcohol spectrum disorders.
- 34 Other psychoactive drugs consumed during pregnancy also have negative impacts on subsequent child development. An in-utero exposure to methamphetamines is associated with a neurobehavioral pattern of under-arousal, poorer quality of movement and increased stress in newborn infants³⁴.

Poor maternal mental health

- 35 As the World Health Organization notes, “maternal mental health problems pose a huge human, social and economic burden to women, their infants, their families, and society”³⁵. Depression and anxiety are twice as prevalent globally in women as in men and are at their highest during the child-bearing years. During pregnancy, affected women are less likely to eat and sleep well, achieve appropriate weight gains and attend prenatal care, and more likely to use substances such as alcohol, cigarettes and other drugs and to harm themselves. Mental illness raises stress hormones that adversely affect both the mother’s and the baby’s health³⁶.
- 36 After the births of their children, affected mothers may fail to eat, bathe and adequately care for themselves in other ways, raising the risk of anaemia and infections. Prolonged

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- 31 Roy, T S & Sabherwal, U (1994). Effects of prenatal nicotine exposure on the morphogenesis of somatosensory cortex. *Neurotoxicology and Teratology*, 16(4), 411–421.
- 32 Stene-Larsen, K, Borge, A I H & Vollrath, M E (2009). Maternal smoking in pregnancy and externalizing behavior in 18-month-old children: Results from a population-based prospective study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48(3), 283–289; Wakschlag, L S, Lahey, B B, Loeber, R, Green, S M, Gordon, R A & Leventhal, B L (1997). Maternal smoking during pregnancy and the risk of conduct disorder in boys. *Archives of General Psychiatry*, 54, 670–676; Brennan, P A, Grekin, E R, Mortensen, E L & Mednick, S A (2002). Relationship of maternal smoking during pregnancy with criminal arrest and hospitalization for substance abuse in male and female adult offspring. *American Journal of Psychiatry*, 159(1), 48–54.
- 33 Rasmussen, C, Andre, G, Zwaigenbaum, L & Tough, S (2008). Neurobehavioral outcomes of children with fetal alcohol spectrum disorders: A Canadian perspective. *Paediatrics & Child Health*, Vol. 13. 30, 185–191.
- 34 LaGasse, L, Wouldes, T, Newman, E, Smith, L, Shah, R, Derauf, C, Huestis, M, Arria, A, Grotta, S, Wilcox, T & Lester, B (2011). Prenatal methamphetamine exposure and neonatal neurobehavioral outcome in the USA and New Zealand. *Neurotoxicology and Teratology*, Vol. 33, 1666–175.
- 35 World Health Organization (2012). *Maternal Mental Health & Child Health and Development*. Available at: http://www.who.int/mental_health/prevention/suicide/MaternalMH/en/index.html. Downloaded 20 September 2012.
- 36 *ibid*.

maternal illness may hamper the mother-infant attachment, breastfeeding and infant care. Maternal mental illness may also disrupt other relationships in the family, leading to family breakdown. Children of mothers experiencing mental illness experience a range of adverse effects to their development, including on learning, mental and emotional wellbeing and behaviour³⁷.

Parental substance abuse

- 37 Aside from the effects of prenatal exposure to substances documented above, parental substance abuse poses other risks to children’s development³⁸. Parents who abuse alcohol or other drugs are more likely to have issues that preoccupy them, including unemployment, mental health issues, legal problems, divorce and domestic violence, which compromise their ability to care for their children effectively. Children of substance-abusing parents have higher rates of depression, anxiety, eating disorders and suicide attempts than their peers and are significantly more likely to become addicted to substances themselves³⁹.
- 38 Children with substance-abusing parents who do not receive appropriate treatment are more likely to remain in foster care longer and to re-enter foster care once they have returned home. And children whose parents abuse alcohol and other drugs are three times more likely to be abused and more than four times more likely to be neglected than children of parents who are not substance abusers⁴⁰.

Parental antisocial behaviour and criminality

- 39 Parental antisocial behaviour increases the risk of conduct problems among children. One study found that children with fathers who exhibited antisocial behaviour had higher levels of conduct problems the more time they spent with them. In contrast, children whose fathers did not exhibit antisocial behaviour had fewer conduct problems the more time they spent with them. Because this finding came from a twin study, the researchers were able to disentangle the effects of genes and environment. They found that children with antisocial fathers received a “double whammy” of both genetic and environmental risks⁴¹.

Material hardship and financial stress

- 40 Material hardship or poverty has significant adverse effects on children’s development and wellbeing, including on brain development⁴², physical health⁴³, learning⁴⁴,

37 *ibid.*

38 Wouldes, T, Merry, S & Guy, D. (2011). Social and emotional competence: Intervening in infancy. *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 Advisory Committee, Wellington, New Zealand.

39 Center on Addiction and the Family (2012). *Effects of Parental Substance Abuse on Children and Families*. Retrieved from <http://www.aaets.org/article230.htm>.

40 Child Welfare League of America (2001). *Alcohol, Other Drugs, & Child Welfare*. Washington, DC.

41 Jaffee, S R, Moffitt, T E, Caspi, A & Taylor, A (2003). Life with (or without) father: The benefits of living with two biological parents depend on the father’s antisocial behavior. *Child Development*, 74(1):109–126.

42 Lipina, S J & Posner, M I (2012). The impact of poverty on the development of brain networks. *Frontiers in Human Neuroscience*, 6: 238. doi: 10.3389/fnhum.2012.00238.

43 Reading, R (1997). Poverty and the health of children and adolescents. *Archives of Disease in Childhood*, 76, 463–467. doi:10.1136/adc.76.5.463.

44 Ermisch, J, Francesconi, M & Pevalin, D J. (2001). *Outcomes for Children in Poverty*. Research Report No. 158.

Department of Work and Pensions, London; Brooks-Gunn, J & Duncan, G (1997). The effects of poverty on children. *The Future of Children*, 7(2), 55–71.

psychological wellbeing⁴⁵ and behaviour⁴⁶. The mechanisms by which poverty exerts its effects are complex. There are direct effects through restrictions in the resources that can be devoted to children's education and constraints on the neighbourhoods in which families can afford to live (for example, those where schools and services are of poorer quality and where crime rates are higher).

- 41 There are also indirect effects through disruptions to family functioning. Poverty places families under stress, which can have negative consequences for parents' emotional wellbeing and mental health. This means parents are less likely to be able to meet the cognitive and emotional needs of their children and are more likely to use harsh and controlling parenting⁴⁷.
- 42 New Zealand research has highlighted the outcomes that are particularly affected by low incomes in childhood. The Christchurch longitudinal study found that, after allowing for all the other associated factors, lower childhood family income was associated with lower educational outcomes, and through this, lower incomes in adulthood, but it was not directly related to increased risks of crime, mental health or teen pregnancy⁴⁸.
- 43 A key mediating mechanism between poverty and children's outcomes is parents' experiences of economic strain. In several studies, this construct emerged as a more significant predictor of parents' psychological distress and parenting difficulties than income per se⁴⁹. In other words, how a family fares is not simply a matter of how much income the family has, but how it copes with the struggle of managing with limited resources.

Poor-quality and unstable housing

- 44 Poor-quality housing can have serious adverse effects on children's health and development. Children in overcrowded housing are more likely to contract meningitis, tuberculosis and respiratory conditions, such as asthmatic wheezing⁵⁰. Overcrowding has been linked to slow growth in childhood⁵¹.
- 45 Poor-quality housing may also compromise children's safety. Properties in a poor state of repair are more likely to be the sites of domestic fires and raise the risk of accidents and injuries in the home⁵².
- 46 Homelessness has been linked to poor mental health in children and overcrowding is associated with anxiety and depression. Homeless children are more likely to miss

45 Strohschein, L (2005). Household income trajectories and child mental health trajectories. *Journal of Health and Social Behavior*, 46(4), 359–375.

46 Barajas, R G, Philipsen, N & Brooks-Gunn, J (2007). Cognitive and emotional outcomes for children in poverty. In: Crane, D R & Heaton, T B (Eds) *Handbook of Families and Poverty* (pp311–333). Sage, Thousand Oaks, CA.

47 Conger, R D (2002). Resilience in Midwestern families: Selected findings from the first decade of a prospective, longitudinal study. *Journal of Marriage and Family*, 64, 361–373.

48 Gibb, S J, Fergusson, D M & Horwood, L J (2012). Childhood family income and life outcomes in adulthood: Findings from a 30-year longitudinal study in New Zealand. *Social Science & Medicine*, 74(12) 1979–1986.

49 Coley, R L & Chase-Lansdale, P L (2000). Welfare receipt, financial strain, and African-American adolescent functioning. *Social Service Review*, 74, 380–404; Jackson, AP, Brooks-Gunn, J, Huang, C & Glassman M (2000). Single mothers in low-wage jobs: Financial strain, parenting, and preschoolers' outcomes. *Child Development*, 71(5), 1409–1423.

50 Office of the Deputy Prime Minister (2004). The impact of overcrowding on health and education: A review of the evidence and literature. Author, London.

51 Harker, L (2006). *Chance of a Lifetime: The impact of bad housing on children's lives*. Shelter, London.

52 *ibid*.

schooling and to exhibit behavioural problems such as aggression, hyperactivity and impulsivity, which interfere with their learning⁵³.

- 47 The availability and quality of heating in the home also directly affect children's health. A New Zealand study showed that installing more effective non-polluting heating in the homes of children with asthma reduced the symptoms of asthma, days off school, health care utilisation and visits to pharmacists⁵⁴.

Malnutrition

- 48 Malnutrition poses serious risks for neurological development, both before and after birth. It can reduce the size of the brain and adversely affect other aspects of brain development, including synaptogenesis, dendritic growth, myelination and the production of glia – the non-neuronal cells that feed the neurons, manufacture myelin and consume dead neurons⁵⁵. Thus malnutrition adversely affects a number of different dimensions of neurological functioning, reducing the brain's size, limiting its connectivity and reducing its efficiency of operation.

Exposure to violence in the family

- 49 The devastating effects of domestic violence on women are well documented⁵⁶. Research evidence also shows that children who are exposed to violence in the home may also suffer a range of severe and lasting effects. They are more likely than their peers in non-violent homes to be abused themselves. Even if they are not, they may nevertheless suffer some of the same behavioural and psychological problems as children who are themselves physically abused. For example, they may have difficulty learning, acquire limited social skills, exhibit violent, risky or delinquent behaviour, or suffer from depression or anxiety⁵⁷.

Recurrent child maltreatment

- 50 Maltreatment in childhood has significant enduring effects on subsequent development, and health and wellbeing in later life. Maltreatment has been connected with obesity, alcoholism, drug abuse, depression, attempted suicide, sexual promiscuity and sexually transmitted diseases in later life⁵⁸. It places children under chronic stress, with all the adverse consequences described earlier. It also reduces the moderating capacity of the cortex, which may be part of the explanation for the various dysregulated behaviours described above.
- 51 In addition, maltreatment and other adverse experiences in childhood have been implicated in serious diseases in adulthood, including cancer, stroke, diabetes, skeletal

53 *ibid.*

54 Howden-Chapman, P, Pierse, N, Nicholls, S, Gillespie-Bennett, J, Viggers, H, Cunningham, M, Phipps, R, Boulic, M, Fjällström, P, Free, S, Chapman, R, Lloyd, B, Wickens, K, Shields, D, Baker, M, Cunningham, C, Woodward, A, Bullen, C & Crane, J. (2008). Effects of improved home heating on asthma in community dwelling children: Randomised controlled trial. *British Medical Journal*, 337.

55 Georgieff, M K (2007). Nutrition and the developing brain: nutrient priorities and measurement. *The American Journal of Clinical Nutrition*, 85(2), 614S–620S.

56 UNICEF (2006). *Behind Closed Doors: The effects of domestic violence on children*.

57 *ibid.*

58 World Health Organization (2006). *Preventing Child Maltreatment: A guide to taking action and generating evidence*. Author, Geneva.

fractures, liver disease and poor health⁵⁹.

- 52 Maltreatment in childhood therefore may be one of the underlying drivers of health risks, illnesses and deaths in later life.

Genetic and epigenetic risk

- 53 Research on factors that influence child development is rapidly expanding. Development is now understood as an interaction between biological and environmental influences, where the reciprocal influence of genetic predisposition and early experience affects the foundations of learning and behaviour⁶⁰.
- 54 In addition, new research in epigenetics suggests that exposure to risks and stresses of various types may result in acquired vulnerabilities being passed on to children. Epigenetics refers to heritable changes to the mechanisms for gene expression. The consumption of alcohol⁶¹, cigarette smoking⁶², diet and nutrition⁶³, environmental toxins⁶⁴ and maltreatment⁶⁵ have all been found to produce epigenetic changes that may be passed on to offspring, while epigenetic change has also been found to play a role in the development of cancer⁶⁶.

Children's exposure to risk factors

- 55 Some data is available on children's exposure to individual risk factors:
- Sixteen per cent of mothers in the 'Growing up in New Zealand' study had symptoms suggestive of depression in late pregnancy, and when children were nine months old, 11 per cent of mothers had depressive symptoms.
 - Seventy-one per cent of New Zealand mothers whose children came into Child, Youth and Family care under the age of two years had concerns noted about alcohol or drug use; 43 per cent had concerns noted about mental illness; 25 per cent of mothers had criminal convictions⁶⁷.
 - Ten per cent of secondary school students in 2007 reported they had witnessed physical violence between adults at home⁶⁸.

59 Felitti V J et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 1998, 14, 245–258.

60 Shonkoff, J P & Phillips, D A (2000). *From Neurons to Neighborhoods: The science of early childhood development*. The National Academies Press, Washington, DC.

61 Pandey, S C, Ugale, R, Zhang, H, Tang, L & Prakash, A (2008). Rain chromatin remodeling: A novel mechanism of alcoholism. *The Journal of Neuroscience*, 28(14), 3729–3737.

62 Ma, Y T (2011). *An Investigation of the Contribution of Cigarette Smoking and Human Papillomavirus Infection to the Epigenetic Modulation of Cellular Genes in Cervical Epithelium*. PhD thesis, University of Birmingham.

63 Zeisel, S H. Epigenetic mechanisms for nutrition determinants of later health outcomes. *The American Journal of Clinical Nutrition*, 89(5), 1488S–1493S.

64 Anway, M D, Cupp, A S, Uzumcu, M & Skinner, M K (2005). Epigenetic transgenerational actions of endocrine disruptors and male fertility. *Science*, 308, 1466–1469.

65 Roth, T, Lubin, F D, Funk, A J & Sweatt, J D (2009). Lasting epigenetic influence of early-life adversity on the BDNF gene. *Biological Psychiatry*, 65(9), 760–769.

66 Sharma, S, Kelly, T K & Jones, P A. Epigenetics in cancer. *Carcinogenesis*, 31(1), 27–36.

67 Connolly, M, Wells, P & Field, J (2007). Working with vulnerable infants. *Social Work Now*, 5–10.

68 Clark, T C, Robinson, E, Crengle, S, Grant, S, Galbreath, R A & Sykora, J (2009). *Youth'07: The health and wellbeing of secondary school students in New Zealand. Findings on young people and violence*. The University of Auckland, Auckland.

- Thirteen per cent of mothers in the Growing up in New Zealand study with unplanned pregnancies had consumed four or more drinks per week in the first trimester.
- Of the estimated 18 per cent of children born in 1993 who spent at least nine of their first 17 years supported by the benefit system:
 - half were known to the care and protection system (2.6 times the rate for the cohort overall)
 - one in seven were known to Child, Youth and Family youth justice services (more than three times the rate for the cohort overall)
 - one-quarter had substantiated findings of abuse or neglect (a rate more than three times that for the cohort overall).
- Around one in five children (19 per cent) were in poverty in New Zealand in 2011, using 60 per cent of the median household income as a benchmark (the official measure of the European Union). The trend has been steady at this level since 2007⁶⁹.
- Around 10 per cent of children aged up to 15 years live with a physical, psychological or learning disability⁷⁰.

56 Less information is available about the extent of overlap of risk factors. A report by Statistics New Zealand examined the prevalence of a selection of 11 risk factors, representing aspects of disadvantage that may adversely affect children’s development. The report showed that a quarter of children were living in households with more than three risk factors and 6 per cent were living in households with five or more risk factors. Children living in sole-parent-headed households, households receiving benefit income, large households, households where the mothers had given birth to their children when aged 20 years or younger and Māori households were more likely to be exposed to multiple risks⁷¹.

57 It is clear that children growing up in families with multiple vulnerabilities are more likely to emerge with multiple problems themselves. The Christchurch Health and Development Study examined outcomes for children living in circumstances of multiple disadvantage, including impaired parenting, parental substance abuse, social and material disadvantage, and family instability and conflict. Relatively few of the children in this study who faced the most significant and multiple disadvantages entered adolescence problem free. Of the children in the 5 per cent most disadvantaged households, 21 per cent exhibited multiple problem behaviours as adolescents. By contrast, of the 50 per cent of young people at the most advantaged end of the scale, only 0.2 per cent exhibited multiple problems as adolescents⁷².

69 Perry, B (2012). Household incomes in New Zealand: Trends in indicators of inequality and hardship, 1982 to 2011. Ministry of Social Development, Wellington.

70 Ministry of Social Development (2011). *The Green Paper for Vulnerable Children*. Author, Wellington.

71 Statistics New Zealand (2012). *Vulnerable Children and Families: Some findings from the New Zealand General Social Survey*. Author, Wellington.

72 Fergusson, D M, Horwood, L J & Lynskey, M T (1994). The childhoods of multiple problem adolescents: A 15-year longitudinal study. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 35(6), 1123–1140.

Protective factors against child vulnerability

- 58 While addressing risk factors is often the focus of prevention activities, building protective factors is also important. To some extent, protective factors are the inverse of risk factors: in the absence of risks such as those set out above, children are much more likely to thrive. For example, economic resources provide a buffer against poor outcomes, as do good-quality housing and parents who avoid behaviours that can jeopardise the wellbeing of children.
- 59 Research has also identified a range of other factors that help to protect children against poor outcomes, even in the presence of other risks. These factors include:
- parental-child attachment
 - positive parenting
 - family stability
 - social support
 - social capital
 - parents' knowledge about child development
 - family traits and practices, including cohesion, belief systems, coping strategies and communication patterns
 - cultural identity
 - community cohesion
 - high-quality ECE centres and schools.
- 60 The importance of strong parent-child attachment and authoritative parenting has already been discussed. The following discussion briefly summarises the research evidence on the other factors listed above.

Family stability

- 61 Family stability plays an important role in fostering children's healthy development. Families in which there is a high level of marital/relationship satisfaction between partners, in which children have high levels of cohesion and closeness with their caregivers and in which there are regular, predictable routines foster positive behavioural outcomes in children⁷³.
- 62 Family stability can afford protection for children's development in the midst of other difficulties and disadvantages. One study showed that, in families where a parent was suffering from depression, family stability significantly reduced any negative impacts on children's behaviour. Parental depressive symptoms were associated with problems in child adjustment only where there was low family stability⁷⁴.

73 Baldrige, S (2011). Family stability and childhood behavioral outcomes: A critical review of the literature. *Journal of Family Strengths*, 11(1), Article 8. Available at: <http://digitalcommons.library.tmc.edu/jfs/vol11/iss1/8>.

74 Ivanova, M Y & Israel, (2006). Family stability as a protective factor against psychopathology for urban children receiving psychological services. *Journal of Clinical Child and Adolescent Psychology*, 35(4), 564–570.

- 63 Family stability is a critical protective factor for children in care. As a result of a history of early exposure to a wide range of problems, children in care face multiple threats to their development, including compromised brain development, inadequate social skills and difficulties with mental and emotional adjustment. Providing stable and nurturing families for these children can boost their resilience and help to ameliorate the negative effects of their prior life experiences⁷⁵.

Social support

- 64 An abundance of research has demonstrated the importance of social support in supporting wellbeing, dating back to the early work of Cassell in the 1970s, which showed that social support played an important role in the prevention of illness. Social support has been shown to have positive effects on both physical health (including aspects of the cardiovascular, endocrine and immune systems)⁷⁶ and psychological health (including self-esteem, depression and psychological disturbance)⁷⁷.
- 65 Social support plays a particular role in fostering the resilience of children who have experienced some stress or trauma. One study reported that, for adolescents who had experienced stressful events, the high perceived availability of social support was directly associated with fewer trauma-related symptoms, although not for the smaller subset of adolescents who had been sexually abused⁷⁸. Another study found that in families with children with serious emotional problems, social support was a protective mechanism that had positive impacts on family wellbeing, the quality of parenting, and child resilience⁷⁹.

Social capital

- 66 Social capital has been demonstrated by a number of studies to be associated with positive child wellbeing. The evidence base on this issue is somewhat diverse because social capital has been defined in different ways in different studies.
- 67 A critical synthesis of this literature distinguished between *family social capital* (comprising such things as parent-child relations, parental monitoring and extended family support) and *community social capital* (comprising such things as community participation, feelings of trust, tolerance of diversity and connectedness). Both of these constructs – and each of these components – are associated with positive child outcomes, including educational achievement and pro-social behaviour⁸⁰.
- 68 The density of positive social relationships within a community – one definition of social

75 Jones Harden, B (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 14(1), 31–47.

76 Uchino, B N, Cacioppo, J T & Kiecolt-Glaser, J K (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin*, 119(3), 488–531.

77 Winefield, H R, Winefield, A H & Tiggemann, M (1992). Social support and psychological well-being in young adults: The multi-dimensional support scale. *Journal of Personality Assessment*, 58(1), 198–210.

78 Bal, S, Crombez, G, Van Oost, P & Debourdeaudhuij, J. (2003). The role of social support in well-being and coping with self-reported stressful events in adolescents. *Child Abuse & Neglect*, 27, 1377–1395.

79 Armstrong, M I, Birnie-Lefcovitch, S & Ungar, M T (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies*, 14(2), 269–281.

80 Ferguson, K (2006). Social capital and children's wellbeing: A critical synthesis of the international social capital literature. *International Journal of Social Welfare*, 15, 2–18.

capital – is a critical determinant of neighbourhood rates of child abuse and neglect⁸¹. This is thought to be due to the fact that these relationships give rise to a set of pro-social child-rearing norms. The stronger the social ties that parents have with the parents of their children’s friends, the more likely it is that the community will have a baseline of shared standards, as well as sanctions for violating them.

- 69 Even when other family risk factors are present, living in a community with strong social cohesion has a protective effect and reduces the risk of violence⁸². Conversely, community tolerance of violence and negative attitudes to childrearing can make children more vulnerable⁸³. Other factors that may make a difference include access to alcohol and drugs, high levels of transience and a lack of informal support structures.

Parents’ knowledge about child development

- 70 Where parents have accurate knowledge about child development, this fosters the healthy development of children. Mothers with a greater knowledge of infant and child development have been found to show higher levels of parenting skills, which in turn lead to higher cognitive skills and fewer behaviour problems in children⁸⁴. Where parents hold inaccurate beliefs about, or overestimate, their children’s cognitive functioning, this can undermine children’s performance⁸⁵. A knowledge of child development is important for younger mothers, who generally tend to display less positive parenting behaviours⁸⁶. Where adolescent mothers have more realistic and mature expectations, their children display more adaptive and effective coping behaviours⁸⁷.

Family traits and practices

Family cohesion

- 71 Various family traits and practices have been found to be related to good child outcomes, even in the presence of other stresses. One such trait is family cohesion. Emotional connections between family members are crucial to the functioning of a family. Research

81 Horton, C (2003). *Protective Factors Literature Review: Early care and education programs and the prevention of child abuse and neglect*. Center for the Study of Social Policy, Washington, DC. Retrieved from <http://www.cssp.org/reform/strengthening-families/resources/body/LiteratureReview.pdf>.

82 Butchart, A, Phinney-Harvey, A et al (2006). *Preventing Child Maltreatment: A guide to taking action and generating evidence*. World Health Organization and International Society for the Prevention of Child Abuse and Neglect, Geneva.

83 Daro, D, & Dodge, K (2009). Creating community responsibility for child protection: Possibilities and challenges. *The Future of Children*, 19(2): 67–94.

84 Sanders, M R & Morawska, A (2005). Can changing parental knowledge, dysfunctional expectations and attributions, and emotion regulation improve outcomes for children? In: Tremblay, R E, Barr, R G & Peters, R De V (Eds) *Encyclopedia on Early Childhood Development* (pp1–8). Centre of Excellence for Early Childhood Development, Montreal, Quebec. Retrieved from <http://www.child-encyclopedia.com/documents/Sanders-MorawskaANGxp.pdf>.

85 Sanders, M R & Morawska, A (2005). Can changing parental knowledge, dysfunctional expectations and attributions, and emotion regulation improve outcomes for children? In: Tremblay, R E, Barr, R G & Peters, R De V (Eds) *Encyclopedia on Early Childhood Development* (pp1–8). Centre of Excellence for Early Childhood Development, Montreal, Quebec. Retrieved from <http://www.child-encyclopedia.com/documents/Sanders-MorawskaANGxp.pdf>.

86 Florida State University Center for Prevention and Early Intervention Policy (2005). *Adolescent Parenting Research. Fact Sheet: Teen parent child care quality improvement project*. Retrieved from http://www.cpeip.fsu.edu/resourceFiles/resourceFile_75.pdf.

87 Stoiber, K C & Houghton, T G (1993). The relationship of adolescent mothers’ expectations, knowledge, and beliefs to their young children’s coping behavior. *Infant Mental Health Journal*, 14(1), 61–79. doi: 10.1002/1097-0355(199321)14:1<61::AID-IMHJ2280140106>3.0.CO;2-U.

has demonstrated that families with good emotional connections are better able to deal with challenges to their wellbeing and cope well under stress⁸⁸. For example, while step-families tend to have lower levels of cohesion than intact first families, those with higher levels of cohesion tend to have higher levels of family satisfaction and lower levels of stress.

Family belief systems

- 72 Family belief systems are another important component of family functioning that is associated with healthy child development. Walsh⁸⁹ distinguishes three dimensions of belief systems: the capacity to make meaning out of adversity, a positive outlook, and a sense of spirituality or transcendence. High-functioning families have the capacity to make sense out of their situations, even where they are facing complex problems, and have the capacity to envisage a different future. Families that exhibit persistence and perseverance and maintain hope, optimism and confidence that they can overcome the odds also tend to be more resilient in facing problems⁹⁰.
- 73 Religion has also been positively associated with marital stability and happiness⁹¹ and negatively associated with domestic violence⁹², as well as having a positive impact on parent-child relations and child outcomes. One study showed that religion facilitated positive family interactions while also lowering the risk of child maladjustment and adolescent drug and alcohol use⁹³. Another study showed that African-American parents who placed a strong emphasis on religion were less likely to be in conflict, while their children were less likely to display internalising or externalising behaviour problems⁹⁴. These effects may derive from both the pro-social content of religious beliefs and the role of religion in promoting social capital.

Family coping strategies

- 74 Family coping strategies play an important role in family resilience and child wellbeing in families facing difficulties. A number of coping styles have been identified that have different impacts on outcomes. Problem-focusing coping (which involves confronting a problem and seeking solutions) is contrasted with emotional-focused coping (which seeks to deal with the emotional distress generated by the problem)⁹⁵. Active coping (seeking support and planning actions) is contrasted with avoidant coping (denial, disengagement and having recourse to alcohol and drugs)⁹⁶.

88 Kalil, A (2003). *Family Resilience and Good Child Outcomes: A review of the literature*. Ministry of Social Development, Wellington.

89 Walsh, F (1998). *Strengthening Family Resilience*, The Guilford Press, New York.

90 Kalil, A (2003). *Family Resilience and Good Child Outcomes: A review of the literature*. Ministry of Social Development, Wellington.

91 Scanzoni, J & Arnett, C (1987). Enlarging the understanding of marital commitment via religious devoutness, gender role preferences, and locus of marital control. *Journal of Family Issues*, 8, 136–156.

92 Ellison, C G, Bartowski, J P & Anderson, K L (1999). Are there religious variations in domestic violence? *Journal of Family Issues*, 20, 87–113.

93 Mahoney, A, Pargament, K, Tarakeshwar, N & Swank, A (2001). Religion in the home in the 1980s and 1990s: a meta-analytic review and conceptual analysis of links between religion, marriage, and parenting. *Journal of Family Psychology*, 15, 559–596.

94 Brody, G H, Stoneman, Z & Flor, D (1996). Parental religiosity, family processes, and youth competence in rural two-parent African-American families. *Developmental Psychology*, 32, 696–706.

95 Lazarus, R S & Folkman, S (1984.) *Stress, Appraisal and Coping*. Springer: New York.

96 Phelps, S B & Jarvis, P A (1994). Coping in adolescence: Empirical evidence for a theoretically based approach to assessing coping. *Journal of Youth and Adolescence*, 23(3), 359–371.

- 75 Problem-focused coping and engagement coping have been found to be associated with greater adjustment in children and adolescents, while emotion-focused and disengagement coping have been found to be associated with lesser adjustment⁹⁷.

Family communication

- 76 Family communication patterns are another key aspect of family functioning that is related to broader outcomes. Effective communication is important to a shared sense of decision-making, which is achieved through negotiation, compromise and reciprocity⁹⁸. Communication within families has two functions – content and relational. The content function refers to the substance of the message being conveyed, while the relational function refers to the affective content of the message. The latter function is important in the maintenance of healthy family relationships; in every communication, family members may be either supporting or contesting the nature of their relationships⁹⁹.
- 77 Effective communication is especially critical at times of crisis or stress, which is when communications are likely to fail. Resilient families are ones that manage to communicate effectively through times of crisis and stress and ensure that the messages they send affirm rather than undermine family relationships.

Cultural identity

- 78 Cultural identity is an important contributor to wellbeing. Identifying with a particular culture conveys a sense of belonging and security, provides access to sources of support and helps to build trust and social capital¹⁰⁰, although good outcomes may also be dependent on wider social attitudes. Cultural groups can feel excluded from society if others obstruct, or are intolerant of, their cultural practices¹⁰¹.
- 79 A range of international evidence shows how a strong sense of cultural identity promotes wellbeing. One author reported findings of “robust correlations between positive affiliation and engagement with their culture and Indigenous young people’s wellbeing and resilience”¹⁰² (p267). Another study showed that, among indigenous Canadian youth, suicide rates were related to markers of “cultural continuity” – that is, where tribal councils had taken steps to preserve their past and to secure future control of their own civic lives, the community had dramatically lower rates of youth suicide¹⁰³. A third source showed that indigenous Australians who identified more strongly with their traditional culture had better mental health, although they also reported more stress owing to stronger feelings of discrimination¹⁰⁴.

97 Compas, B E, Connor-Smith, J K, Saltzman, H, Thomsen, A H & Wadsworth, M E (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin*, 127(1), 87–127.

98 Kalil, A (2003). *Family Resilience and Good Child Outcomes: A review of the literature*. Ministry of Social Development, Wellington.

99 Walsh, F (1998) *Strengthening Family Resilience*, The Guilford Press, New York.

100 Ministry of Social Development (2010). *The Social Report 2010*. Wellington.

101 Ministry of Social Development (2010). *The Social Report 2010*. Wellington.

102 Wexler, L (2009). The importance of identity, history, and culture in the wellbeing of indigenous youth. *The Journal of the History of Childhood and Youth*, 2(2), 267–276.

103 Chandler, M J & Lalonde, C E (1998). Cultural continuity as a hedge against suicide in Canada’s First Nations. *Transcultural Psychiatry*, 35(2), 191–219.

104 Dockery, A M (2011). *Traditional Culture and the Wellbeing of Indigenous Australians: An analysis of the 2008 NATSISS. CLMR Discussion Paper Series 2011/01*. The Centre for Labor Market Research, Curtin University, Perth, WA. Retrieved from http://business.curtin.edu.au/local/docs/2011.01_TarditionalCulture.pdf.

80 New Zealand studies have produced similar findings. Cultural identity has been shown to be an essential component of Māori wellbeing¹⁰⁵. Participation in the community and marae are important factors in promoting health for Māori¹⁰⁶. Cultural identity is connected to positive outcomes for Māori rangatahi¹⁰⁷ and has been linked with positive outcomes in health and education¹⁰⁸. A study of Māori undergraduate students found that, while there was a consistent connection between student problems and academic achievement, this relationship did not hold for students with high levels of cultural identity. Thus cultural identity afforded positive benefits for students even when they were experiencing difficulties, to the extent that their grade averages were not affected¹⁰⁹.

Whānau resilience

81 Māori are often identified as an 'at-risk' group – defined by what happens to them, what they do and who they are. However, the literature suggests that constructing whānau as 'at risk' or 'dysfunctional', rather than whānau experiencing challenges, can influence how agencies respond in the first instance. Rather than supporting resilience, deficit labels can also negatively affect how whānau interpret agency responses.

82 In contrast to risk factors, protective factors are the 'buffers' that improve whānau or family outcomes. They are the processes that enable or support the ability of a family or whānau to cope with adversity. Using a strengths-based paradigm of whānau resilience allows the identification of protective factors that can be used to design, critique and inform public policy more effectively.

83 As the preceding discussion has noted, some general protective factors for family resilience are family cohesion, family belief systems, communication, problem-solving skills and mastery and self-confidence. Whilst some of these traits are applicable across cultures, other considerations are also important for Māori.

84 Development and resilience for whānau are linked to the wider context and imperatives of Māori history and development and the success and resilience of Māori as a collective. Some characteristics of whānau that help to protect against adversity and foster whānau resilience are:

- a site for experiential learning – both in the nurture, education and socialisation of children and what people learn from their culmination of experiences in life
- a source of access to support networks – to serve as agents of positive change or effective coping outcomes for the participants

105 Durie, A (1997). Māori cultural identity. In: Te Whaiti, P, McCarthy, M & Durie, A (Eds) *Mai i Rangiatea* (pp142–162). University of Auckland, Auckland; Ball, J (2011). Review of evidence about the effectiveness of mental health promotion programmes targeting youth/rangatahi. Report prepared for the Mental Health Foundation of New Zealand. Quigley & Watts, Wellington. Retrieved from http://www.mentalhealth.org.nz/file/downloads/pdf/file_297.pdf.

106 Durie, M (1999). Mental health and Māori development. *Australian Journal of Psychiatry*, Vol 33 No. 1, pp5–12.

107 Durie, A (1997). Māori cultural identity. In: Te Whaiti, P, McCarthy, M & Durie, A (Eds) *Mai i Rangiatea* (pp142–162). University of Auckland, Auckland.

108 Durie, M, Fitzgerald, E, Kingi, T, McKinley, S & Stevenson, B (2002). *Māori Specific Outcomes and Indicators: A report prepared for Te Puni Kōiri*. Te Puni Kōiri, Wellington.

109 Bennett, S (2003). Cultural identity and academic achievement among Māori undergraduate university students. In: Nikora, L W, Levy, M, Masters, B, Waitoki, W, Te Awēkotuku, N & Etheredge, R J M (Eds). *The Proceedings of the National Māori Graduates of Psychology Symposium 2002: Making a difference*. University of Waikato, Hamilton, 29–30 November 2002 (pp57–63).

- *a site for mobilisation of resources* – policies that support and supplement whānau functioning and provide access to services and other resources that offer more whānau more assistance are necessary to enhance whānau resilience
- *the importance of good communication* – the attributes and outcomes of good communication within the whānau are integral protective factors.

Community cohesion

85 Some studies have shown that living in communities with strong social cohesion has a protective effect and can reduce the risk of violence, even when other family risk factors are present¹¹⁰. Community-level factors that may have impacts on parenting to make a child more vulnerable include community tolerance of violence and negative attitudes to child rearing¹¹¹. Other factors that may make a difference include access to alcohol and drugs, high levels of transience and a lack of informal support structures.

High-quality early childhood education and schools

86 ECE and schools also provide protective supports for vulnerable children, through their role as key places to access targeted and intensive support that encourages child development. In addition, a range of evidence shows that children who participate in high-quality early childhood development programmes experience a range of immediate- and long-term health benefits, including reductions in risky behaviours, depression and substance abuse¹¹². The impacts are particularly evident among socially disadvantaged children, for whom early childcare, education and family support programmes can act as buffers, providing stability and stimulation to the children and strengthening parents' ability to meet children's developmental needs at home. The role of early childhood education is discussed in more detail in the following chapter.

Building child resilience

87 Building children's resilience and helping them to achieve positive outcomes despite the presence of adversity are also important¹¹³. For children, resilience is associated with a number of individual factors such as cognitive ability, strong self-belief, high self-esteem, insight, problem-solving initiative, coping skills and a sense of identity. External factors include strong social support, helpful and positive family relationships, education opportunities and the availability of help when difficulties arise¹¹⁴.

110 Butchart, A, Phinney-Harvey, A et al (2006). *Preventing Child Maltreatment: A guide to taking action and generating evidence*. World Health Organization and International Society for the Prevention of Child Abuse and Neglect, Geneva.

111 Daro, D & Dodge, K (2009). Creating community responsibility for child protection: Possibilities and challenges. *The Future of Children*, 19(2), 67–94.

112 Reynolds, A J & Ou, S (2011). Paths of effects from pre-school to adult well-being: A confirmatory analysis of the Child-Parent Center Program. *Child Development*, 82(2), 555–582; Muennig, P, Schweinart, L & Montie, J (2009). Effects of a prekindergarten educational intervention on adult health: 37-year follow-up results of a randomized controlled trial. *American Journal of Public Health*, 99(8), 1431–1437.

113 Rutter, M (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, 21, 119–144.

114 Ungar, M (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities amongst at-risk children and youth. *Youth and Society*, 35(3), 341–365.

Towards a definition of child vulnerability

Child development is a complex process, involving multiple domains of competency (physical and mental health, cognition, socialisation and behaviour). It may be placed at risk by a range of influences, including factors in the environments in which children grow up (the family, community, peers and wider society) and factors intrinsic to the child (such as chronic ill-health, disability, age and temperament). As a result of exposure to risks, children's development may be compromised in different ways, including developmental delays, poor physical and/or mental health, poor behaviour regulation, school failure and peer rejection.

The relationship between risk and outcomes is complex, with different constellations of risk being implicated in different subsequent adversities. Thus children are vulnerable in different ways to different sorts of poor outcomes. No risk factor on its own is decisive in resulting in a child having poor outcomes; however, each risk factor slightly raises the risk that a child experiencing such a problem will do less well than their peers.

Vulnerability may change over time, as children's environments and needs change. Different risks are salient at different points in the life course, so that children are vulnerable in different ways to different challenges as they grow and develop. In particular, risks to development may arise even before birth. Children born to mothers who drink and smoke frequently during pregnancy are at risk of adverse developmental consequences that may compromise their life chances.

Moreover, vulnerability is cumulative: the more problematic the home environment, the greater the risk for children. While children exposed to only one risk factor may have only a slightly elevated chance of poor outcomes, children exposed to a number of risk factors have significantly elevated chances of poor outcomes¹¹⁵. Risks also tend to cluster. For example, children exposed to foetal toxins may also be less likely to receive adequate parenting and children born to mothers who experience stress and anxiety in pregnancy are more likely to have emotional and behavioural problems¹¹⁶. This can lead to rapidly escalating vulnerability.

Children also demonstrate varying degrees of resilience, which refers to the extent to which they can cope with the adversity they face. Safe, stable and responsive parenting can protect children from vulnerability – but circumstances can sometimes overwhelm parents and caregivers.

Drawing on research and submissions on the nature of children's vulnerability, social sector agencies have developed the following shared definition of vulnerability:

Vulnerable children are children who are at significant risk of harm to their wellbeing, now and into the future, as a consequence of the environment in which they are being raised, and in some cases, due to their own complex needs. Environmental factors that influence child vulnerability include not having their basic emotional, physical, social, developmental and/or cultural needs met at home or in their wider community.

This definition reflects the fact that, while highly vulnerable children can be easily distinguished from children who have comparatively few vulnerabilities, there is no single commonly agreed threshold used to distinguish 'vulnerable children' from 'non-vulnerable' children in research and across jurisdictions.

For some of these children, families and whānau, a single agency response may be adequate. Many will, however, face a range of issues and will require intensive and co-ordinated support from more than one agency.

115 Merry, S & Stasiak, K (2011). *Depression in Young People*. A report from the Prime Minister's Chief Science Advisor, Office of the Prime Minister's Advisory Committee, Wellington, New Zealand.

116 Knitzer, J, Theberge, S & Johnson, K (2008, January). Reducing maternal depression and its impact on young children: Toward a responsive early childhood policy framework. *Project Thrive*, Issue Brief 2.

Vulnerability to maltreatment

- 88 The discussion thus far has considered child vulnerability in a general sense. The threats to child development set out above raise the chances of adverse outcomes across a broad range of domains of child functioning, including physical and mental health, cognition, socialisation, conduct and behaviour. The primary focus of this volume, however, is child maltreatment. The remainder of this discussion will therefore focus on vulnerability to child maltreatment.
- 89 The term 'child maltreatment' is widely used to encompass a range of acts, omissions and inadequacies of parents and caregivers that cause avoidable harm to their children, including:
- physical abuse
 - sexual abuse
 - neglect
 - psychological and emotional abuse (including exposure to family violence).
- 90 When looking at risk factors, however, using a 'catch-all' term can cloud the situation.
- 91 The sexual abuse of children at some levels stands apart from other forms of abuse and neglect. The sexual abuse of children, within and outside families, relates strongly to individual pathology, aberrant sexual arousal and aberrant sexual behaviour by the perpetrator – it is far less likely than any other form of 'maltreatment' to show a clear association with other traditional risk factors (such as family status, employment, income and educational attainment).
- "... men sexually abuse children far more frequently than do women... and some child sex offenders go to great lengths to have access to large numbers of children to abuse and in some cases, even choose their employment based on this...
Nonetheless, while child sex offenders are often depicted as predatory 'paedophiles' who have a persistent sexual interest in children, it is important to acknowledge that both predation and opportunity can lead to the sexual victimisation of children"¹¹⁷.*
- 92 Opportunities for predation tend to be found where children come from certain family backgrounds. For example, the risks of sexual abuse are higher among socially isolated families and families where the mothers are either absent (through death or family dissolution) or impaired in functioning (for example through substance abuse)¹¹⁸. One early study found that girls from stepfather families were five times more vulnerable to the risk of sexual abuse than girls in intact families, and that a girl was also at higher risk if she had ever lived without her mother, or if her mother had substantially less education than her father, or if her mother was particularly punitive about sexual matters¹¹⁹.

117 Abel & Harlow (2001); Sullivan & Beech 2004; cited in Richards, K (2011). Misperceptions about child sex offenders, Australian Institute of Criminology, Trends & Issues in Crime and Criminal Justice, No. 429, September 2011. <http://www.aic.gov.au/publications/current%20series/tandi/421-440/tandi429.aspx>.

118 Fleming, J, Mullen, P & Bammer, G (1997). A study of potential risk factors for sexual abuse in childhood. *Child Abuse & Neglect*, 21(1), 49–58.

119 Finkelhor, D (1980). Risk factors in the sexual victimization of children. *Child Abuse & Neglect*, 4(4), 265–273.

- 93 Physical abuse, serious emotional harm and neglect, on the other hand:
- “... are thought to result from the joint influence of – and interactions between – a host of risk factors including parent and child characteristics and interactions, parenting knowledge and behaviours, socioeconomic status and access to economic resources (income), and the social and environmental context in which a family is situated. Any or all of these factors may contribute to the likelihood that a family will engage in abuse or neglect, but none will necessarily cause maltreatment”¹²⁰.*
- 94 Of the first three forms of maltreatment listed above, neglect is by far the most common form of maltreatment in all developed countries.
- 95 The association between low income and neglect is closer than for any other form of maltreatment¹²¹. While parental behavioural and psychological characteristics may bear a stronger relationship to neglect, limited socioeconomic resources are the most consistently documented risk factor for neglect¹²². This is perhaps not surprising considering that neglect is generally defined as an inadequate provision of basic necessities, a failure to meet a child’s emotional needs, or a failure to supervise a young child properly, and families on persistent low incomes are more likely to be struggling and juggling priorities.
- 96 The physical abuse of children is also associated with low income and low educational status (although not as strongly as neglect)¹²³, although the great majority of low-income and low-education parents do not maltreat their children.
- 97 It is of course important to be mindful that:
- “No single factor on its own can explain why some individuals behave violently towards children or why child maltreatment appears to be more prevalent in certain communities than in others. As with other forms of violence, child maltreatment is best understood by analysing the complex interaction of a number of factors at different levels”¹²⁴.*
- 98 It remains difficult to disentangle the effects of low income and other indicators such as ethnicity on child maltreatment from other factors with which they are also commonly associated, such as unemployment, lower educational attainment (which is associated with harsher parenting styles), mental ill-health (and in particular maternal depression) and other risk factors such as drug and alcohol abuse. Great care is required in any assignment of causality.
- 99 However:
- “... even in countries such as Denmark and Finland, which have generous social welfare systems that are much more focused on child and family wellbeing than on child protection, limited economic resources, financial problems, low levels*

120 Berger, L M & Waldfogel, J (2011). Economic determinants and consequences of child maltreatment. *OECD Social, Employment and Migration Working Papers*, No.111, OECD Publishing. <http://dx.doi.org/10.1787/5kgf09zj7h9t-en>.

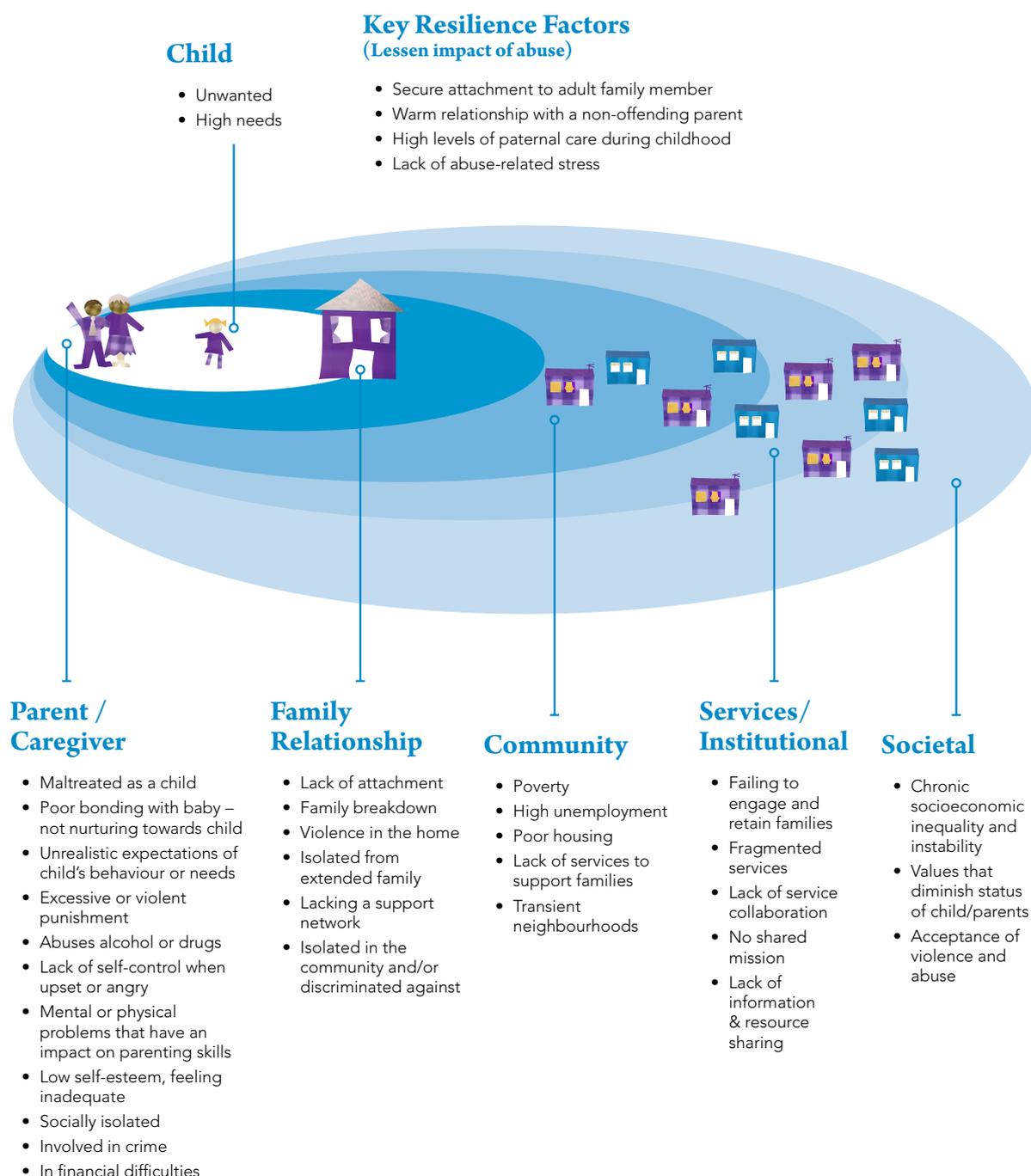
121 Jones, E D & McCurdy, K (1992). The links between types of maltreatment and demographic characteristics of children. *Child Abuse & Neglect*, 16(2), 201–215.

122 Schumacher, J A, Smith Slep, A M & Heyman, R. Risk factors for neglect. *Aggression and Violent Behavior*, 6(2–3), 231–254.

123 Gilbert, R, Spatz, Widom, C, Browne, K, Fergusson, D, Webb, E & Janson, J (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373, 68–81.

124 Butchart, A, Phinney-Harvey, A et al (2006). *Preventing Child Maltreatment: A guide to taking action and generating evidence*. World Health Organization Publishing.

of education, and unemployment appear to be considerable risk factors for child maltreatment ... and are associated with intensive child welfare intervention such as out-of-home placement. In short, though quite limited, the cross-national evidence to date suggests that, in high-income countries, low parental income and educational achievement are strongly associated with both child maltreatment and with deaths resulting from abuse¹²⁵.



125 Berger, LM & Waldfogel, J (2011). Economic determinants and consequences of child maltreatment. *OECD Social, Employment and Migration Working Papers*, No. 111 (pp11–12). OECD Publishing.

Risk factors for the maltreatment of children¹²⁶

The World Health Organization and International Society for the Prevention of Child Abuse and Neglect have identified the following risk factors that increase the probability of maltreatment.

Risk factors in parents and caregivers

An increased risk of maltreatment is associated with the presence of certain factors in the parent or other family member. These include the parent or caregiver who:

- has difficulty bonding with a newborn child – as a result, for example, of a difficult pregnancy, birth complications or disappointment with the baby
- does not show nurturing characteristics towards the child
- was maltreated as a child
- displays a lack of awareness of child development or has unrealistic expectations that prevent them understanding the child's needs and behaviours – for instance, interpreting the child's perceived misbehaviour as intentional, rather than as a stage in its development
- responds to perceived misbehaviours with inappropriate, excessive or violent punishment or actions
- approves of physical punishment as a means of disciplining children, or believes in its effectiveness
- uses physical punishment to discipline children
- suffers from physical or mental health problems or cognitive impairment that interfere with the ability to parent
- shows a lack of self-control when upset or angry
- misuses alcohol or drugs, including during pregnancy, so that the ability to care for the child is affected
- is involved in criminal activity that adversely affects the relationship between parent and child
- is socially isolated
- is depressed or exhibits feelings of low self-esteem or inadequacy – feelings that may be reinforced by being unable to meet fully the needs of the child or family
- exhibits poor parenting skills as a result of young age or lack of education
- experiences financial difficulties.

126 Adapted from: Butchart, A & Phinney-Harvey, A (2006). *Preventing Child Maltreatment: A guide to taking action and generating evidence*, World Health Organization and International Society for the Prevention of Child Abuse and Neglect.

Risk factors in the child

Saying that certain risk factors are related to the child does not mean that the child is responsible for the maltreatment they suffer, but rather that they may be more difficult to parent because they:

- were an unwanted baby or failed to fulfil the parent's expectations or wishes – in terms, for instance, of their sex, appearance, temperament or congenital abnormalities
- are an infant with high needs – one, for instance, who was born prematurely, cries constantly, is mentally or physically disabled, or has chronic illness
- cry persistently and cannot be easily soothed or comforted
- have physical features, such as facial abnormalities, that the parent has an aversion to and reacts to by withdrawing from the child
- show symptoms of mental ill-health
- demonstrate personality or temperament traits that are perceived by the parent as problematic – such as hyperactivity or impulsivity
- are one child out of a multiple birth that has taxed the parent's ability to support the child
- have a sibling or siblings – possibly close in age – who are demanding of parental attention
- are a child that either exhibits or is exposed to dangerous behaviour problems – such as intimate partner violence, criminal behaviour, self-abusive behaviour, abuse towards animals, or persistent aggression with peers.

Relationship factors

The composition of families may vary greatly according to their own unique circumstances and to the norms of the local society. In many communities, the 'traditional' nuclear family of a married mother and father with children may not be the norm. Families may be led by single mothers, single fathers, same-gender couples, siblings or elders. Risk factors for child maltreatment that may apply to relationships with family, friends, intimate partners and peers include:

- lack of parent-child attachment and failure to bond
- physical, developmental or mental health problems of a family member
- family breakdown – such as problems with a marriage or intimate relationship – that results in child or adult mental ill-health, unhappiness, loneliness, tension or disputes over custody
- violence in the family, between parenting partners, between children or between parenting partners and children
- gender roles and roles in intimate relationships, including marriage, that are disrespectful of one or more persons in the household

- being isolated in the community
- lack of a support network to assist with stressful or difficult situations in a relationship
- breakdown of support in child rearing from the extended family
- discrimination against the family because of ethnicity, nationality, religion, gender, age, sexual orientation, disability or lifestyle
- involvement in criminal or violent activities in the community.

Community factors

Characteristics of community environments that are associated with an increased risk of child maltreatment include:

- tolerance of violence
- gender and social inequality in the community
- lack of or inadequate housing
- lack of services to support families and institutions and to meet specialised needs
- high levels of unemployment
- poverty
- harmful levels of lead or other toxins in the environment
- transient neighbourhoods
- the easy availability of alcohol
- a local drug trade
- inadequate policies and programmes within institutions that make the occurrence of child maltreatment more likely.

Societal factors

Factors in a society that can contribute to the incidence of child maltreatment include:

- social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability
- social and cultural norms that promote or glorify violence towards others, including physical punishment – as depicted in the media, in popular music and in video games
- social and cultural norms that demand rigid gender roles for males and females
- social and cultural norms that diminish the status of the child in parent-child relationships
- the existence of child pornography, child prostitution and child labour.

In the same way that there are factors that increase the susceptibility of children and families to child maltreatment, there are also factors that may offer a protective effect. Unfortunately, there has been very little systematic research on these protective factors

and they are not well understood. Research to date has focused mainly on resilience factors – that is, factors that lessen the impact of child maltreatment on a victim. Factors that appear to facilitate resilience include:

- secure attachment of the infant to the adult family member
- high levels of paternal care during childhood
- lack of associating with delinquent or substance-abusing peers
- a warm and supportive relationship with a non-offending parent
- a lack of abuse-related stress.

Chapter Two: Preventing vulnerability

- 1 Prevention is the starting point for both protecting children and promoting their health and development. It includes ensuring that families are able to provide good care for their children, identifying any concerns about the children's wellbeing as early as possible, and providing immediate assistance to ameliorate those concerns.
- 2 This chapter describes:
 - the role of prevention and the principles of effective prevention
 - the importance of universal services and evidence of the effectiveness of different types of prevention approach
 - what the Government is doing to build protective and resilience factors and address factors that place children at risk.

2.1 Key issues

Investing in every child

- 3 There are many valid reasons for governments investing in child wellbeing. Importantly, a good start in life helps children to experience the best of childhood. The children of today are also the parents, workers and business and community leaders of tomorrow. To ensure future economic and social success, it is important that children are healthy, well nurtured and well educated so they are well equipped to assume these future roles. Investment in children can reduce the emergence of problems that have high social and fiscal costs.
- 4 Across countries in the Organisation for Economic Co-operation and Development (OECD), the primary investments in terms of tax expenditure are:
 - health services (particularly around birth and primary health care for children)
 - education, including pre-school, compulsory and tertiary (with expenditure generally ramping up after pre-school)
 - social assistance to families with children, including taxed-based child payments and parental in-work and family support, and out-of-work welfare assistance and social insurance.
- 5 These are social investments – provisions aimed at ensuring that children have the best possible opportunities to develop and succeed and thereby ensure future social and economic growth. They are also investments in prevention – seeking to ensure that children's life chances are not restricted by their family circumstances and environment.

The role of prevention

- 6 Effective prevention helps children to meet developmental milestones, experience good health, succeed in education, and transition effectively to adolescence and adulthood. It results in fewer children becoming vulnerable and less need for intervention. It also reduces longer-term outcomes that are costly to individuals, families, whānau and society, such as unemployment, benefit receipt and criminal offending^{127,128}.
- 7 Prevention can occur along a continuum of actions. One source identifies three levels of prevention:
 - *Universal* – interventions for the entire population, with the aim of preventing the incidence of future problems.
 - *Selective* – interventions for high-risk families, with the aim of preventing the development of subsequent problems.
 - *Indicated* – interventions for cases in which maltreatment has already occurred, with the aim of preventing its recurrence, preventing the maltreatment of younger siblings, and preventing other negative long-term outcomes¹²⁹.
- 8 Preventive measures can occur at a number of points in a child’s life, but it is in their early years that the most long-lasting gains can be made¹³⁰.
- 9 The focus of this chapter is on universal and selective prevention.

2.2 National and international evidence

Effective prevention

- 10 As the preceding chapter has demonstrated, there is ample evidence on the sources of threats to child development. This provides a basis on which to plan policy responses. There is also a large evidence base on the effectiveness of a range of primary prevention or universal approaches.
- 11 Preventing vulnerability is about changing the balance between risk and protective factors so that risks are reduced and protective factors are promoted to increase children’s resilience and boost their healthy development. Research shows that protective factors are mutually reinforcing; that the presence of each encourages and enables the development of others¹³¹.
- 12 Effective prevention requires an ecological approach that addresses factors at different

127 Heckman, J J & Masterov, D V (2005). *The Productivity Argument for Investing in Young Children*. Committee for Economic Development, New York, NY.

128 Shonkoff, J P & Phillips, D A (2000). *From Neurons to Neighbourhoods: The science of early child development*. National Research Council Institute of Medicine, National Academy Press, Washington, DC.

129 MacLeod, J & Nelson, G (2000). Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. *Child Abuse & Neglect*, 24(9), 1127–1149.

130 Karoly L A, Kilburn, M R & Cannon, J S (2005). *Early Childhood Interventions: Proven results, future promise*. RAND Corporation, Santa Monica, California.

131 Bagshaw, S (2011). *Resiliency*. In: Gluckman, P (Ed) *Improving the Transition: Reducing social and psychological morbidity during adolescence*. A report from the Prime Minister’s Chief Science Advisor (pp79–86). Office of the Prime Minister’s Science Advisory Committee, Auckland.

levels – the child, parent, community and government¹³². The term ‘ecological’ recognises the interplay between factors that influence the development of children, including the innate characteristics of the individual child, the characteristics and patterns of behaviour of the child’s family and whānau, the features of the neighbourhoods and communities in which children live, and broader political and societal contexts, including norms and values.

- 13 Effective prevention is not achieved through a single programme or policy. Rather, it must include a range of approaches across all levels of influence. This provides the best return on investment because of the personal, social and economic benefits that accrue from different levels.
- 14 The effectiveness of selective prevention is supported by a large body of international research demonstrating improvements in children’s lives across a range of domains. It is also cost-effective, with evaluations of American programmes, some of which have not been taken to scale, showing that for every dollar invested in early intervention, returns range from \$3 to \$17 when participants are followed to adulthood¹³³.

The role of parents, family and whānau and other informal networks

- 15 Parents play a fundamental role in the nurture, development and wellbeing of their children. Children rely on their parents and caregivers to provide the basic necessities of life, and safe, stable and responsive parenting that recognises and prioritises the unique value and needs of each child; parenting that supports children to flourish, face challenges with resilience and achieve the best possible outcomes.
- 16 As the preceding chapter has described, parents’ responses to children are crucial to the development of healthy attachment and parents can help to boost their children’s development and wellbeing with authoritative parenting through childhood and adolescence. Not all parents are well equipped for these tasks and many require support and assistance.
- 17 Wider family and whānau also play a key role in the lives of children, helping to ensure they have a strong sense of belonging, identity and connection, and are nurtured and safe. Family and whānau members are often in a position to know what is happening in a child’s life, so have crucial roles to play in identifying when the child is vulnerable or when a parent may need more help.
- 18 In some children’s lives, family and whānau members have a more significant role; for example, some children may receive much of their care from grandparents. When parents are unable to care for their children, family and whānau often step in as caregivers.
- 19 Family, whānau and friends are primary sources of information and advice about child rearing for many parents. A review of a series of New Zealand surveys found that parents were more likely to make use of informal networks, rather than formal services, when seeking help with parenting¹³⁴.

132 Bronfenbrenner, U (1994). Ecological models of human development. In: *International Encyclopedia of Education*, Vol 3. 2nd Ed. Elsevier, Oxford.

133 Karoly L A, Kilburn M R & Cannon, J S (2005).

134 Centre for Social Research and Evaluation (2008). *Strategies with Kids Information for Parents: SKIP survey 2008 topline findings*. Ministry of Social Development (internal publication), Wellington.

- 20 A lack of access to appropriate formal sources of information and advice is likely to increase parents' use of these informal networks. Qualitative interviews with Māori and Pasifika parents have confirmed that extended family and other informal networks are key sources of parenting advice and expertise. In some cases this is matched with shared responsibility for the care of children¹³⁵.

Community-level approaches

- 21 Positive and active neighbourhoods can foster protective attitudes and values about children. Children who live in safe, supportive communities are less likely to use substances, exhibit aggression, engage in criminal offending and drop out of school¹³⁶. Such communities see themselves as having a collective responsibility to look out for children and to provide support and services to ensure that families are safe and strong.
- 22 Empirical studies indicate that communities have significant impacts on family and child behaviours and outcomes, including parenting behaviours. The World Health Organization notes that social and cultural norms are powerful contributing factors to child maltreatment¹³⁷.
- 23 Community norms frame what parents view as appropriate and essential ways to interact with their children, and set the standards as to when and how parents seek help from others. Community services can offer support for parents and can improve their capacity to fulfil their parenting responsibilities¹³⁸.
- 24 Communities influence whether children are protected from or exposed to harm. Studies from the United States and Australia of communities with similar economic profiles but with very different rates of child maltreatment found that communities with high child maltreatment rates had much lower levels of social integration, as characterised by fewer parenting networks, a higher turnover of residents, higher crime rates and less knowledge about community services¹³⁹. On the other hand, strong communities are more likely to take responsibility for reducing child maltreatment.

Public awareness and attitudes

- 25 Public policy choices are made in the context of public views and attitudes. Policy can either lead or respond to public views, but it is important that such views are well understood. One way of shaping public views is by public awareness initiatives and social marketing campaigns. Such campaigns have played an important role in a range of public policy initiatives, including traffic safety, cigarette smoking, mental health and family violence.

135 Gravitas Research and Strategy Ltd (2005). *Strategies with Kids, Information for Parents (SKIP) research report*. Ministry of Social Development, Wellington.

136 Terzian, M A, Andrews, K M & Moore, K A (2011). Preventing multiple risky behaviors among adolescents: Seven strategies. *Child Trends*, Publication No. 2011-24. Retrieved from http://www.childtrends.org/Files//Child_Trends-2011_10_01_RB_RiskyBehaviors.pdf.

137 Butchart, A, Phinney-Harvey, A et al (2006). *Preventing Child Maltreatment: A guide to taking action and generating evidence*. World Health Organisation and International Society for the Prevention of Child Abuse and Neglect, Geneva.

138 Daro, D & Dodge, K A (2009). Creating community responsibility for child protection: Possibilities and challenges. *Future of Children*, 19(2), 67–93.

139 Garbarino, J & Kostelny, K (1992). Child maltreatment as a community problem. *International Journal of Child Abuse and Neglect*, 16(4), 455–464; Vinson, T, Baldry, E & Hargreaves, J (1996). Neighbourhood, networks and child abuse. *British Journal of Social Work*, Vol 26, 523–546.

- 26 Public awareness initiatives have significant potential to contribute to prevention by raising public awareness of maltreatment and educating and fostering pro-social behaviours within families and communities, by developing and shaping shared norms¹⁴⁰. Research on preventing and addressing child maltreatment suggests that combining mass media approaches with community-level actions helps to reinforce the message that child protection is everyone's responsibility¹⁴¹.

Services and support for children and parents

Universal services

- 27 There is widespread consensus that community-based universal services can play a key role in preventing child vulnerability¹⁴². Universal services provide not only a foundation for systems of care, but also an avenue through which the Government can increase the support available to children and their families to withstand negative circumstances and so prevent the need for further intervention.
- 28 In particular, universal services are an important means of identifying children who may require more intensive services to address their needs. Universal service providers who come into regular contact with children and families can identify at an early stage that a family or child is in need of support and take action to link the child or family with relevant community support and other universal or targeted services¹⁴³.
- 29 Universal services, such as schools, early childhood centres, and health centres, can also provide an accessible site for co-location of other support services in the community. These support access to services that children families and whānau may otherwise struggle to reach, for reasons such as transport difficulties or limited knowledge about available services.
- 30 Given that an unknown, but likely significant, percentage of maltreatment goes unreported to official agencies, universal services can play an important role in identifying children whose maltreatment has not yet been identified. They can also provide responses to children whose needs do not yet meet the threshold for statutory intervention. As a recent United Kingdom report made clear, there is often a significant degree of unmet need identified, but not responded to, by statutory agencies: in the UK in 2009/2010, 3 per cent of children and young people were regarded as children in need, but only 0.3 per cent were the subject of child protection plans¹⁴⁴.

Maternal antenatal care

- 31 Pregnancy is a crucial point for prevention as it is a time when parents are more likely to

140 Horsfall, B, Bromfield, L & McDonald, M (2010). *Are Social Marketing Campaigns Effective in Preventing Child Abuse and Neglect?* Australian Institute of Family Studies, Melbourne. <http://www.aifs.gov.au/nch/pubs/issues/issues32/issues32.pdf>.

141 Horsfall, B, Bromfield, L & McDonald, M (2010).

142 Australian Research Alliance for Children and Youth (2010). *Working Together to Prevent Child Abuse and Neglect – a Common Approach for Identifying and Responding Early to Indicators of Need: A report from ARACY on behalf of the Common Approach to Assessment, Referral and Support (CAARS) Taskforce to The Hon Jenny Macklin MP, Minister for Families, Housing, Community Services and Indigenous Affairs*. Woden ACT; Munro (2011).

143 Australian Research Alliance for Children and Youth (2010); Munro (2011).

144 Munro (2011).

want to do what is best for their children, and are more open to support and messages about positive parenting¹⁴⁵. Maternal antenatal care has been shown to be effective in reducing low birth weights¹⁴⁶ and rates of pre-term birth and infant mortality¹⁴⁷. Pre-term birth and low birth weight are associated with an increased risk of maltreatment, although it is not clear whether this is a causal relationship, since both poor birth outcomes and maltreatment may share a common causal pathway¹⁴⁸.

- 32 In households where there is family violence, children are also at high risk of being maltreated. Antenatal care provides an opportunity to identify violence in the household and can also provide an opportunity to break the cycle of abuse and violence and provide safety options for the mother and baby by screening, referral and reporting of abuse¹⁴⁹.
- 33 A range of other evidence is available on the effectiveness of antenatal care in promoting the healthy development of children, including counselling for pregnant women on the risks of smoking and alcohol and drug use, structured educational programmes to promote breastfeeding, and screening for anaemia during the first prenatal visit¹⁵⁰.
- 34 This evidence provides support for the development of a model of shared decision-making between women and their maternity carers. By reducing the incidence of developmental problems, it may help to reduce stress on families and consequently lower the risk of maltreatment.

Early childhood education

- 35 ECE plays a significant role in child development, with research showing that participation helps to build resilience in young children by developing their cognitive competencies and learning dispositions, which are key requirements for lifetime learning, improving language use and encouraging positive behaviour. A 2009 study showed that in almost all OECD countries, students who participated in quality ECE outperformed those who had not, even accounting for socioeconomic backgrounds¹⁵¹. Other studies showed that participating in quality ECE was linked to improved educational outcomes, child safety, health and wellbeing, more stable family relationships, and reduced involvement with the criminal justice system later¹⁵².

145 Olds, D, Henderson, C Jr, Chamberlin, R & Tatelbaum, R (1986). Preventing child abuse and neglect: A randomized trial of nurse visitation. *Pediatrics*, 78(1), 65–78.

146 Committee to Study the Prevention of Low Birthweight, Division of Health Promotion and Disease Prevention. The Impact of Prenatal Care. (1985). *Preventing Low Birthweight: Summary*. The National Academies Press, Washington, DC.

147 Hollowell, J, Oakley, L, Kurinczuk, J J, Brocklehurst, P & Gray, R (2011). The effectiveness of antenatal care programmes to reduce infant mortality and preterm birth in socially disadvantaged and vulnerable women in high-income countries: A systematic review. *BMC Pregnancy and Childbirth*, 11, 13. Available at <http://www.biomedcentral.com/1471-2393/11/13>. Downloaded 24 September 2012.

148 Spencer, N, Wallace, A, Sundrum, R, Bacchus, C & Logan, S (2006). Child abuse registration, fetal growth, and preterm birth: A population based study. *Journal of Epidemiological & Community Health*, 60(4), 337–340.

149 Lu, M C, Bragonier, R, Silver, E R & Bemis-Heys, R (2000). Where it all begins: The impact of preconceptional and prenatal care on early childhood development. Cited in: Halfon, N, Shulman, E, Hochstein, M & Shannon, M (Eds) *Building Community Systems for Young Children*, UCLA Center for Healthier Children, Families and Communities.

150 Kirkham et al (2005).

151 OECD (2010). *PISA 2009 Results: Overcoming Social Background – Equity in Learning Opportunities and Outcomes (Volume II)* <http://dx.doi.org/10.1787/9789264091504-en>.

152 Early Childhood Education Taskforce (2011). *An Agenda for Amazing Children*. New Zealand Government, Wellington.

- 36 Evaluations suggest that participation in ECE-based programmes that offer a systematic programme designed to reduce behavioural problems and lift cognitive performance, such as the Perry Preschool Program in the US, is “most beneficial for children from disadvantaged backgrounds”¹⁵³. Exposure to high-quality ECE provides one of the most effective opportunities to support a child’s attainment of non-cognitive skills, such as self-control, that are important for educational, employment, social/relationship and parenting success. Such ECE investments are “likely to bring a greater return on investment than [later] harm-reduction programmes targeting adolescents alone”¹⁵⁴.
- 37 ECE services also provide valuable support for families in caring for their children through a range of provisions, including B4 School Checks and special education services, as well as providing connections between these and other services. ECE services often act as enablers in helping parents to surmount barriers and resolve issues that affect their capability to care for their children, such as parents’ health problems, social networks, financial resources and knowledge about parenting¹⁵⁵.

Child screening and assessment

- 38 The incorporation of screening and assessment processes into universal services has a key role to play in identifying children who are vulnerable. Screening is recommended for identifying developmental delays from the earliest possible point, and providing a pathway to secondary services¹⁵⁶. Screening has also been used for a number of other purposes, including for emotional assessments¹⁵⁷ and maltreatment¹⁵⁸. In the early years of life, New Zealand’s Well Child/Tamariki Ora initiative provides screening and other sources of support to children and families.

Other support for children and families

Home visiting

- 39 International evidence has demonstrated the effectiveness of home visiting as a mode of support for families where children are at risk of poor development outcomes. The Nurse Family Partnership has achieved gains for children across a wide range of domains of development, including birth weight¹⁵⁹, injuries and ingestions in infancy¹⁶⁰, behaviour and

153 OECD (2011). *Doing Better for Children*, OECD Publishing.

154 Moffitt et al, cited in: Poulton, R (2011). Self-control, Chapter Two, *Improving the Transition*, A report from the Prime Minister’s Chief Science Advisor.

155 Duncan, J, Bowden, C & Smith, A B (2005). *Early Childhood Centres and Family Resilience*. Ministry of Social Development, Wellington.

156 Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Future Steering Committee, Medical Home Initiatives for Children with Special Needs Project Advisory Committee (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118(1), 405–420.

157 Stoep, A V, McCauley, E, Thompson, K A, Herting, J R, Kuo, E S, Stewart, D G, Anderson, C A & Kushner, S (2005). Universal emotional health screening at the middle school transition. *Journal of Emotional and Behavioral Disorders*, 13(4), 213–223.

158 Peterson, M S, Durfee, M & Coulter, K (Eds) *Child Abuse and Neglect: Guidelines for identification, assessment, and case management*. Volcano Press, Volcano, CA.

159 Olds, D L, Henderson, C R Jr, Tatelbaum, R & Chamberlin, R (1986). Improving the delivery of prenatal care and outcomes of pregnancy: A randomized trial of nurse home visitation, *Pediatrics*, Vol 77, 16–28.

160 Olds, D L, Henderson, C R Jr & Kitzman, H (1994). Does prenatal and infancy nurse home visitation have enduring effects on qualities of parental caregiving and child health at 25-50 months of life? *Pediatrics*, 93, 89–98.

parent coping problems¹⁶¹ and maltreatment throughout childhood¹⁶². It has also reduced the consumption of alcohol and cigarettes, number of sexual partners and rates of arrest by the time the children reach age 15¹⁶³.

- 40 In New Zealand, the Early Start programme has showed similarly positive boosts to child wellbeing, with increased attendance at family doctors, a higher uptake of Well Child services, reduced rates of hospital admission for accidents and poisonings, increased participation in ECE, reduced rates of problem behaviour and reduced rates of hospital admission for abuse and neglect¹⁶⁴.

Parenting initiatives

- 41 Supporting parents to develop skills and knowledge for effective parenting, and providing them with support, help to reduce child vulnerability. The Centre for Community Child Health at the Royal Children's Hospital, Melbourne, in association with the Murdoch Children's Research Institute, has summarised the key features of effective parenting initiatives:
- Clear and measurable objectives¹⁶⁵.
 - A strong and coherent theoretical base, guiding the focus of the programme and specifying the predicted mechanism of change for both child and parent behaviour¹⁶⁶.
 - A high level of structure with a clearly defined sequence of activities¹⁶⁷.
 - Detailed documentation that guides programme delivery to ensure programme integrity¹⁶⁸.
 - A skills focus and use of competency-based teaching strategies including modelling, rehearsal, shaping and reinforcement¹⁶⁹.
 - Sufficient time; for example, Webster-Stratton and Reid¹⁷⁰ recommended at least 20 hours of intervention for parents of children experiencing behavioural problems, and Kumpfer said there is a need for at least 45 hours for high-risk families¹⁷¹.

161 Olds, D L, Henderson, C R Jr & Kitzman, H (1994).

162 Eckenrode, J, Ganzei, B, Henderson, C R Jr, Smith, E, Olds, D L, Powers, J, Cole, R, Kitzman, H & Sidora, K (2000). Preventing child abuse and neglect with a program of home visitation. *Journal of the American Medical Association*, 284, 1385–1391.

163 Olds, D L, Henderson, C R. Jr, Cole, R, Eckenrode, J, Kitzman, H, Luckey, D, Pettit, L, Sidora, K, Morris, P & Powers, J (1998a). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association*, Vol 280, No. 14, 1, 1238–1244.

164 Fergusson, D, Horwood, J & Ridder, E (2005). *Early Start Evaluation Report*. Early Start Project Ltd, Christchurch.

165 Moran, P, Ghate, D & van der Merwe, A (2004). *What Works in Parenting Support? A review of the international evidence* (No. RB574). Department for Education and Skills, London.

166 Moran, P, Ghate, D & van der Merwe, A (2004).

167 Holzer, P J, Higgins, J R, Bromfield, L M, Richardson, N & Higgins, D J (2006). The effectiveness of parent education and home visiting child maltreatment prevention programs. *Child Abuse Prevention Issues*, No. 24. Australian Institute of Family Studies, Melbourne.

168 Moran et al (2004).

169 Webster-Stratton, C & Reid, M J (2006). Treatment and prevention of conduct problems: Parent training interventions for young children (2-7 years old). In: McCartney, K E & Phillips, D E (Eds) *Blackwell Handbook of Early Childhood Development* (pp616–641). Blackwell Publishing, Malden.

170 Webster-Stratton, C & Reid, M J (2006).

171 Kumpfer, K L (1999). *Strengthening America's Families: Exemplary parenting and family strategies for delinquency prevention*. US Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Salt Lake City.

- A 'strengths-based' approach that builds on the competencies existing in families¹⁷².
 - Attention to engaging and retaining parents, and strategies to overcome practical impediments to participation, such as lack of childcare¹⁷³.
 - Delivered in culturally sensitive ways that accommodate ethnic differences of families who participate in them¹⁷⁴.
 - Delivered by appropriately trained and skilled practitioners¹⁷⁵.
- 42 These characteristics of effective parenting initiatives provide markers for the likelihood that interventions will result in improved outcomes for children and families, and can be used as the basis for assessing the cost-effectiveness of current investments.

2.3 Addressing the problem in New Zealand

- 43 Preventing vulnerability in New Zealand requires addressing factors at all levels: child, parent, community and government. It also requires services and support of varying intensities to ensure that preventive efforts can match the degrees of challenge faced by children and families.
- 44 Parents have responsibilities to help their children grow up in environments that support healthy development and protect them from harm. Supporting parents to do the best for their children is fundamental to preventing vulnerability. It is important to ensure that communities have access to a mix of services to address a spectrum of child and parental needs, and that the support available is effective in improving outcomes for vulnerable children.
- 45 Universal services, such as maternity support, Well Child/Tamariki Ora and ECE, underpin systems of care and provide a means by which preventive efforts can be undertaken. These services are also an important means of identifying children who may require more intensive services to address their needs. In order to do this, universal services must reach and engage vulnerable children.
- 46 Improving social and economic environments also helps to ensure that children's wellbeing is not compromised by their surroundings. Communities that share common understandings about children's wellbeing and take action to prevent vulnerability help to build support for children.
- 47 The Government cannot solve the complex problems of vulnerable families and children alone, and needs to work together with families and communities to achieve change.

2.4 The White Paper's response

- 48 The Government will implement two new initiatives to improve parenting support and raise awareness of child maltreatment. It is also making improvements to existing services, including universal services.

172 Holzer et al (2006); Webster-Stratton & Reid (2006).

173 Moran et al (2004); Webster-Stratton & Reid (2006).

174 Kumpfer (1999).

175 Moran et al (2004); Webster-Stratton & Reid (2006).

- 49 The new regional governance mechanisms set out in Chapter Nine also provide an opportunity to bring together government, non-government and community representatives to identify opportunities to improve the local co-ordination of services for vulnerable children and their families and whānau. This could include, for example, exploring options around co-location of services at schools, health centres and other sites to improve access for vulnerable children and their families.

Improving support to parents

- 50 The current parenting support initiatives will be reviewed to determine if the balance and mix of services are appropriate to address the needs of families, and whether existing provisions are cost-effective and grounded in best practice. The review will be conducted by the Families Commission's new Social Policy Research and Evaluation Unit (SuPERU).
- 51 The review is needed because parenting support provisions have developed incrementally, and it is not clear if the current investment is the most effective, and whether funded services address the spectrum of parental needs.
- 52 This review will include the availability of, and access to, effective parenting support for parents whose children are assessed as being close to requiring a statutory care and protection response, including parents who have vulnerabilities of their own. It will also consider the availability of community-based, non-targeted parenting support initiatives and the appropriate balance of investment between these and more targeted forms of support. The review will identify existing initiatives that meet, or could be built on to meet, this threshold; and also other evidence-based and promising international programmes to ascertain their likely value for vulnerable children and parents in New Zealand. This review will contribute to future funding decisions.
- 53 Recognising the positive effects of home visiting programmes on reducing vulnerability, the Government is also implementing changes to the focus of New Zealand's intensive home visiting initiative, Family Start, to ensure that it is reaching the most vulnerable. The Government is doing this through:
- new assessment processes that identify and address needs more accurately
 - a stronger focus on assessing and addressing child safety
 - closer working arrangements between Family Start providers and Child, Youth and Family.

Implementing a public awareness initiative

- 54 In order to support communities to take responsibility for vulnerable children, the Government will develop a public awareness initiative and provide access to a fund to support communities to reinforce the message that child abuse and neglect will not be tolerated, and that child welfare is everyone's responsibility.
- 55 The public awareness initiative will emphasise the important roles and responsibilities of individuals, parents, families, whānau and communities for children. It will communicate this by focusing on:
- increasing understanding of the effects of child maltreatment, including the effects of maltreatment on children's development

- recognising maltreatment and increasing the willingness and confidence of individuals and communities to take responsibility, and their capability to do so
- connecting people to available services for prompt and effective help and advice.
- The initiative will provide information on the different forms of maltreatment, as well as information on the impact different types of maltreatment can have on children. In particular, the features of neglect, and its potential to have significant and lasting negative consequences for children¹⁷⁶, especially when experienced in the early years, may not be as well understood as some other forms of child maltreatment¹⁷⁷.
- Community-based approaches to child maltreatment prevention are more likely to be effective where they are built on partnerships with community representatives and leaders.¹⁷⁸ To that end, the initiative will draw on effective relationships that have already been established through earlier community-based publicity campaigns, including violence prevention and parenting initiatives.

Improving the reach of universal services

- 56 The Government is investing across portfolios in improving child outcomes, and has set specific targets to monitor performance. This includes universal prevention (focused on the whole population) and selective and targeted prevention (focused on at-risk and vulnerable groups or clusters).
- 57 The Better Public Services initiative includes vulnerable children as a priority group and one of the key result areas. Actions and targets have been developed for each of these areas and this work is supported and complemented by existing universal initiatives.

176 See Ministry of Social Development (2010a) *Recognising and responding to child neglect in New Zealand*. Centre for Social Research and Evaluation, Ministry of Social Development, Wellington p 24 – 26 for a summary of research on the impact of neglect on child outcomes..

177 Gilbert, R, Spatz Widom C, Browne, K, Fergusson, D, Webb, E, & Janson, S (2009). Burden and consequences of child maltreatment in high income countries. *The Lancet*, 373 (9657), 68-81.

178 Daro, D. and Dodge K.A. (2009). Creating community responsibility for child protection: Possibilities and challenges. *Future of Children*, 19(2): 67-93.

Better Public Services targets

In March 2012 the Government announced 10 challenging targets for the public sector to achieve in the next five years. These require a stretch beyond immediately deliverable results and encourage new ways of working together to deliver better public services to New Zealanders. The 10 key result areas have been grouped into themes, of which one is vulnerable children. The key result areas for the vulnerable children theme are:

- increasing participation in ECE
- increasing infant immunisation rates
- reducing the incidence of rheumatic fever
- reducing the number of assaults on children.

The *Supporting Vulnerable Children Result Action Plan*, released in August 2012, includes specific actions and targets so that progress can be measured.

- In 2016, 98 per cent of children starting school will have participated in quality ECE.
- Ninety-five per cent of eight-month-olds are fully immunised by December 2014, maintained through to 30 June 2017.
- The incidence of rheumatic fever is reduced by two-thirds to 1.4 cases per 100,000 people by June 2017.
- By 2017, halt the rise in children experiencing physical abuse and reduce current numbers by 5 per cent.

Maternity support

- 58 Data suggests that around 87 per cent of new mothers receive services from lead maternity carers (LMC), most often through midwives. District health boards (DHBs) are required to provide primary maternity services to women who cannot access LMCs. Extending the reach and accessibility of LMCs to vulnerable women increases opportunities for bolstering protective factors for children before birth.
- In the 2011 Budget, the Government invested additional funding in the maternity system, including funding to improve the safety and quality of maternity services.
 - Funding has also been provided to trial new approaches to joined-up health and social services for vulnerable pregnant women and their children. This initiative is led by the Ministry of Health, in consultation with the Ministry of Social Development (MSD) and the Ministry of Education, and is currently in the planning stages.
 - The Ministry of Health is working with DHBs to implement a new national enrolment policy that will make it easier and faster for general practices to enrol newborns. The new policy will see more babies receive essential health care, such as immunisations, sooner.
- 59 All DHB regions are funded to appoint Violence Intervention Programme co-ordinators, who lead Violence Intervention Programmes in designated hospital and community health services and social sector agencies. The Programmes support trained health professionals to provide routine enquiry for partner abuse and co-ordinated risk

assessments for children suspected of experiencing abuse and neglect, and their families and whānau. Violence Intervention Programmes are developing quality improvement initiatives within existing budgets and capacities, including:

- implementing the National Child Protection Alert System
- a national memorandum of understanding between Child, Youth and Family, the New Zealand Police and DHBs
- multidisciplinary working groups in DHBs to improve the co-ordination of services for vulnerable pregnant women and their children
- Shaken Baby Prevention programmes
- Whānau Ora workforce development plans.

60 The co-ordination of services between LMCs, Well Child nurses and general practitioners is being improved. Well Child nurse visits during the antenatal period are being expanded so that pregnant women can meet their Well Child nurses prior to birth, and LMCs and Well Child nurses can plan together with families for a smooth transition of care at four to six weeks following birth.

Well Child/Tamariki Ora services

61 Well Child/Tamariki Ora services are offered free to all New Zealand children from birth to five years. These services provide parents with support, knowledge and skills to respond to their children's developmental needs and link them to their communities and other services. More than 95 per cent of eligible children are currently enrolled with Well Child/Tamariki Ora providers.

62 Well Child/Tamariki Ora services are being enhanced to improve coverage, increase the participation of and service delivery to vulnerable families, improve the consistency of data collected from all Well Child/Tamariki Ora providers and ensure that additional Well Child/Tamariki Ora contacts are provided on the basis of assessed need.

63 The 'proportionate universalism' approach to Well Child services will continue by ensuring that extra Well Child/Tamariki Ora visits are provided to vulnerable families.

64 The 2011 Budget included \$21 million, over the following four years, to provide a new pool of Well Child/Tamariki Ora additional visits for higher-needs mothers and babies assessed as needing them, with emphasis on support for first-time mothers. The available funding allows for approximately 64,000 additional contacts per annum to be delivered by all Well Child/Tamariki Ora providers. Work is currently underway to identify ways to improve the alignment between Well Child / Tamariki Ora and Family Start services.

Primary health care services

65 In 2008 the Government contributed \$8.25 million towards the objective of free health care for under-sixes. This funding has been available each year to general practices that commit to providing free care for children under six. The 2012 Budget announced further funding of \$28 million for free after-hours doctors' visits for under-sixes, and removed pharmacy prescription charges for under-sixes from 1 July 2012, to benefit over 90 per cent of New Zealand children.

Early childhood education

- 66 Data suggests that a significant number of vulnerable children and their families are not accessing ECE. Of the approximately 3,000 children who begin school each year without ECE, around half are Māori, around a quarter are Pasifika, and 60 per cent are starting at decile 1–3 schools. Forty-eight per cent of these children live in Auckland. While some of the children who do not access ECE may be spending time with caring, bonded, well resourced and educationally advantaged adults who encourage their learning and development, many are not.
- 67 The Better Public Services goal is to have 98 per cent of children starting school having participated in quality ECE.
- The ECE Participation Programme is improving access to universal services by ensuring that solutions are appropriate to local communities using different models of provision, such as supported playgroups, home-based projects and identity, language and culture projects. The aim is to continue to increase ECE participation, particularly among Māori and Pasifika children and children from low socioeconomic communities.
 - In the 2012 Budget, Equity Funding, the largest targeted funding stream for ECE, was substantially increased along with a requirement for services that receive it to use it to take actions to increase the enrolment and participation of vulnerable children.
 - In the 2012 Budget, additional funding was provided to support Māori-medium services through improved access to, and support for, Māori-medium ECE services. This is being delivered by working with iwi partners and others to improve participation by and quality for Māori children. Funding will be provided over four years and will help to meet the target of 98 per cent of all new school entrants having participated in ECE by 2016.
- 68 Key actions in the area of ECE as part of the *Better Public Services Result Action Plan* include:
- collecting information on per child enrolments and participation through the development of a new early learning information system
 - increasing information-sharing to locate children and improve services
 - scaling up successful initiatives in ECE participation
 - working with schools in target areas to encourage them to identify younger siblings for enrolment
 - changing funding policies to encourage the participation of vulnerable children
 - using frontline services across agencies to increase participation
 - introducing new approaches to service provision.

Other universal checks for school-age children

- 69 A range of checks of young children is currently carried out as a matter of routine: babies aged 0–6 weeks are regularly visited by LMCs and children aged 0–5 years are offered eight scheduled core contacts with Well Child/Tamariki Ora providers, which include the B4 School Check.

- 70 Teachers constantly gather information to identify students' learning needs in a clear and constructive way so they can be addressed. Schools identify children who have additional needs and make referrals to a wide range of agencies and support professionals who may make regular visits to schools. Specialist assessments of need and intervention planning may highlight some of the issues that place children at risk of future academic failure and/or emotional, behavioural and social difficulties.
- 71 However, there is no universal screening assessment currently in use in the school system to identify vulnerable children and/or those at risk of developing difficulties. The connection between daily teacher assessments for learning and the identification of vulnerability is too ad hoc and informal. Vulnerable children may miss out on assessments because they do not attend school regularly or move between schools before they can be referred for additional support. Conversely, vulnerable children may be continually assessed but the information not be drawn together by agencies into comprehensive and long-term plans. Schools can feel they are starting from scratch, when in fact children have long histories of involvement with a range of agencies. There is currently no assessment for children after the age of five years that looks at their wellbeing across social, health and education domains, and in the home.
- 72 The changes and new initiatives outlined in this White Paper, combined with initiatives under the Prime Minister's Youth Mental Health Project, will help to address issues for this older group of children. For instance:
- Chapter Five sets out new assessment processes that will include some high-risk, school-age, vulnerable children
 - extra nurses will be placed in all decile 3 secondary schools, which will expand the nurse-led School Based Health Service in the next four years to a further 18,000 potentially at-risk young people¹⁷⁹, under the Prime Minister's Youth Mental Health Project.

The Positive Behavior for Learning Action Plan

- 73 Through the *Positive Behaviour for Learning Action Plan* (2010) the Ministry of Education is providing a range of evidence-based programmes and approaches to address the needs of children and young people presenting with early indicators of conduct difficulties or severely challenging behaviour that are putting their learning and wellbeing at risk.
- 74 The range of evidence-based programmes and evidence-informed services represents a continuum of approaches, from universal programmes such as the Positive Behaviour School Wide programme (in more than 628 schools by 2016), to targeted prevention through the Incredible Years parent programme (10,000 parents by 2014/2015) and teacher programmes (8,260 teachers by 2014/2015), to highly personalised wrap-around services for children and young people with the most challenging behaviours (220 children/young people per year).

179 The School Based Health Service is already funded for 38,000 young people in all deciles 1 and 2 secondary schools, alternative education and teen parent units. This initiative means that 56,000 young people will have access to this service. Nurses will use the HEADSS wellness check, which is an abbreviation for an assessment process that measures youth wellbeing. The assessment has a series of questions relating to: home and environment, education/employment, activities, drugs, sexuality and suicide/depression.

- 75 The early results of evaluations are providing high levels of confidence in the effectiveness of the programmes and approaches for children/young people and their families and whānau, both Māori and non-Māori.
- 76 The *Positive Behaviour for Learning Action Plan* complements the behaviour services of the Ministry's special education team (4,000 learners per year) and the work of the specialist teachers' 'Resource Teacher: Learning and Behaviour Service'.

Improving social and economic environments

- 77 The Government is undertaking a number of actions to improve the social and economic environments in which children and families live.

Addressing poverty

- 78 Employment has long been recognised as the best and most sustainable route to address poverty and increase family income¹⁸⁰. Recently, however, its positive impacts on a range of social, educational and health outcomes for both parents and children have been increasingly researched and recognised.
- 79 Current benefit reforms which aim to increase family incomes by helping parents move into employment include:
- ensuring that young people, including young parents, needing income support are continuing in education or training – improving their short- and long-term employment prospects and income trajectories
 - strengthening pre-employment preparation and training requirements – for example, by encouraging parents of children under five to start preparing for employment so they are better placed to take advantage of opportunities
 - extending employment availability to a wider range of clients – including part-time work availability for parents once their youngest children turn five years of age
 - applying an investment approach that allows services to be customised and tailored to people at particular risk of long durations on welfare.
- 80 In addition to getting parents into work, the current reforms seek to ensure that children have the best possible start in life by capitalising on public health and education investments:
- Basic parental expectations have been introduced for teen parents and, in a welfare reform bill currently before the House, new parental expectations are proposed for all parents on a working-age benefit.
 - Parental expectations are focused on basic requirements with strong and well researched impacts on child health and development. They include access to primary and preventive health care, quality ECE from three years of age or earlier as the best preparation for school, and regular school attendance.

¹⁸⁰ For example, the 1988 Puaio-Te-Ata-Tu report recommended that the unemployment benefit be restructured to provide greater incentives to work, "whether part time or full time" – recommendation 4(b)(iii).

- 81 All available evidence suggests that a carefully designed welfare reform programme such as this, which encourages and rewards parental employment while also ensuring that children get excellent health care and access to high-quality ECE, offers the best prospect to improve outcomes in the short and long term and break intergenerational patterns of disadvantage.
- 82 Alongside employment, education and economic activity, the issue of income poverty is being addressed through:
- a Ministerial Committee on Poverty, chaired by the Deputy Prime Minister with the Minister for Whānau Ora as deputy chair. The Committee is focusing on providing better opportunities for low-income New Zealanders and getting better results from spending on social services. It will present its first report later in 2012
 - the Children's Commissioner's Expert Advisory Group on Solutions to Child Poverty, which has released an issues and options paper for consultation. Feedback and ideas on these proposals will inform a final report to the Children's Commissioner in December 2012.

Improving access to quality housing

- 83 Ensuring that vulnerable children have dry, healthy and stable housing is a key factor in preventing issues that have negative impacts on children's wellbeing. The effects of housing availability and quality are increasingly being recognised through connections between poor housing and children's health and ability to learn at school. Access to quality housing is being improved by:
- increasing the supply of quality, affordable and stable social housing in areas with the greatest need, through funding allocated in the 2012 Budget
 - increasing housing insulation through the 'Warm Up New Zealand: Heat Smart' programme
 - addressing housing-related health problems through the joint 'Healthy Housing' initiative between Housing New Zealand and DHBs.

Reducing alcohol-related harm

- 84 An alcohol reform programme is underway to reduce alcohol-related harm, including a bill currently being considered by Parliament. The objectives of the bill include:
- reduce excessive drinking by young people and adults
 - reduce the harm caused by alcohol use, including crime, disorder, public nuisance and negative public health outcomes
 - support the safe and responsible sale, supply and consumption of alcohol
 - improve community input into local alcohol licensing decisions.
- 85 Other work by a range of agencies addresses various elements of unsafe drinking by adults that make children more vulnerable, such as drinking during pregnancy and contributing to family violence.

Addressing mental health issues

86 Maternal mental health is known to be a key factor in early childhood bonding and development. The Ministry of Health is developing the *Mental Health and Addiction Service Development Plan 2012-2017*, which will set out the Government's direction for mental health and addiction service development priorities in the next five years. This will include consideration of services for children of parents with mental illness and addictions (COPMIA).

Other support for young people

87 The Government has a number of existing initiatives to prevent vulnerability and support young people, which will support the White Paper initiatives. The Government is:

- through the Youth Guarantee, helping young people to access education and training opportunities (in 2012, approximately 7,500 fee-free tertiary places are available), improving career education and guidance, and developing vocational pathways that help young people to know which National Certificate of Educational Achievement (NCEA) standards are valued by industry
- through the Check and Connect Programme, increasing student engagement through the use of mentors who work with learners, whānau and schools to establish meaningful links between them all. Learners are matched with mentors by ethnicity and gender. The mentors also work individually with learners to develop their problem-solving skills and identify goals and aspirations that are then used as a basis for planning and learning at school. Check and Connect is one of 28 dropout-prevention interventions reviewed by the US Department of Education's What Works Clearinghouse to date, and the only one found to have positive effects for staying in school
- supporting teen parents to ensure that childcare costs do not prevent them studying. Since 30 July 2012 teen parents have been able to access the Guaranteed Childcare Assistance Payment to enrol their children in ECE while they fulfil their obligations to be in education or training
- placing extra nurses in all decile 3 secondary schools over the next four years. This will expand the School Based Health Service to a further 18,000 potentially at-risk young people
- introducing youth workers trained in mental health issues to selected low-decile schools over two years. It is estimated that the youth workers will cover an estimated 20,000 students in 27 schools
- reviewing the school guidance system to identify the practices that best support youth wellbeing. The review will inform advice to the Government on further action to enhance the quality, coverage and management of this resource in secondary schools. The Ministry of Education currently provides around \$55 million per year to schools for guidance. It is intended that this funding will remain with schools but will be better used as a result of the review findings.

Chapter Three: Targeting to reduce vulnerability to maltreatment and improve outcomes

- 1 The previous chapters have provided an overview of child vulnerability, discussed the role of universal and selective prevention in achieving good outcomes for all children, and set out what the Government is doing to both build protective factors and address risk factors for vulnerability.
- 2 This chapter examines the rationale and benefits of targeting to reduce the extent and impacts of child abuse and neglect. In doing so it:
 - identifies some of the human and fiscal consequences and impacts of child maltreatment – building on the concept of vulnerability identified in Chapter One
 - considers the advantages and disadvantages of universalism and evidence-based targeting in services to intervene and improve outcomes for the children most vulnerable to maltreatment. This includes the importance of protecting families as far as possible from inappropriate engagement with care and protection investigation and intervention, as well as efficient targeting
 - identifies two key target groups to reduce the extent and impacts of child abuse and neglect.

3.1 Key issues

Why target the children most vulnerable to maltreatment?

- 3 A significant number of New Zealand children are currently experiencing maltreatment, including recurrent physical abuse and/or significant neglect causing harm or death. International estimates suggest that this affects between 3 and 4 per cent of children a year.
- 4 A further group of children is highly likely to experience significant maltreatment if urgent action is not taken to address their family circumstances.
- 5 Whole-of-population or primary prevention (for example, Well Child checks and 20 hours' ECE for all three- and four-year-olds) has a vital role in supporting positive child development and wellbeing, and in reducing risks for the more disadvantaged and vulnerable. The Government will continue to improve these services, including through the Better Public Services approach.

- 6 Selective prevention, targeting a child or family with a particular symptom of disadvantage (for example a learning disability) is likewise vital. This enables the health, education, justice, welfare and other sectors to target and address particular vulnerabilities to specific poor outcomes. State agencies will continue to work to improve selective and specialist services and responses to sector-specific vulnerabilities. For example, the Ministry of Health and MSD will continue to work closely to improve outcomes for children with disabilities but who are not at risk of maltreatment as a matter of priority (as a parallel and complementary work stream to the White Paper focus on children who are vulnerable to maltreatment).
- 7 Children who are being maltreated or who are at greatly elevated risk of maltreatment, however, require more intensive and cross-cutting interventions to address the depth and breadth of vulnerabilities they present. This White Paper suggests that children vulnerable to maltreatment are an important sub-group whose particular situations and needs should be identified and addressed. This is an augmentation rather than a replacement of existing sector-specific targeting (such as education-specific reading recovery, or health treatment) or of universal services themselves.
- 8 Further, intensive and targeted interventions to prevent the recurrence of maltreatment where it has occurred (or is highly likely to occur in the short term) can be damaging if misapplied to everyday families (who may be struggling and exhibit transitory indicators of risk). This occurs where intensive intervention or investigation impairs parental confidence and capacity, or weakens social support networks. Unlike universal services, or some selective targeted services, the application of intensive targeted support is not universally beneficial.

3.2 National and international evidence

Impacts of maltreatment

- 9 Child abuse and neglect is a significant issue in New Zealand:
 - Seven to 11 children on average have been killed each year in the past 15 years by people who should have been caring for them¹⁸¹.
 - Child maltreatment rates are internationally estimated to be in the region of 3 to 4 per cent a year¹⁸². In New Zealand this would equate to approximately 27,000–36,000 children a year suffering abuse or neglect.
 - The Adverse Childhood Experiences study¹⁸³, conducted by the US Centers for Disease Control and Prevention and Kaiser Permanente, suggested that while most children (62 per cent) experienced one or two significant adverse events in childhood, about 5

181 The 2003 UNICEF Innocenti report identified an average of 11 child maltreatment deaths a year in New Zealand in five years during the 1990s. The first annual Family Violence Death Review Committee (FVDRC) report in February 2010 estimated that on average 10 children a year are killed. The November 2011 FVDRC report identified an average of seven child family violence deaths a year in New Zealand in the seven years 2002–2008 inclusive (<http://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC-report-Dec-11-Lkd.pdf>). The three reports all define children as being under 15 years of age.

182 Adema, W (2011). Setting the scene: The mix of family policy objectives and packages across the OECD. *Children and Youth Services Review*, 34(2012) 487–498.

183 <http://www.cdc.gov/ace/index.htm>.

per cent of American children experienced six or more such events leading to lifelong difficulties, increased illness and premature mortality. This accords with preliminary findings from New Zealand predictive modelling, which identified that 5 per cent of children are most at risk of maltreatment (discussed further in Chapter Four).

- The 2003 UNICEF Innocenti report ranked New Zealand third worst out of 27 rich nations in terms of child deaths from maltreatment (or sixth worst out of 27 if “undetermined intent” deaths were included)¹⁸⁴.
- In the five-year period studied in the UNICEF report, 55 children died in New Zealand as a result of maltreatment or “undetermined intent”. Over a third of the deaths were of children under one year of age¹⁸⁵.
- If New Zealand had had the same rate of child maltreatment deaths as Ireland (the fourth-best performing nation) in the five years of the UNICEF report, 41 New Zealand children would have been saved¹⁸⁶.
- Three-quarters of the children killed between 2002 and 2008 were under five years old at the time of their deaths, and many of them had been abused or neglected for an extended period of time¹⁸⁷.
- In 2010 there were 209 assault-related hospital discharges of children aged 0–14 years.
- In 2011/2012 there were 21,525 substantiated findings of abuse and neglect. These included 12,114 cases of emotional abuse, 4,766 cases of neglect¹⁸⁸, 3,249 cases of physical abuse and 1,396 cases of sexual abuse¹⁸⁹.
- The estimated additional cost to the state of meeting the lifetime needs of children who have been maltreated to the extent that they are brought into the care of Child, Youth and Family is estimated at over \$750,000 per child¹⁹⁰.
- About 2,500 of the children known to Child, Youth and Family who were born in 1989 had either a community-based or prison sentence by the time they were 20 years of age. This is five times higher than the rate in the rest of the population born that year¹⁹¹.

10 A recent OECD report highlighted the human and economic consequences of child maltreatment.¹⁹²

184 UNICEF (2003). *A League Table of Child Maltreatment Deaths in Rich Countries*. Innocenti Report Card.

185 UNICEF (2003).

186 UNICEF (2003).

187 Martin, J & Pritchard, R (2010). *Learning from Tragedy: Homicide within families in New Zealand 2002-2006*. Ministry of Social Development, Wellington.

188 Neglect includes failure by parents and caregivers to provide for their children’s basic needs (adequate shelter, nutrition, hygiene), and failure to properly supervise a child that is avoidable and to the extent that the child is harmed (for example, leaving a small child exposed to danger and harm). The breadth of neglect is reflected in the fact that it is the most common form of abuse leading to physical harm (thereby excluding emotional abuse) in most industrialised countries. In some jurisdictions, fairly minor failures to supervise can be recorded as neglect (ie young teen ‘latch-key kids’ not supervised after school). The definition can greatly influence the number of neglect findings.

189 Note that these figures exclude categories of care and protection findings that may not be a result of child maltreatment: behavioural/relationship difficulties, and self-harm/suicidal behaviour.

190 Rankin, D (2012). Meeting the needs of New Zealand children and young people who have been abused and neglected. *Best Practice Journal*, 37, 4–9. <http://www.bpac.org.nz/magazine/2011/august/upfront.asp>.

191 Centre for Social Research and Evaluation (2011). *Flow Rates from Child, Youth and Family to Corrections – January 2011*. Ministry of Social Development. <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/policy-development/green-paper-vulnerable-children/flow-rates-from-child-youth-and-family-to-corrections.doc>.

192 Berger, L M & Waldfogel, J (2011). Economic determinants and consequences of child maltreatment. *OECD Social, Employment and Migration Working Papers*, No. 111, OECD Publishing.

- 11 The **health impacts** of child maltreatment include an elevated risk of obesity, mental health disorders associated with acting out (conduct disorders and behavioural problems) and internalising disorders (depression, anxiety), post-traumatic stress and suicide¹⁹³. In addition, maltreated children have a higher risk of lifelong alcohol and drug problems, with a notably increased risk for women¹⁹⁴. The US Adverse Childhood Experiences study showed that maltreatment significantly increased a range of health problems and lowered life expectancy¹⁹⁵.
- 12 The **crime and justice impacts** of child maltreatment include a doubling in the risk of engaging in crime in adolescence and young adulthood¹⁹⁶. A New Zealand study of 2,500 children born in 1989 who were known to Child, Youth and Family found them five times more likely than their peers to be imprisoned or subject to community-based sentences by the time they reached 20 years of age¹⁹⁷.
- 13 The **cognitive development and educational impacts** of child maltreatment include maltreated children requiring more 'special education' interventions, indicating learning difficulties, behavioural problems making classroom management difficult¹⁹⁸ and lower school attendance and achievement. American studies found that maltreated children had lower IQs and reading abilities, had completed less schooling, and were more likely to be truant, suspended or expelled¹⁹⁹. However, the Christchurch Health and Development Study found that most of the differences in educational performance could be explained by other negative factors present in abusive families (suggesting a complex interplay of multiple problems)²⁰⁰.
- 14 The **employment and earnings impacts** of child maltreatment include: life-course negative impacts on employment and earnings; higher unemployment (higher rates of early and sole parenthood explain a more marked impact on women); and lower-skilled work and lower wages if people are employed, leading to reduced assets (they are less likely to own property, cars or shares)²⁰¹.
- 15 The **family and intergenerational impacts** of child maltreatment include the finding that maltreated children are more likely to engage in risky sexual behaviour from a young age. This results in higher rates of teen parenthood. While many teen parents have social support, and parenting/emotional capabilities learned in childhood, maltreated children have fewer pro-social resources (external or internal). Further, without intervention,

193 The death rate by suicide has been found to be 15 times higher among youth in contact with Child, Youth and Family than among youth in the wider community.

194 Berger & Waldfogel (2011)

195 Felitti, V J et al Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*.

196 Berger & Waldfogel (2011).

197 Centre for Social Research and Evaluation (2011). Flow rates from Child, Youth and Family to Corrections - January 2011. Ministry of Social Development. <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/policy-development/green-paper-vulnerable-children/flow-rates-from-child-youth-and-family-to-corrections.doc>

198 A 2009 pilot programme run by Child, Youth and Family and the Ministries of Health and Education found that 65 per cent of children entering care had behavioural or emotional problems and 41 per cent had mental health disorders.

199 Berger & Waldfogel (2011).

200 Boden, J M, Horwood, L J & Fergusson, D M (2007). Exposure to childhood sexual and physical abuse and subsequent educational achievement outcomes. *Child Abuse and Neglect*, 31, 1101–1114.

201 Berger & Waldfogel (2011).

there is “strong intergenerational persistence in parenting behaviour”²⁰². These factors help to drive patterns where child maltreatment is perpetuated and replicated across generations.

The service spectrum: universal, specialist, targeted and statutory intervention

- While this chapter focuses strongly on the safety of children vulnerable to child abuse and neglect, it is important to recognise that action in this area is ‘nested’ within a critical spectrum of universal and targeted child and family support services.
- The preventive approach to support children is underpinned by successive governments’ commitment to the principle of ‘proportionate universalism’ or ‘cascading service delivery’²⁰³.
- Under this approach the state makes a ‘public good’ investment in a base level of service provision, known to be vital to child wellbeing, either directly (such as through maternity services) or by influencing parental behaviour (such as through Well Child parent advice and education). This includes highly subsidised or free access to health and maternity services for expectant women, immunisation and primary medical care for children, ECE and compulsory schooling.
- Over and above this base level of support, families needing greater assistance are offered services at a higher dosage, frequency or intensity (for example, a higher number of, or more frequent, Well Child engagements or targeted action to lift Māori immunisation rates).
- Beyond the progressive delivery of universal support, a network of specialist services addresses particular problems (often responding to isolated and individual needs, for example speech therapy for an otherwise healthy child). Referrals to these services are often made by universal service providers – with the universal service providers identifying any needs for specialist support then linking the children or families to that support (sometimes as the exclusive referral channels).
- Further up the spectrum, tightly targeted services offer long-duration, intensive family support (for example, Early Start Christchurch and the Family Start network). Again, referrals to these types of service are frequently made on the recommendations of universal service providers.
- Beyond highly intensive but voluntary services such as Early Start, there is currently a limited intensive provision for maltreated children, other than the statutory investigation-based services of Child, Youth and Family.
- The description of ‘cascading service delivery’ reflects the fact that access to the progressively more specialist and targeted support often ‘cascades’ from initial access to universal foundation services. This can mean that families who prove ‘hard to reach’ or ‘hard to engage’ at one point on the continuum can have limited access to other, more intensive supports (other than through statutory intervention).

202 Berger & Waldfogel (2011).

203 See, for example, OECD (2009). *Doing Better for Children*. <http://www.oecd.org/els/familiesandchildren/doingbetterforchildren.htm>.

- 16 To our advantage compared with many other countries, New Zealand's universal base services are high quality, broad based and far-reaching – managing to engage a very high proportion of families. In particular, New Zealand's health system (maternity and primary), compulsory education system (legal duty to enrol from six years), and benefit system (with comprehensive coverage compared with most overseas jurisdictions) ensure that nearly every child is identified and opportunities created to offer more targeted support where required.
- 17 However, as is the case overseas, it is likely that many of the 'hard-to-reach' families with limited or minimal connections to universal services are the ones whose children are most likely to benefit from assistance. Unfortunately, being 'known' to one system (for example, maternity services) has not ensured that other arms of universal service provision are afforded the same information, nor have families always been well linked from one service to the next.
- 18 For example, being known to maternity services through birth has not in the past ensured access to a primary medical home, such as a general practitioner (GP)/primary health organisation or Integrated Family Health Service. Recent policy changes are addressing some of these issues and ensuring that better value is achieved from identification and assistance opportunities in systems such as health, education and working-age benefits. For example:
- a hospital birth will be used as an opportunity to link the parent to a GP
 - Well Child will be extended to before birth to ensure that new parents don't slip through a gap between LMCs and Well Child
 - ECE is being used as the point for B4 School Checks
 - parental benefit receipt is being used as an opportunity to promote outcome-critical parenting actions, such as keeping young children up to date with Well Child checks, ensuring quality ECE participation for children from three years of age (or earlier), enrolling every child and young person with a doctor, and ensuring that all children regularly attend school²⁰⁴.
- 19 Chapter Four addresses information-sharing and opportunities to identify children vulnerable to maltreatment in more detail.
- 20 As the OECD notes in *Doing Better for Children*, its 2009 review of policies designed to improve child wellbeing, there are advantages and disadvantages to both universal and targeted approaches to service delivery.
- 21 The advantages of universalism are commonly seen to include:
- avoiding false positive and negative targeting issues (ie inappropriately identifying or missing a client)
 - increased take-up owing to wider information dissemination (universal access ensures that many people are aware of and spread knowledge of the service – for example, Plunket has enormous 'brand recognition' in New Zealand)

204 Parental obligations for teen parents were introduced in the first tranche of welfare reform. The second tranche of reform extends these basic parental obligations to all parents on benefits through the Social Security (Benefit Categories and Work Focus) Amendment Bill currently before Parliament (Clause 25).

- less perceived stigma associated with access (this is for everyone, not just ‘some other people’)
 - greater public backing for the legitimacy of the taxpayer investment, enabling quality provision (as everyone with a child or who cares about children has something to gain – much like the relative public support for universal superannuation as opposed to working-age welfare).
- 22 The disadvantages of universalism are commonly seen to include:
- high base cost (as in the cost of providing the service to all when the benefits are disproportionately present in and for a sub-group)
 - ‘middle class capture’. Service capacity is predominantly taken up by parents who are dedicated to doing the best for their children (and will do so with or without access to these services). Meanwhile truly needy families reject the service, perceiving or characterising it as not being designed for, or sensitive to, them and their needs. This impact can be heightened if enthusiastic and committed middle-class users become involved in service governance or management, unconsciously promoting and prioritising aspects of service design that appeal to people like them, rather than hard-to-reach families with higher needs (leading to a pattern of service gentrification)
 - limited resources are spread thinly over a large number of recipients (rather than heavily weighted to need). This can result in wasteful ‘overdosing’ of average to good families with more service than required, while offering insufficient dosage, compromising effectiveness, for high-needs, high-risk families.

Particular issues in services for children vulnerable to maltreatment

- 23 In considering the spectrum of services from primary prevention to statutory intervention, it is important to consider evidence of the impacts of provision on child outcomes.
- 24 With a core universal service like ECE, evidence suggests that the great majority of children gain from experiencing quality ECE, particularly from two or three years of age. At its very worst, the impacts of high-quality ECE for children from loving homes can be outcome neutral, from about six months to a year in age. However, the greatest gains are made for more vulnerable children, who are almost certain to benefit, and from a younger age²⁰⁵.
- 25 Many primary health interventions accrue similarly universal and positive gains for children, with a strong positive graduation to the more at-risk children.
- 26 However, such universally positive outcomes are not necessarily the case with exposure to services and interventions in relation to maltreatment.
- 27 Just as inappropriate early streaming into remedial education classes can have negative predetermining impacts on children’s educational performance, inappropriate exposure to maltreatment services can have negative unintended consequences.
- 28 As Professor Dorothy Scott, Director of the University of South Australia Centre for Child Protection, noted in a child protection conference address:

205 OECD (2011). *Doing Better for Families*.

“An overloaded system hurts those at low risk. Given the scale of child protection notifications now received, it is hard to exaggerate the extent of rage, humiliation and intense fear felt by many parents who are subject to child protection investigations where the concerns are not substantiated.

Paradoxically, and tragically, this is very likely to reduce the coping capacity of parents by causing high levels of stress, and by reducing their informal social support and their use of services, as parents are left very suspicious about who in their kith or kinship circle, or who in their local service system, may have notified them to the authorities”²⁰⁶.

- 29 Given what we know about the importance of an authoritative, warm and confident parenting style to good child outcomes, it is a significant concern if ‘inappropriate’ engagement with child maltreatment services renders parents who may be struggling less confident, less capable and with diminished parenting authority and social support.
- 30 This highlights the importance of sound, evidence-based targeting to ‘protect’ everyday families who may be struggling from unnecessary or inappropriate interventions. This is beyond concerns about misdirected child maltreatment action lowering efficiency and effectiveness (akin to the motivation to reduce needless anaesthesia and surgery in the medical setting). Smart targeting ensures that resources are appropriately committed where they can make the greatest difference, lowering the false positive and negative risks associated with poor targeting and inappropriate universalism.
- 31 Evidence suggests that improved targeting can benefit families across the risk continuum, provided that the approach is an enrichment of the system and does not ‘close off’ other referral channels or come at the expense of universal preventive support.

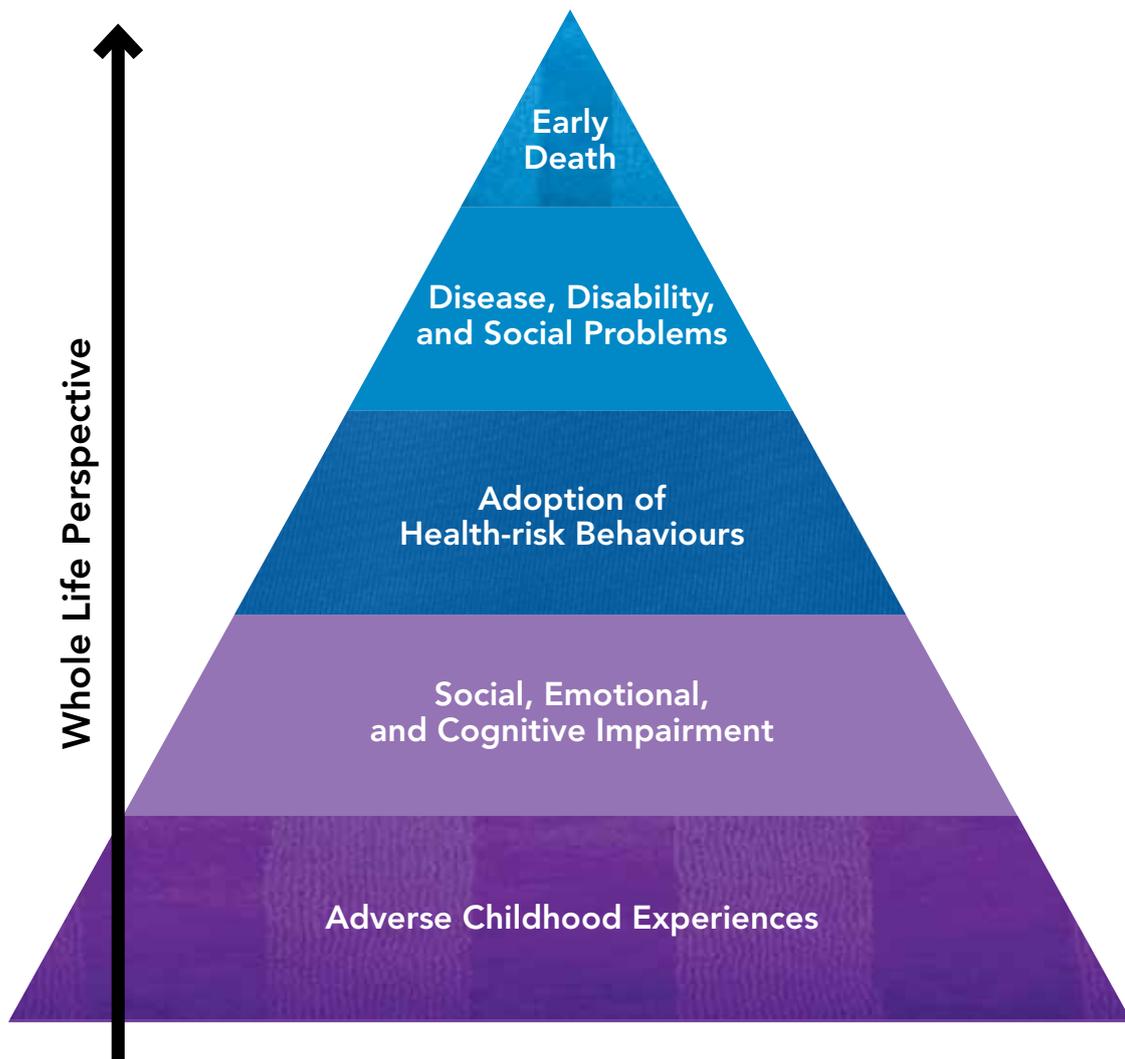
3.3 Addressing the issues in New Zealand

- 32 Actions to reduce child vulnerability in this White Paper, as well as recent initiatives to improve and strengthen universal and targeted services for children and families, have been informed by a growing body of research on the mechanisms by which risk does (or does not) become reality.
- 33 Understanding the mechanism of transmission, or how child maltreatment is associated with poor later-life outcomes, is important in targeting interventions and services and designing effective interventions to build resilience and interrupt transmission.
- 34 One of the largest studies of maltreatment’s association with poor health outcomes is the US Adverse Childhood Experiences study, focused on the health and mortality impacts of childhood maltreatment.
- 35 The study found a “strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several leading causes of [illness and] death in adults”²⁰⁷.

206 Scott, D (2006). *Sowing the Seeds of Innovation in Child Protection*. Conference paper, 10th Australasian Child Abuse and Neglect Conference, Wellington, New Zealand, February.

207 Felitti, V et al, Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*.

- 36 The experience of abuse in childhood, and particularly early childhood, creates a cascade of effects in the life course. Maltreated children are at increased risk of behaviour problems, including aggression and delinquency. Children who have been maltreated are likely to have lower educational attainment and lower annual earnings. Health impacts include physical injuries, reproductive and sexual health problems, and psychological and behavioural problems²⁰⁸.
- 37 The theory of transmission from childhood maltreatment to poor outcomes and premature death is illustrated below²⁰⁹:



208 American College of Obstetricians and Gynecologists (2011). Adult manifestations of childhood sexual abuse. Committee Opinion No. 498. *Obstetrics & Gynecology*, 118(2), 1; Springer, K W, Kuo, J S D & Carnes, M (2003). The long-term health outcomes of childhood abuse: An overview and a call to action. *Journal of General Internal Medicine*, 18(10), 864–870; Wegman, H L & Stetler, C (2009). A meta-analytic review of the effects of childhood abuse on medical outcomes in adulthood. *Psychosomatic Medicine*, 71, 805–812.

209 Centers for Disease Control and Prevention (2011). *Adverse Childhood Experiences Study*. <http://www.cdc.gov/ace/index.htm>. Accessed 14 September 2012.

- 38 Studies such as Adverse Childhood Experiences study, the Christchurch Health and Development Study and the Dunedin Multidisciplinary Health and Development Study²¹⁰ suggest that the transmission mechanisms from childhood abuse to poor health outcomes include:
- learned behaviour – or example, increased risk-taking leading to crime and early pregnancy, or learned parenting styles leading to abuse in the next generation
 - impaired social and emotional development – for example, failure to “develop empathy, learn how to regulate emotions or develop social skills”²¹¹, which can sabotage schooling and employment and increase the risks of mental health problems, relationship difficulties, antisocial behaviour, criminality and aggression²¹².
- 39 Without compensatory resilience factors, childhood maltreatment can lead to a chronic stress response, or what is sometimes referred to as a ‘high allostatic load’:
- “Allostasis is the active, cyclical process that occurs when stress results in the over- or under-utilization of physiological resources in order to regain homeostasis, or stability (Vig, Forsythe, & Vliagoftis, 2006). While allostasis can be beneficial in the short-term, chronic and repeated activation of these physiological resources cause wear and tear on organs and exhaust the body of resources, with damaging long-term effects (McEwen & Seeman, 1999). Allostatic load is a term for the cost to the body as it continually experiences stress responses”²¹³.*
- 40 High allostatic loads not only have negative impacts on health, but affect how people interact with others and with their environments.
- 41 New Zealand research tracked children who were known to the care and protection system. These children were five times more likely to have a community-based or prison sentence by the time they were 19 years of age²¹⁴. The rate of death by suicide was found to be 15 times higher among youth in contact with Child, Youth and Family than in youth in the wider community²¹⁵.
- 42 Recent work by Nobel Prize-winning economist Professor James Heckman²¹⁶ on the link between early childhood environments and health, educational, economic and social outcomes, extended the understanding of the importance of early childhood experiences into the classroom and the workplace.

210 <http://dunedinstudy.otago.ac.nz>. Numerous sources, including ‘From Child to Adult’, and more recent articles, including: Danese, A, Moffitt, T E, Harrington, H L, Milne, B J, Polanczyk, G, Pariante, C M, Poulton, R & Caspi, A (2009). Adverse childhood experiences predict adult risk factors for age-related disease: depression, inflammation, and clustering of metabolic risk markers. *Archives of Pediatrics & Adolescent Medicine*.

211 Allen, G (2011). *Early Intervention: The Next Steps: An independent report to HM Government*, HM Government.

212 Gilbert, R, Widom, C S, Browne, K, Fergusson, D, Webb, E & Janson, S (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), 1–94.

213 Lanier P, Jonson-Reid, M, Stahlschmidt, J, Drake, B & Constantino, J (2010). Child maltreatment and pediatric health outcomes: A longitudinal study of low-income children. *J. Psychiatr. Psychol* 35(5): 511–522.

214 Centre for Social Research and Evaluation (2011). *Flow Rates from Child, Youth and Family to Corrections – January 2011*. Ministry of Social Development, Wellington.

215 Beautrais, A, Ellis, P & Smith, D (2001). The risk of suicide among youth in contact with Child Youth and Family. *Social Work Now*, 19, 8–13.

216 Heckman, J *Resources*. <http://www.heckmanequation.org>. Accessed 20 September 2012.

- 43 Social and emotional traits or ‘soft skills’ can be impaired by adverse childhood experiences, which in turn have a significant impact on classroom and economic performance. Childhood trauma affects:
- sociability
 - motivation
 - self-regulation
 - attention
 - self-esteem
 - the ability to defer gratification.
- 44 Encouragingly, social and emotional traits and attributes can apparently be learned – by parents, children and adolescents (they remain malleable provided the right interventions are made).
- 45 This makes social and emotional attributes more amenable to preventive and remedial interventions than cognitive ability (which tends towards rank stability). Influencing social and emotional attributes’ acquisition could therefore offer significant potential to reduce inequalities in opportunity and outcomes for vulnerable children.
- 46 Research demonstrates that access to one secure, safe and supportive adult in childhood can make all the difference to a child’s development – enabling a child to emerge from trauma with pro-social skills and strategies intact.
- 47 Parents, caregivers and whānau can also be given information about simple, low- or no-cost actions that have material impacts on emotional (and cognitive) development. For example, the 2012 OECD Programme for International Student Assessment (PISA) study reported that “by far the strongest relationship is between reading to a child during his/her early years and better reading performance when the child is 15 [years old]”.
- 48 PISA found that this relationship was particularly strong in New Zealand, with parents reading to children around five years of age being equivalent to more than an additional “one school year” in terms of performance. In fact the study found “that even among families with similar socio-economic backgrounds, reading books to young children is still strongly related to better performance when those children reach the age of 15. This association is particularly strong in New Zealand”²¹⁷.
- 49 This sort of simple parenting intervention is amenable to reinforcement through universal primary prevention to tertiary assistance (see, for example, ‘Population-based prevention of child maltreatment: The U.S. Triple P System Population Trial’ [2009]²¹⁸).
- 50 Equally, children and young people across the age spectrum can ‘learn’ social skills and strategies.
- 51 An awareness of such opportunities has helped to inform actions and proposals,

217 OECD (2012). *Let’s Read Them A Story! The parent factor in education*. Programme for International Student Assessment. <http://www.oecd.org>. Accessed 20 September 2012.

218 Prinz, R, Sanders, M, Shapiro, C, Whitaker, D & Lutzker, J (2009). Population-based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10(1), 1–12.

from universal prevention to ECE provision for disadvantaged children, school-based initiatives, training for foster parents, and mentoring and educational support for children in care.

3.4 The White Paper's response

- 52 Consistent with the research set out above, this White Paper identifies two priority groups of children who require more intensive and targeted support to address their vulnerability to maltreatment and improve their outcomes. These are groups of children and families for whom sector-specific services are less likely to be effective, as they will not address the complex, entrenched and compounding issues that these children and families face. Further, without specialist and intensive intervention these groups of children are likely to suffer lifelong and significant harm, injury or death.
- 53 As noted earlier, a dedicated focus on these children is proposed here in addition to current measures and priorities to improve targeted services for other vulnerable children who have specific needs, but who are not necessarily vulnerable to child maltreatment – for example, children with autism or complex disabilities. Improved targeting and a service focus will benefit all children and families by ensuring that the most effective form of support is provided to each child, based on their individual circumstances and needs.

Children who have been significantly maltreated and are currently receiving a statutory care and protection response as a consequence

- 54 These include children who have been removed from the care of their parents or caregivers and are in the custody of the Chief Executive of MSD or others. It also encompasses children receiving some other form of statutory intervention such as a Family Group Conference.
- 55 Action with this group is commonly termed 'indicated prevention', where preventive activity is focused on preventing re-occurrences, preventing the maltreatment of younger siblings and/or preventing negative long-term consequences²¹⁹.
- 56 The indicated/reactive nature of the intervention greatly reduces or eliminates false-positive errors and the associated risk of inadvertent harm.

Children who are not currently receiving a statutory care and protection intervention but who have been identified as at risk of maltreatment

- 57 Subject to the outcomes of a feasibility study and trialling, children in this high-risk group will be identified using information held in government records, applying statistical risk models to this information to highlight children and families warranting further careful consideration by frontline professionals. This is set out in more detail in the following chapter.
- 58 There will be a strong focus on identifying children from the earliest possible point before the worst harm has occurred – pre-birth or at birth in many cases.

219 MacLeod, J & Nelson, G (1999). Programs for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review. *Child Abuse and Neglect*, Vol 24, (9).

- 59 This is 'selective' rather than universal prevention. Interventions are targeted based on the strongest available evidence of risk, and great efforts are made to reduce false-positive and false-negative errors.
- 60 Agencies, from the centre through to the front line, NGOs and private professionals will come together in a new way to achieve a clear set of shared outcomes for these children. This is addressed further in subsequent chapters.
- 61 It is estimated that across both target groups there will be around 20,000–30,000 children and families who will need to be worked with intensively each year. Close to half of the children and/or their caregivers are expected to identify as Māori (as discussed in later chapters). Note that these estimates draw on numbers generated by risk modelling work detailed in the following chapter.

Chapter Four: Identifying children in the target populations

- 1 As explained in the previous chapter, this White Paper has two target populations:
 - Children who are not currently receiving a statutory care and protection intervention, but who have been identified as at risk of maltreatment.
 - Children who have been significantly maltreated and are currently receiving a statutory care and protection response as a consequence.
- 2 The earlier that these children can be identified, the more successful are likely to be any interventions to improve their outcomes, and in particular to keep them safe from maltreatment.
- 3 However, some of these children are not being identified until their problems are critical, even though indicators of vulnerability may be apparent long before this. At times they are not being identified until serious harm has occurred. This means that any interventions are less likely to address the factors that contributed to the children's vulnerability, and are less likely to remedy any harm that has resulted.
- 4 This chapter sets out how the Government will improve identification through:
 - enabling professionals to better recognise and act on signs of concern
 - simplifying and clarifying how to report concerns around child safety
 - improving processes for information-sharing between professionals working with children, their families and whānau.

4.1. Key issues

- 5 Despite relatively high reporting rates to Child, Youth and Family (in 2011/2012 there were 152,800 notifications), concerns remain around some maltreated children not being reported at all or being reported only after a child has been maltreated over a period of time:
 - The 2011 report by Mel Smith on the Inquiry into the Serious Abuse of a Nine-Year-Old Girl noted that no-one involved in the case had a comprehensive knowledge of the risks to the safety of the child. The report included a recommendation to investigate the need for mandatory reporting by professionals as a matter of urgency, to add "to the opportunities to detect and act on child abuse"²²⁰.

220 He noted, however, that he was "not able to pursue the issues and arguments within the timeframe available" and did not explicitly advocate the introduction of mandatory reporting.

- More recently, the findings of Coroner Garry Evans in the inquest into the deaths of the Kahui twins considered the adequacy of systems for care and protection. He recommended that the Government consider the desirability of introducing legislation creating an obligation on the part of health professionals to report instances of physical abuse and situations where there are reasonable grounds to suspect abuse.
- 6 Sometimes a child’s vulnerability to maltreatment is recognised by families, whānau, communities or frontline practitioners but no action is taken to act formally on that knowledge:
- Professionals may be unclear about how and where to refer vulnerable children and families and may not be clear about their responsibilities for acting on concerns.
 - Families and members of the community may not feel confident or empowered to act when they have concerns, may assume that someone else will respond, and may be unclear about what to do about their concerns.
 - Some people may be reluctant to contact Child, Youth and Family with concerns about children because they believe statutory interventions are too extreme a response to what they are seeing or worry about being ‘nuisances’.
- 7 A lack of clarity about where to refer children and families when there are early, but not serious, concerns can also lead to referrals to Child, Youth and Family that result in families being assessed but receiving little in the way of support because their situations fall short of requiring statutory interventions. Difficulties with accessing appropriate services for these families are likely to have driven much of the growth in demand for statutory care and protection services in recent years, with notifications more than doubling between 2007 and 2012. In 2011/2012 three out every five notifications to Child, Youth and Family resulted in no further action, despite the fact that some of these children/families would have benefited from intensive early interventions to stop matters escalating. This is a relatively inefficient process that results in little benefit to the families (and possibly also harm through unwarranted contact with the care and protection system).
- 8 Sometimes children’s vulnerability to maltreatment goes unrecognised despite there being professionals engaged with the children and/or their parents or caregivers. Barriers to recognition include frontline workers not having enough information on the children’s and their families’ history and current circumstances to form an accurate picture of risk, and varying degrees of understanding of the key predictors of risk across the wide range of workers who engage with vulnerable children. Research suggests some forms of maltreatment, particularly neglect, can be especially difficult for professionals to recognise and respond to appropriately.²²¹
- 9 Inadequate information-sharing can also mean that some children ‘fall through the gaps’ – children identified as potentially being vulnerable by one agency or sector may not be recognised as vulnerable by other agencies, and/or monitored effectively.

221 Daniel B, Taylor J, and Scott J (2010) Recognition of Neglect and Early Response: Overview of a Systematic Review of the Literature, *Child and Family Social Work*, 15(2), 248 – 257 p 252

- 10 Silo-based approaches where agencies focus only on identifying and addressing concerns tied to their portfolios are another challenge. This is reflected in some of the universal and specialist assessments designed to identify and assess the needs of children that do not specifically consider children’s safety. This can result in opportunities to identify children’s vulnerability to maltreatment being missed or ignored.
- 11 The Experts’ Forum on Child Abuse argued that confining the state’s responsibility for child abuse and neglect to the New Zealand Police, the Ministry of Justice and MSD had “the potential to create gaps in the system through which children can and do fall”²²².

4.2 National and International evidence

- 12 The challenges set out above are not unique to New Zealand; many other OECD countries have identified similar concerns with the way in which agencies work together to support the early identification of vulnerable children, particularly where there are concerns around the safety of those children²²³.
- 13 A number of countries, including the UK and Australia, have implemented significant reforms in this area, including:
 - new and clearer referral pathways for vulnerable children
 - new mechanisms to support greater information-sharing around children
 - extending legislative accountability for the wellbeing of children to multiple agencies²²⁴.

Key findings from evaluations of these initiatives that have relevance here are discussed below.

Notifications of concern from the public and frontline professionals

- 14 A number of jurisdictions have attempted to clarify and simplify the route into intensive family support services and statutory care and protection services through the introduction of streamlined notification pathways. This has been one of the major platforms of recent reforms in several states in Australia²²⁵. Initiatives have included the creation of a single visible entry point to secondary and tertiary services, and improving referral pathways from tertiary services to other service responses. One of the key objectives of these reforms has been to help manage the overloading of the care and protection system that has resulted from it being the most visible place for professionals and members of the public alike to raise any concerns around children in order to access community-based family support services.
- 15 Evaluating the impacts of these streamlined referral processes is difficult given that they have typically been introduced at the same time as other significant reforms. However, an evaluation of reforms in Victoria, Australia, which included the introduction of a single

222 Experts’ Forum on Child Abuse, 9–10 November 2009 (p7). <http://www.beehive.govt.nz>. Accessed May 2012.

223 See Gilbert, N, Parton, N & Skivenes, M (2011). *Child Protection Systems, International trends and orientations*. Oxford University Press, NY.

224 See Bromfield & Holzer (2008). *A National Approach for Child Protection*. Australian Institute for Family Studies; HM Treasury (2003). *Every Child Matters*. HMSO, London. <http://www.everychildmatters.gov.uk>.

225 See Bromfield & Holzer (2008). *A National Approach for Child Protection*. Australian Institute for Family Studies, pp55–61.

telephone number for accessing family support services (without the need for care and protection services' involvement), found a steady increase in referrals to these services from key professional groups²²⁶.

- 16 Most comparable jurisdictions, including all Australian states, have also introduced some form of mandatory reporting of child maltreatment. The anticipated benefits of introducing mandatory reporting have included:
- acknowledgement of the seriousness of child abuse
 - increased public awareness of child abuse
 - overcoming reluctance by some professionals to report suspected child abuse.
- 17 Disadvantages noted in the literature included:
- overloading care and protection agencies with reports, some of which will not meet the threshold for statutory investigation
 - serious cases being overlooked as agencies struggle to manage workloads
 - discouraging help-seeking by families and children.
- 18 However, the inability to disentangle reporting and responding effects, the lack of comparable jurisdictions with, and without, mandatory reporting, and the influence of a myriad of factors on reporting behaviour mean that to date there is no clear evidence of the effectiveness of mandatory reporting legislation in protecting children in Australia or elsewhere²²⁷.
- 19 As noted above, the merits of considering the introduction of mandatory reporting in New Zealand to support the earlier and more consistent identification of children vulnerable to maltreatment have been raised in a number of recent reports on high-profile child maltreatment cases.
- 20 New Zealand has previously considered, and rejected, mandatory reporting on at least two occasions: during the development of the Children, Young Persons, and their Families Act in 1987/1988 and in response to the recommendations of a Ministerial Review Team reviewing the Children, Young Persons, and their Families Act in 1992.
- 21 In 1994, rather than introduce mandatory reporting, the duties of the Chief Executive in section 7 of the Children, Young Persons, and their Families Act were extended to include responsibility for developing child abuse reporting protocols and public education campaigns.
- 22 It is worth noting that New Zealand's reporting rates are as high as or higher than those of most Australian states that have mandatory reporting and are high compared with those of many other OECD countries²²⁸. Child abuse reporting has increased significantly in New Zealand in recent years, largely because of Police reports of children in family violence situations.

226 KPMG (2011). *Child FIRST and Integrated Family Services – Final Report* (p144). Prepared for the Department of Human Services, Victoria, Australia.

227 Ainsworth, F & Hansen, P (2006). Five tumultuous years in Australian child protection: Little progress. *Child and Family Social Work*, 11, 33–41.

228 Gilbert, R, Fluke, J, O'Donnell, M et al (2012). Child maltreatment: Variation in trends and policies in six developed countries. *The Lancet*, 379, 758–772.

Information-sharing

- 23 Greater information-sharing on vulnerable children would support:
- the earlier and more systematic identification of children at risk of abuse or re-abuse
 - more efficient and comprehensive assessments of needs
 - greater clarity about who is taking responsibility for children’s safety and wellbeing
 - ongoing tracking and monitoring of outcomes for vulnerable children.
- 24 While there is much to gain from better information-sharing about vulnerable children and their families, there are also associated risks, including a possible reluctance to use services if there is a perception that information will be shared, misunderstandings between specialities, and the risk of out-of-date or inaccurate information. Some information relevant to child vulnerability is sensitive and includes confidential information about family or household members. This applies particularly to health, family violence and care and protection information.
- 25 There have been some recent moves in New Zealand towards greater information-sharing in order to support the earlier identification of at-risk children, including Child Protection Alerts within the health sector, as well as (relatively limited) information-sharing on high-risk adults with Child, Youth and Family.
- 26 Between 2002 and 2004 the UK Government trialled the development of electronic information-sharing systems with the aim of improving communication and information-sharing between health, education and social services. In 2004 the UK Children Act legislated for a new national database to support better communication among practitioners in the education, health, social and justice sectors. This eventually became ‘ContactPoint’. It acted as an online database of all children and young people and contained basic identifying details, plus information on universal service provision and contact details for key professionals involved with the children.
- 27 The system was first tried in 18 local authorities and two national children’s organisations. Lessons from this were incorporated in the database before national rollout. However, in 2010 ContactPoint was discontinued. This reflected, in part, concerns about the security of the database and questions about the reliability of data entered (not always ‘factual’, and open to multiple interpretations and misinterpretations). The system also placed significant resource demands on frontline professionals, in both accessing and entering data, and practitioners complained of spending too much time inputting data that was perceived to be of little help in protecting children²²⁹.
- 28 On the basis of this experience and other international information-sharing initiatives, successful information-sharing appears to be closely linked to the following four key elements:
- *Social* – trust within and between agencies is a key consideration; information-sharing

229 See, for example, Statham, J. (2011). *Working Together for Children: A review of international evidence on inter-agency working to inform the development of Children’s Services Committees in Ireland*. Department of Children and Youth Affairs, Ireland; Munro, E (2010). *The Munro Review of Child Protection – Part 1: A systems analysis*. Department of Education, London.

practices must take into account professional ethics and codes of practice.

- *Resources* – agencies, professionals and frontline staff need to be given the training, tools and time to support good decision-making.
- *Technical* – system capability is part of the solution, but trust (that personal information will be shared when necessary and with the right people) should underpin computer system design and inter-operability, and the use of data-management tools.
- *Legal* – an enabling legal framework that supports the proactive sharing of information between agencies, professionals and frontline staff.

Risk-assessment tools to support the identification of children at risk of maltreatment

- 29 One of the key objectives of this White Paper is to improve the early identification of children at risk of maltreatment, before significant harm has occurred. Similar challenges are faced within the health sector: how to identify patients at high risk of an adverse medical event, early enough to allow for effective intervention.
- 30 One of the approaches now being used within the health sector to address this is the use of automated risk-stratification tools to help identify patients' risk of certain illnesses or avoidable events, such as cardiovascular disease, or admission or re-admission to hospital. These models identify correlations and patterns in administrative data to assign risk scores for adverse events. These scores can then be used by health professionals to inform decisions on patient management.
- 31 One of the main expected benefits of using such tools is that building estimates of risk on a wider set of variables than are visible to the frontline practitioner should lift the accuracy of those estimates.
- 32 In order to better understand the potential benefits of using tools such as these within the New Zealand context, MSD commissioned the University of Auckland to test whether a risk-scoring tool could be developed for New Zealand children. The particular model developed by the University team applies to children having contact with the benefit system under the age of two and predicts the risk of any substantiated maltreatment up to the age of five. This model is based on MSD administrative data only: benefit, care and protection and youth justice data.
- 33 The demonstration model is based on a list of 'predictor variables' that closely correlate to substantiated maltreatment events in the children's future. Potential predictor variables that are in the data include:
- the care and protection and benefit history of the subject child (eg, findings of abuse or neglect, behavioural problems, child protection notifications, investigations, Family Group Conferences, Child, Youth and Family assessments, court orders, and proportion of time on benefits)
 - the care and protection histories of other children in the family and other children included in benefits with the subject child's caregivers in the past
 - the characteristics of caregivers (eg, gender, age, school and post-school qualifications)

- the characteristics of the family (eg single vs dual caregivers, number of younger and older children, birth intervals to next youngest and oldest children, multiple-birth children, ages of caregivers when oldest and child of interest were born)²³⁰.
- 34 The Auckland researchers used a stepwise probit regression to model the risk of maltreatment by age five. One hundred and thirty-two variables with a statistically significant correlation with maltreatment by age five (using a p-value of 0.2) were retained in the model. The variables used are not necessarily causal, but were selected because of their usefulness in discriminating children who are at high risk of maltreatment from children at low risk of maltreatment.
- 35 The preliminary results are highly encouraging in terms of the model's ability to predict maltreatment:
- The most at-risk children identified by the predictive risk model accounted for 5 per cent of children in the cohort studied overall and 37 per cent of all children in that cohort who went on to have at least one substantiated finding of maltreatment by age five.
 - Close to two in five of the children in this most at-risk group had at least one substantiated finding of maltreatment by age five. This compares with an estimated 5.4 per cent of all children in the cohort. Among those in the most at-risk group for whom a longer follow-up was possible, half had at least one substantiated finding of maltreatment after nine years.
 - The majority of children in this most at-risk group could be identified either pre-birth or at birth.
 - The predictive performance of the risk model is considered "fair, approaching good" and is similar to that of digital or film mammograms for identifying the risk of cancer in women who have no symptoms of the disease.
- 36 It is worth noting that although the use of this type of automated predictive risk modelling in the field of child maltreatment has been explored internationally in research²³¹, an extensive literature review found that there are no jurisdictions currently making use of, or that had made use of, automated predictive risk modelling for this purpose. In part, this is likely to reflect concerns about the potential difficulties of implementing a model such as this, including:
- that it may undermine the decision-making of professional frontline staff and therefore would not get used as intended

230 Full details of this research are set out in the companion paper: Vaithianathan, R, Maloney, T, Jiang, N, De Haan, I, Dale, C, Putnam-Hornstein, E, Dare, T & Thompson, D (2012). *Vulnerable Children: Can administrative data be used to identify children at risk of adverse outcomes?* Report prepared for the Ministry of Social Development.

231 See Schwartz, D R (2011). *Child Protective Services Modelling: New York State Office of Children and Family Services*. Child Protective Services, New York; Schwartz, D R, Kaufman, A B & Schwartz, I M (2004). Computational intelligence techniques for risk assessment and decision support. *Children and Youth Services Review*, 26(11), 1081–1095; Schwartz, I M, Jones, P R, Schwartz, D R & Obradovic, Z (2008). DRAFT Improving social work through the use of technology and advanced research methods. In: Lindsey, D & Shlonsky, A (Eds) *Child Welfare Research*. Oxford Scholarship Online. Cited in: Vaithianathan, R, Maloney, T, Jiang, N, De Haan, I, Dale, C, Putnam-Hornstein, E, Dare, T & Thompson, D (2012). *Vulnerable Children: Can administrative data be used to identify children at risk of adverse outcomes?* Report prepared for the Ministry of Social Development.

- that it may present a static and historical picture of a child’s risk that does not take into account emerging needs and strengths within the child’s family
- ethical concerns around the obligation to act where risk is identified (are there effective and adequate responses available where risk is identified?), the stigmatisation of parents as ‘potential abusers’, and undertaking risk estimation without the consent or knowledge of a parent or caregiver²³².

4.3 Addressing the issues in New Zealand

37 On the basis of the problems set out above and the evidence reviewed, it is clear that changes are needed to embed a government-wide response to identifying children vulnerable to maltreatment. This includes:

- measures to improve the ability of frontline workers to recognise and act on signs of concern
- measures to simplify and clarify how to report concerns around child safety
- some fundamental changes to the way that information is shared between professionals working with children and their families and whānau.

4.4 The White Paper’s response

A new Child Protect line for vulnerable children

38 The Government will establish a single Child Protect line for all concerns or enquiries from members of the public, professionals and others about vulnerable children. Trained staff will listen to concerns and direct calls to the appropriate places to get help. The public will also be able to report concerns by email, text or online.

39 The new contact centre will receive concerns about:

- children’s and young persons’ immediate safety or high risk of maltreatment
- children, young people and families/whānau with high needs and potential risks of maltreatment
- children and families/whānau with less intensive needs
- families who just need a little more information and advice.

40 The Child Protect line will refer down different pathways to Child, Youth and Family, the Children’s Teams (described in the following chapter), early family support or universal services, depending on the presenting issues and needs of the children, young people and/or their families or whānau.

41 It is expected that this new single point of entry will:

- reduce contact with the statutory care and protection system for families who need intensive support but not statutory responses
- improve access to secondary services

232 *ibid.*

- make it easier for concerned individuals to act on concerns about children.

42 The Child Protect line will draw on the best of existing call centres and helpline functions, as well as visible point-of-entry phone services in overseas jurisdictions, such as the child helplines operated by the UK's National Society for the Prevention of Cruelty to Children. The effectiveness of the new line will depend on the quality of the decision-making by the staff receiving the concerns. In particular, staff will need the necessary training and experience to be able to recognise when a statutory care and protection response is required.

A new information-sharing platform

43 The Government will introduce a new information-sharing platform to help overcome many of the information-sharing challenges set out above. This platform will provide a place in which frontline professionals can record and share concerns about children vulnerable to maltreatment. Professionals will be able to both view information about these children and enter information about them. The system will help professionals to piece together information to build a more comprehensive picture of risk (for example, a principal may have some concerns about a child, which when matched with a health professional's concerns could prompt a referral to the local Children's Team – see below for more information).

44 The information-sharing system will also provide the basis for recording interventions and monitoring outcomes for these children (see the next chapter on responding to the needs of children vulnerable to maltreatment) and will be used to help identify vulnerable children through the flagging of high-risk adults (see Chapter Seven).

45 The platform will not be a new database on children, but a mechanism for extracting and combining relevant information on children (and their caregivers) from existing databases. Information will only be pulled into the platform when a child reaches a certain threshold of concern.

46 The development of the platform will be informed by New Zealand and international experience of the key pre-conditions to effective information-sharing set out above. It will be critical to maximise the ease with which frontline professionals can enter and access data, and ensure that data is accurate and relevant.

47 The information sharing platform differs from the range of systems used in the United Kingdom in a number of critical respects. In particular, under these proposals:

- Only individual children who cross a certain threshold of risk would appear in the system, rather than creating a system that holds information about all children as in the United Kingdom. There would also be processes to ensure children could 'exit' from the system when their data is no longer necessary.
- There would only be a single, centralised system which could be accessed by professionals in a consistent way across the country. By contrast, in the United Kingdom, individual local authorities had responsibility for managing the system at a local level.
- There would be strict controls around security and access to protect the privacy of children and families entered on the system.

- The problem of ambiguous or differential language would be overcome by establishing a common lexicon and “translation” between contexts.
 - Children should be able to access some data held about them and have some control over who should be able to see it.
- 48 Government will also ensure the system is part of a streamlined approach that avoids duplication of paperwork and processes.
- 49 Protocols and legislation for information-sharing will also draw extensively on the expertise and advice of consumers and professionals within these sectors. It will be important that information in the platform is clear and descriptive so that different professionals can understand it. For example, it would be better to talk about how a parent is functioning in terms of meeting their child’s needs than simply to record that they have a diagnosis of depression or an addiction.
- 50 Controlled and appropriate access will be used to ensure that professionals are only able to access the appropriate level of information. This means that information on vulnerable families will be held in a secure way, with professionals in different roles having access to different levels of information. Access to data will be monitored.
- 51 This will involve a robust and secure computer logon and user authentication infrastructure, including a role-based information-authorisation system. This will ensure that no-one can access information that they are not authorised to see. Additionally, the information-sharing platform will utilise an encrypted communication mechanism to protect the data. Other expected safeguards include requiring participating agencies to:
- have appropriate security systems, training and protocols guiding staff actions, including clear consequences for breaches of privacy and the misuse of information
 - have clearly defined responsibilities and lines of accountability regarding levels of user access, and which staff are responsible for ensuring that appropriate security processes and systems are in place
 - ensure the external monitoring and audit of safeguards, processes and protocols, and of appropriate access to and use of the system
 - remedy system failures leading to or at risk of leading to privacy breaches and to notify other agencies in order to minimise harm.
- 52 The Privacy (Information Sharing) Bill, currently before Parliament, provides a new mechanism for sharing information. The new mechanism (an approved information-sharing agreement) involves clear processes for consulting on and monitoring privacy issues, and for sharing information to facilitate the provision of public services. Further work will be done to assess whether the changes to information-sharing set out above can be taken forward under the changes set out in the Privacy (Information Sharing) Bill or whether further legislative changes may be required. The Government will also explore any legislative changes required to ensure that there are sufficient safeguards to protect privacy of information.

New predictive risk-assessment tools

- 53 On the basis of the promising early findings on the use of predictive risk assessments summarised above, the Government will develop and trial a new model designed to:

- systematically alert professionals to vulnerable children and families in their communities who may need more support, of whom some would otherwise not get the early support they need
 - support those professionals to make accurate and informed assessments of whether those children are at risk of being maltreated.
- 54 The introduction of the new model will be subject to the outcome of a feasibility study and trialling in pilot sites. Using tools such as these is a new approach, and it will require careful work to address the ethical issues detailed above, as well as controlled testing for its effectiveness, before it is introduced to general use. The questions of whether and when to gain parental consent to risk assessments will be considered as part of the feasibility study.
- 55 It is envisaged that, subject to the outcome of the trialling phase, children who are identified by the model as crossing a certain threshold of risk of maltreatment will have their contact details passed to the appropriate local Children’s Team (described in the next chapter). This Team will undertake a full assessment to identify strengths and needs in order to assess whether there is a need for further action.
- 56 The risk assessments will be undertaken on an ongoing basis; as new administrative data becomes available on the circumstances of individual children, it will be automatically uploaded into the risk-assessment tool.
- 57 The predictive risk-assessment tool will be linked to the information-sharing platform detailed above. It is important to be clear that only once a child crosses a certain level of risk will identifying information on that child be passed on to the platform. Risk assessments for the vast majority of children who do not cross the risk threshold will never be recorded and their details will never be imported into the platform. Risk assessments for children who do cross the threshold will be recorded for the purpose of notifying local Children’s Teams, and may be used to inform decisions on priority access to services (see Chapter Five).
- 58 Even given the relatively good predictive power of the model, its success will be wholly dependent on its careful implementation. Predicting maltreatment is not easy, and risk scoring will be just one component of a wider system to target support to vulnerable children:
- Some children who the model identifies as at risk of maltreatment will not actually be at risk of being harmed. That is why the model will only be the first step of the process, and a skilled professional, such as a paediatrician or social worker, will provide a full assessment following initial identification by the model.
 - Children who are not picked up by the model will still be able to be identified as at risk and prioritised for assessment and services through identification by frontline professionals, including care and protection social workers.
- 59 Another key component of the new system are measures to minimise stigma attached to being identified through the model. It will need to be perceived by frontline workers and parents alike as making a helpful contribution towards ensuring that children and families who need support get the help they need. Ensuring that services are available upon

identification will be a critical element of success.

- 60 The initial research model was based on data from MSD services only. Research work is underway to investigate whether the power of the model can be improved through the addition of other administrative datasets. This work will inform the development and trialling of models as part of the new system.

Legislative changes to support the early identification and reporting of child maltreatment

- 61 The Government has recently introduced an offence to the Crimes Act 1961 of failing to protect a child or vulnerable adult from risk of death, serious injury or sexual assault²³³. This places a duty on people who live in the same household as a child or children to intervene rather than do nothing when a child living with them is subject to a major risk of harm or death. More, however, could be done to clarify the obligations of professionals to protect children.
- 62 The introduction of mandatory reporting would provide a clear message about Government expectations, and a potentially simple and swift mechanism for change. However, it could also encourage risk-averse behaviour and overload services, potentially causing more serious cases to be overlooked as Child, Youth and Family struggles to manage workloads.
- 63 Rather than introduce mandatory reporting now, the Government will introduce legislative change to require agencies working with children to have child protection policies in place covering the identification and reporting of child abuse and neglect. The Government will support this requirement by developing a companion code of practice containing guidelines on how to identify abuse and neglect and what sorts of situation should be reported to Child, Youth and Family.
- 64 Changing practice on this front will be a complex and long-term task. It will require mandated training, policies designed for specific professions, audit processes to identify barriers to change, support for professionals who identify maltreatment, and a comprehensive package of resources to support practice change.
- 65 These changes not only should improve reporting practices but are recognised by research be necessary prerequisites to the introduction of mandatory reporting. Without these changes, mandatory reporting would not promote the better reporting of maltreated children but would encourage the reporting of more cases that do not require statutory responses, imposing further pressure on Child, Youth and Family's capacity to provide services to maltreated children. Once these changes have been made and embedded, and the impacts of these new processes have been monitored and assessed, the Government's position on mandatory reporting will be reviewed.

233 See Crimes Amendment Act (No 3) 2011.

Chapter Five: Responding to children at risk of maltreatment

- 1 When children are identified as being at risk of maltreatment, services need to respond in a way that both addresses that risk and attends to the children's needs. The needs of children at risk of maltreatment are often multiple and complex, and require services that are integrated across agencies. For services to be effective, they also need to be based on sound evidence, and be appropriate to the specific cultural backgrounds of children and their families and whānau.
- 2 This chapter outlines changes to:
 - assessments, so that children's risks, needs and strengths are identified
 - interagency working, so that professionals view children in the context of all their needs
 - the planning, funding and contracting of services, so that effective community-based services are available for children.

5.1 Key issues

- 3 New Zealand has a number of universal and specialist assessments designed to identify and assess the needs of children, particularly young children, but these are usually focused on the services that each sector offers. When children are at risk of maltreatment, they are likely to have multiple and interrelated needs, and more comprehensive assessments are required.
- 4 Children at risk of maltreatment require access to a range of services that address these needs. There are limitations in the way in which responses are currently made. These are driven in part by the silo-based approach to service delivery and the variable provision of intensive case co-ordination for children and families just below the threshold for statutory care and protection interventions.
- 5 These issues can be exacerbated when child, youth and adult services do not take account of the needs of the wider family and whānau – for example, when adult mental health and addiction services do not address the needs of adults as parents, or fail to consider the implications for children of parents with mental health or addiction issues (COPMIA). Focusing on individuals (children or adults) in isolation from their family and whānau is not sufficient to address multiple and complex needs.
- 6 Issues such as these have been noted by a number of high-profile investigations into child deaths and serious injuries:
 - The Children's Commissioner's report, released in 2000, on the death of James

Whakaruru found that agencies “worked without reference to each other, and ended their involvement assuming that other parts of the system would protect James”²³⁴.

- The report on the deaths of 12-year-old Saliel Aplin and her 11-year-old sister Olympia, released in 2003, argued that the Government’s response to family violence and services to children suffered from fragmented responsibilities and a lack of a lead government agency²³⁵.
- The Experts’ Forum on Child Abuse’s report in 2009 noted that, under then-current law, the state’s responsibility for child abuse and neglect was largely confined to the New Zealand Police, the Ministry of Justice and MSD. It argued that the child protection system was limited by silo-based thinking and an “often unconscious instinct to protect one’s own turf”²³⁶. It said that this had “the potential to create gaps in the system through which children can and do fall”²³⁷.

The Forum recommended:

- a statutory statement on the responsibility to protect children from abuse and neglect as the clearest signal to all government agencies that protecting children is a policy priority
 - the creation of a statutory obligation of the health and education sectors in relation to child protection²³⁸ (also recommended by the Coroner in the Kahui report)²³⁹.
- 7 The report by Mel Smith on the Inquiry into the Serious Abuse of a Nine-Year-Old Girl, released in 2011, noted that there continued to be a lack of clarity on who was responsible for the safety and welfare of children because “no single agency, or others involved in any particular case, has comprehensive knowledge or a complete understanding of risk, potential or otherwise, to the safety and welfare of a child”²⁴⁰.
- 8 Many of these issues reflect, in part, fragmented approaches to service planning, and the associated funding and contracting of services. New Zealand’s current child, family and whānau support services have developed incrementally and in an ad hoc way. They do not function as a cohesive, co-ordinated system that is focused on getting the best outcomes for vulnerable children, families and whānau.
- 9 MSD’s funding of community-based social services, for example, is characterised by a multitude of providers of similar services in some areas, a variety of funding models that

234 Office of the Commissioner for Children (2000). *Final Report on the Investigation into the Death of Riri-o-te-Rangi (James) Whakaruru*. Office of the Commissioner for Children, Wellington. Retrieved from http://www.occ.org.nz/_data/assets/pdf_file/0012/3306/OCC_James_Whakaruru_Report_Executive_Summary.pdf.

235 Office of the Commissioner for Children (2003). *Report of the Investigation into the Deaths of Saliel Jalessa Aplin and Olympia Marisa Aplin*. Office of the Commissioner for Children, Wellington.

236 Experts’ Forum on Child Abuse (2009), p3. Retrieved from <http://www.beehive.govt.nz/>

237 Experts’ Forum on Child Abuse (2009), p3.

238 Experts’ Forum on Child Abuse (2009).

239 Evans G L (2012). *Inquests into the Deaths of Christopher Arepa Kahui and Cru Omeka Kahui, Infants*. Ministry of Justice, Wellington. Retrieved from <http://www.justice.govt.nz/courts/coroners-court/documents/KAHUI%20-%20-%20RESERVED%20FINDINGS.pdf>.

240 Smith, M (2011). *Report to Hon Paula Bennett, Minister for Social Development, 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* (p71). Retrieved from <http://www.beehive.govt.nz/>

do not always match the nature of the services to be provided, and short-term contracts that may discourage planning, investment and innovation. Investment has tended to be based on historical funding decisions, rather than a demographic analysis of service need, or on a service's ability to deliver in ways that improve outcomes in areas aligned with Government priorities for children at risk of maltreatment. Contracting has been mostly competitive, and this has reduced opportunities for collaborative service delivery and the sharing of good practice. Monitoring and reporting on outcomes have not been consistent, thus making it difficult to determine effectiveness.

- 10 Across the broader social sector there are few examples of cross-government funding and service delivery. Services are not well configured to meet the complex needs of children at risk of maltreatment through joined-up funding, contracting and delivery across education, health and social services.
- 11 There are gaps in provision, and these may result in children and families not being able to access services. For example, while there is a large number of parenting support initiatives available in New Zealand, most of these address low to moderate needs, and there is less provision of intensive, evidence-based parenting initiatives. Further, mental health services for new mothers do not exist in some places, and where they do exist, development has been piecemeal. No DHB currently provides the full range of services for perinatal and infant mental health, and alcohol and other drugs²⁴¹.
- 12 There are also overlaps in services. A number of mechanisms have been established in the past 15 years to encourage interagency collaboration on vulnerable children and families. These include Strengthening Families, the Differential Response, the Integrated Service Response and the Family Violence Interagency Response System. In practice, these have variable coverage, and some have resulted in a duplication of processes, staff and clients.
- 13 Even when children at risk of maltreatment have been identified, they and their families and whānau do not always have their needs addressed, because services are not available or because they have to wait too long to receive them. Prioritising access to services for children at risk of maltreatment would help to ensure timely access to the services they need.
- 14 Given the complex and interrelated nature of these children's needs, services need to be effective if they are to improve outcomes. The effectiveness of current services is unclear. Within the social services sector in New Zealand, there are comparatively few rigorous evaluations of services, and even fewer that consider effectiveness for Māori, Pacific and other groups. International evidence contributes to understandings of effectiveness, but this needs to be complemented by evidence of what works in New Zealand's unique social and cultural context.
- 15 Improving the evidence base would enable a better identification of effective interventions and, over time, this could be used to move available funding to services that can demonstrate effectiveness. It could also provide a basis for disseminating

241 Ministry of Health (2012). *Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand*. Ministry of Health, Wellington.

research evidence and good practice on the effective provision of services to children at risk of maltreatment.

5.2 National and international evidence

Assessment, planning and service delivery

- 16 A number of international initiatives have sought to provide an integrated approach to assessment, planning and service delivery for vulnerable children.

Integrated assessment frameworks

- 17 Much of the evidence on integrated assessment comes from the UK. A Framework for the Assessment of Children in Need and Their Families was published in the UK in 2000²⁴². A meta-analysis of the Framework, published in 2010, found that:

“Professionals who use the framework ultimately make better assessments of the complex situations they face, have a more holistic and child-centred point of view, and consequently plan better interventions. The model increases inter-professional and inter-organisational collaboration”²⁴³.

- 18 In 2004 a Common Assessment Framework (CAF) was piloted in the United Kingdom and then rolled out nationally in 2006. The CAF is a shared assessment procedure for use across all children’s services. It consists of:
- a standardised assessment tool, developed for use by practitioners, to assess a child’s additional needs for services
 - an integrated plan to address the identified needs
 - an agreed process for professionals working together to meet the identified needs
 - a lead professional (see below) and a team around the child, which is formed when a multi-agency response is required to develop and deliver solutions identified in the plan.
- 19 Research into the use of the CAF found evidence that it improved processes and led to a better understanding of children’s needs and greater interagency co-operation. An analysis of 80 case studies produced by 21 participating local authorities in England found that the use of the CAF processes had led to better outcomes for children, and showed that an initial investment in early intervention, supported by the CAF process, could lead to significant savings through a reduction in specialist services accessed in the future. Local authorities also found that the use of the CAF had increased the ability of agencies to co-ordinate through having the same understanding of vulnerability and using the same approach to assessing it²⁴⁴.

242 Léveillé, S & Chamberland, C (2010). Toward a general model for child welfare and protection services: A meta-evaluation of international experiences regarding the adoption of the Framework for the Assessment of Children in Need and Their Families (FACNF). *Children and Youth Services Review*, 32(7), 929–944.

243 Léveillé, S & Chamberland, C (2010). p941.

244 Easton, C, Gee, G, Durbin, B & Teeman, D (2011). *Early Intervention Using the CAF Process, and its Cost Effectiveness: Findings from LARC3*. National Foundation for Educational Research, Slough.

Multi-agency responses

- 20 When children are assessed as at risk of maltreatment, responding to their multiple needs requires multi-agency working. The Christchurch Health and Development Study noted that “the social programmes and policies that are likely to be most effective in addressing the needs of at-risk families and their children are likely to involve multi-compartmental approaches that have sufficient breadth and flexibility to address the wide range of social, economic, family, individual and related factors that contribute to the development of childhood problems”²⁴⁵.
- 21 While there is no extensive evidence to show the impacts of interagency working on outcomes for children, what is available is generally promising²⁴⁶. For example, the monitoring of outcomes in the UK’s Family Intervention Projects, which involve intensive co-ordinated interventions with families with multiple problems, has shown “sustained 30 – 50 per cent reductions in problems associated with family functioning, crime, health and education within 12 months”²⁴⁷.
- 22 Other reported benefits to service users from interagency working include:
- easier and faster access to services
 - a more joined-up service response
 - better communication with professionals²⁴⁸.
- 23 The benefits of interagency working for agencies include:
- a stronger focus on evidence-based practice
 - an improved ability to identify service gaps
 - reductions in service fragmentation and duplication
 - a greater focus on prevention and early intervention²⁴⁹.
- 24 Professionals also benefit from interagency working, including through:
- a better understanding of the ways that other professionals work and a better knowledge of the services they provide
 - better communication, and more trusting relationships between professionals, including a willingness to share information²⁵⁰.
- 25 Vulnerable families experience barriers to service access at all levels of provision. Barriers include discomfort with the way services are provided, service location, and a lack of

245 Fergusson, D M (1998). The Christchurch Health and Development Study: An overview and some key findings. *Social Policy Journal of New Zealand Te Puna Whakaaro*, 10, 172.

246 Department of Children and Youth Affairs (2011). *Working Together for Children: A review of international evidence on interagency working to inform the development of Children’s Services Committees*. Ireland Government Publications, Dublin.

247 Department of Education (2010). Monitoring and evaluation of Family Intervention Projects to March 2010. Cited in: Munro, E (2011). *The Munro Review of Child Protection: Final Report. A child-centred system* (p76). Department of Education, United Kingdom.

248 Department of Children and Youth Affairs (2011).

249 Department of Children and Youth Affairs (2011).

250 Department of Children and Youth Affairs (2011).

responsiveness to their cultural needs²⁵¹.

Engaging and retaining vulnerable children and families is challenging, but evidence suggests that interagency working helps to address this. Successful approaches include focusing on building rapport between service providers and users, addressing practical issues such as opening hours and service integration, and providing support when referrals are made to other services²⁵².

- 26 In the education context, providing support to teachers and schools encourages inclusive education for all students. This approach provides more integrated services for all children through support to participate in mainstream education, rather than receiving a more targeted approach such as through Alternative Education.
- 27 Ensuring that universal services are well connected to more targeted, specialised and remedial components of the system is also important, as this reduces the likelihood of children falling through the gaps, and helps to ensure that support can be intensified as need increases.
- 28 A common theme to emerge from New Zealand interagency initiatives on addressing the needs of vulnerable children is the importance of national leadership and management structures to sustain commitment over time²⁵³.
- 29 The UK and many Australian states and territories have in various ways extended legislative responsibility for the wellbeing of children to a wider group of government agencies, in recognition of the fact that children's needs are complex and rarely fit neatly within one set of organisational boundaries.
- 30 In the UK, the extension of statutory responsibility for child protection to health and education agencies occurred in the aftermath of the 2003 Victoria Climbié inquiry, which argued that service delivery was "too unpredictable" and that interagency co-operation relied "too heavily on personal inclination"²⁵⁴. Section 11 of the UK's Children Act 2004 sets out the statutory duties for all relevant persons and organisations (and any providing services on their behalf) with regard to "the key arrangements [they] should make to safeguard and promote the welfare of children in the course of discharging their normal functions".

Lead professionals

- 31 The lead professional model in England and Wales is designed to enhance interagency collaboration and provide a more seamless service for children and families. The lead professional acts as the single point of contact for a child and family who require integrated support from more than one practitioner or agency, in order to ensure that services are co-ordinated, coherent and achieving intended outcomes²⁵⁵.

251 Katz, I, La Placa, V & Hunter, S (2007). *Barriers to Inclusion and Successful Engagement of Parents in Mainstream Services*. Joseph Rowntree Foundation, York.

252 Katz et al (2007).

253 Ministry of Social Development (2005). *Review of Strengthening Families Local Collaboration*. Ministry of Social Development, Wellington; Ministry of Social Development (2010). *Evaluation of the Family Violence Interagency Response System (FVIARS)*. Ministry of Social Development, Wellington.

254 Laming, W H (2003). *The Victoria Climbié Inquiry: Report of an Inquiry by Lord Laming* (p361).

255 Children's Workforce Development Council (2007). *The Lead Professional: Practitioners' guide*. Children's Workforce Development Council, United Kingdom.

- 32 A number of evaluations of the UK lead professional model support the approach as one that promotes or improves interagency working, and is linked with improved outcomes for children and families²⁵⁶. Clients also report that lead professionals help them to access the support they need²⁵⁷.
- 33 Evaluations suggest a number of issues that need to be considered when implementing the lead professional model. These include a phased rollout and multi-agency training²⁵⁸. Successful lead professionals are those who develop and build on existing relationships with children and families, have the professional skills to take on the job and are supported to do so, and provide appropriate and timely support through a single point of contact²⁵⁹.

Evidence of effective interventions

- 34 While interagency approaches enhance service provision, it is also important to ensure that services are effective. New Zealand's current mix of services for children at risk of maltreatment includes interventions that evaluations have shown to be effective and those for which effectiveness is unknown. A better use of the evidence base on what reduces risk and builds resilience is needed to help do better for these children²⁶⁰.
- 35 A large body of international research suggests that the common characteristics of effective services for vulnerable children, including those at risk of maltreatment, are:
- a sound theoretical base – often drawing on theories of human attachment and social learning theory, systems theory and cognitive-behavioural therapy²⁶¹
 - staff who are thoroughly qualified and trained, and supported with strong supervision²⁶²
 - maintaining fidelity during implementation – in other words staff deliver what has been designed, and do not deviate too far from the logic and core components of the programme²⁶³

256 Brandon, M, Howe, A, Dagley, V, Salter, C, Warren, C & Black, J (2006a). *Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation in 2005-6*. University of East Anglia, United Kingdom; Brandon, M, Howe, A, Dagley, V, Salter, C & Warren, C (2006b). What appears to be helping or hindering practitioners in implementing the Common Assessment Framework and Lead Professional working? *Child Abuse Review*, 15, 396–413; Dagley, V, Howe, A, Salter, C, Brandon, M, Warren, C & Black, J (2008). Implications of the new Common Assessment Framework and Lead Professional working for pastoral care staff in schools. *Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development*, 25(1), 4–10; Walker, J, Donaldson, C, Laing, K, Pennington, M, Wilson, G, Procter, S, Bradley, D, Dickinson, H & Gray, J (2009). *Budget Holding Lead Professional Pilots in Multi-Agency Children's Services in England: National evaluation*. Institute of Health and Society, Newcastle.

257 Dagley et al (2008).

258 Brandon et al (2006b).

259 Easton, C, Morris, M & Gee, G (2010). *LARC2: Integrated children's services and the CAF process*. National Foundation for Educational Research. Slough.

260 Fergusson, D, McNaughton, S, Hayne, H & Cunningham, C (2011). From evidence to policy, programmes and interventions. In: Gluckman, P (Ed), *Improving the Transition: Reducing social and psychological morbidity during adolescence* (pp.287–299). Office of the Prime Minister's Science Advisory Committee, Auckland.

261 Watson, J, White, A, Taplin, S & Huntsman, L (2005). *Prevention and Early Intervention: Literature review*. NSW Centre for Parenting and Research, NSW; Dodge, K A, Berlin L J, Epstein M, Spitz-Roth A, O'Donnell K, Kaufman M, Amaya-Jackson L, Rosch, J & Christopoulos, C (2004). The Durham Family Initiative: A preventive system of care. *Child Welfare*, 83(2), 109–128; Daro, D & Dodge, K A (2009); MacMillan, H L, Wathen, C N, Barlow, J, Fergusson, D M, Leventhal, J M, Taussig, H N (2009). Interventions to prevent child maltreatment and associated impairment. *The Lancet*, 373, 250–266.

262 Fergusson et al (2011).

263 Fergusson et al (2011).

- balancing the need to maintain programme fidelity while ensuring that the programme is responsive to, and reflective of, the unique needs of different groups (such as different cultures and demographics)^{264 265}.
 - focusing on the target population (eg first-time mothers and specific socio-economic communities)²⁶⁶
 - processes to engage and retain underserved families^{267 268}
 - professional and trusting working relationships between clients and workers^{269 270}
 - a recognition of the context of children’s relationships with others, including their families²⁷¹
 - regular checking in with clients to measure how much progress they perceive they are making, and adjusting interventions accordingly^{272 273}
 - structure as well as flexibility – able to deliver specific and purposeful activities but also respond to the diverse and practical needs of children²⁷⁴
 - of sufficient duration and intensity to have impacts that will last^{275 276}.
- 36 A review in *The Lancet* of child maltreatment interventions²⁷⁷ identified New Zealand’s Early Start as one of two home visiting programmes that had been shown to be effective in reducing maltreatment. In a three-year follow-up, and compared with a control group, participating children had reduced rates of hospital attendance for childhood accidents, lower rates of parentally reported child physical abuse, and less punitive and more positive parenting²⁷⁸. A nine-year follow-up showed rates of hospital attendance for childhood accidents were approximately 50 per cent lower than for the control group, and rates of parentally reported physical child abuse were also 50 per cent lower than those for children in the control group²⁷⁹. Importantly, Early Start had similar benefits for Māori and non-Māori families.
- 37 The Nurse Family Partnerships Programme, the second home visiting programme

264 Fergusson et al (2011).

265 World Health Organization (2006). *Preventing Child Maltreatment: A guide to taking action and generating evidence*. World Health Organization, Geneva.

266 Child Welfare Information Gateway (2011). *Child Maltreatment Prevention: Past, present, and future*. US Department of Health and Human Services, Children’s Bureau, Washington, DC.

267 Sykora, J (2005). Off to a better start: What we know about early intervention services. *Social Policy Journal of New Zealand*, 26, 117–130.

268 Gray, A (2011). *Early-intervention Support and Vulnerable Families and Whānau*. Families Commission, Wellington.

269 Watson et al (2005).

270 Gray (2011).

271 Cuthbert, C, Rayns, G & Stanley, K (2011). *All Babies Count: Prevention and protection for vulnerable babies*. National Society for the Prevention of Cruelty to Children, United Kingdom.

272 Hunt-Glassman, J, Duncan, B L, Miller, S D & Hoffman, J A (2009). *Consumer-Driven Outcomes Management: A New Paradigm for Quality and Efficiency Improvement in Behavioural Health*. Danya International Inc.

273 Duncan, B (2012). The Partners for Change Outcome Management System (PCOMS): The Heart and Soul of Change Project (2012). *Canadian Psychology*, Vol 53:2, 93–104.

274 World Health Organization, 2006.

275 Watson, White, Taplin & Huntsman (2005).

276 World Health Organization, 2006.

277 MacMillan, H L, Wathen, C N, Barlow, J, Ferguson, D M, Leventhal, J M & Taussig, H N (2009).

278 Fergusson, D, Boden, J & Horwood, J (2012). *Early Start Evaluation Report: Nine year follow-up*. Ministry of Social Development.

279 Fergusson, D et al (2012).

identified in the Lancet review as being effective in reducing maltreatment, provides intensive visiting and support delivered by trained nurses in the UK. Designed for first-time young mothers, it has a specific focus on reducing maltreatment risk. Randomised controlled evaluations of this programme showed that it had reduced subsequent maltreatment by 50 per cent. In addition, compared with parents in the control group, those who had participated in the programme were less likely than others to report punishing or physically restraining their children²⁸⁰. This programme is not currently available in New Zealand.

- 38 International evaluations of the Triple P Positive Parenting Program showed that it resulted in lower rates of substantiated abuse, fewer out-of-home placements for children, and reductions in hospital admissions and emergency room visits for child injuries²⁸¹. Primary Care Triple P is currently being evaluated by MSD's Centre for Social Research and Evaluation in two New Zealand sites. This will help to build the evidence base with respect to the delivery of Primary Care Triple P through primary care/ community settings in New Zealand.
- 39 The Incredible Years series of programmes has considerable evidence of effectiveness in reducing behavioural and emotional issues in children, by addressing risk factors correlated with the development of conduct problems. Randomised trials of the parenting programmes demonstrated their effectiveness in improving child behaviour as well as parenting style, including increasing parents' use of non-violent parenting techniques instead of harsher forms of discipline²⁸². Preliminary findings showed the Incredible Years Basic Parenting Programme to be effective and culturally appropriate for the New Zealand context²⁸³.
- 40 Effective services for parents who are vulnerable are also required because children exposed to home environments where parents are affected by mental health or addiction issues, or where there is family violence, may be at risk of maltreatment. Effective services that address these issues not only focus on individuals' needs but also address their needs as parents.

Effectiveness for Māori

- 41 The effectiveness of services for Māori children requires particular consideration. The Whānau Ora Taskforce report²⁸⁴ noted that Māori-led services in health, education and social welfare had demonstrated that when a service recognises Māori cultural values, participation rates are higher, and when a whānau approach to engagement is

280 Olds, D J, Eckenrode, C, Henderson, H, Kitzman, J, Powers, R, Cole, K, Sidora, P, Morris, L, Pettitt, L M & Luckey, D (1997). Long-terms effects of home visitation on maternal life course and child abuse and neglect. *Journal of the American Medical Association*, Vol 278, 637–643.

281 Prinz, R J, Sanders, M R, Shapiro, C J, Whitaker, D J & Lutzer, J R (2009). Population-based prevention of child maltreatment: The US Triple P system population trial. *Prevention Science*, 10, 1–12.

282 Centre for the Study and Prevention of Violence (2001). The Incredible Years: Parents', teachers' and children's training series. Excerpted from: Webster-Stratton, C, Mihalic, S, Fagan, A, Arnold, D, Taylor, T & Tingley, C (2001). *The Incredible Years: Parent, teacher and child training series: Blueprints for Violence Prevention, Book Eleven. Blueprints for Violence Prevention Series* (D S Elliott, Series Editor). Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado, Boulder, CO.

283 Fergusson, D, Stanley, L & Horwood, L J (2009). Preliminary data on the efficacy of the Incredible Years Basic Parenting Programme in New Zealand. *Australian and New Zealand Journal of Psychiatry*, 43, 76–79.

284 Taskforce on Whānau-Centred Initiatives (2010). *Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives*. Wellington.

encouraged, research indicates that Māori participation increases. It noted that when a service is Māori led, these issues are addressed. Details of the Whānau Ora service model are provided later in this chapter.

- 42 Ensuring support is culturally responsive is important. For Māori, this requires addressing Māori concepts, values and world views. Mainstream services need to ensure they are addressing cultural needs.

Effectiveness for Pacific peoples

- 43 Pacific peoples are a diverse population and measures of effectiveness need to reflect the diversity between and within ethnic groups, including those linked to traditional Pacific cultures as well as those who are not.
- 44 Pacific models of service delivery are based on Pacific values, including traditional cultural frameworks and practices, and the use of ethnic-specific Pacific languages. These models reflect traditional cultural orientations that emphasise social independence, interconnectedness and collectivist values²⁸⁵.
- 45 There is a lack of robust research evidence on what works for Pacific peoples²⁸⁶, but characteristics that appear to make a difference include:
- quality teaching and professional leadership that make connections with Pacific students, their families and the wider community²⁸⁷
 - improving immunisation rates for Pacific children through encouraging the early enrolment of children with primary health care providers; increasing families' access to immunisation facilities; providing training for all health providers; developing a good communications strategy; improving the data provided to the National Immunisation Register; and setting up strong, ongoing relationships with immunisation stakeholders²⁸⁸.

Summary of effectiveness

- 46 Together, these characteristics of effectiveness have important implications for the design and implementation of interventions for children at risk of maltreatment in New Zealand. They suggest approaches that are more likely to improve outcomes. Ensuring that services are effective also helps to ensure that available resources are used in cost-effective ways. While services specifically for Māori, Pacific and other ethnic groups support participation and engagement, mainstream services also need to work in ways that support better outcomes for these children.

285 Siataga, P (2011). Pasifika child and youth well-being: roots and wings. In: Gluckman, P (Ed) *Improving the Transition: Reducing social and psychological morbidity during adolescence* (pp287–299). Office of the Prime Minister's Science Advisory Committee, Auckland.

286 Siataga (2011).

287 Hattie, J (2003). *New Zealand Education Snapshot: With specific reference to Yrs 1-13 Years*. Paper presented to the Knowledge Wave leadership forum. University of Auckland, Auckland.

288 Ministry of Health (2011). *Targeting immunisation: Increased immunisation*. Ministry of Health, Wellington.

Prioritising access to services

- 47 Some children at risk of maltreatment cannot access the services they need, or wait too long to receive services²⁸⁹. Having the right mix of services is important. So too are processes, such as prioritisation, that help to ensure that support can be accessed in a timely way.
- 48 A variety of approaches to prioritising children for services are used in overseas jurisdictions. In the UK's Troubled Families initiative²⁹⁰, providers are incentivised to prioritise vulnerable families and a portion of funding is provided only when defined measures of success have been achieved with participants. In other jurisdictions, such as in Queensland, Australia, legislative mechanisms are used to empower prescribed entities to provide services when requested to children in need of care and protection, or to promote children's wellbeing²⁹¹. Other jurisdictions have focused on developing specific, targeted programmes for children at risk of maltreatment, and their families²⁹². Improved approaches to planning children's services, such as those used in England, provide a further example²⁹³.

Role of communities

- 49 Involving communities in service planning and delivery is an important means of ensuring that interventions reflect the environments in which children live. Community-led initiatives can build support for children at a local level, and help to normalise actions that promote child wellbeing²⁹⁴.
- 50 An American review²⁹⁵ suggested that service planning that involves communities can help to reduce fragmentation and provide more flexibility in responding to the needs of children at risk of maltreatment. It also noted that community involvement supports a greater awareness of the services available, less duplication of services, better ways of engaging families, and more effective use of interagency resources.
- 51 Practitioners also have a role. Those who adopt a community development perspective can encourage better links between services, including through using community facilities such as ECE centres and schools as the base for providing a range of services, and by supporting adult-focused services, such as those for domestic violence, mental health and addictions, to better respond to children's needs²⁹⁶.

289 Merry, S & Stasiak K (2011). Depression in young people. In: Gluckman, P (Ed), *Improving the Transition: Reducing social and psychological morbidity during adolescence* (pp191–206). Office of the Prime Minister's Science Advisory Committee, Auckland.

290 Communities and Local Government (2012). *The Troubled Families Programme: Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities*. Accessed at <http://www.communities.gov.uk/communities/troubledfamilies>.

291 Child Protection Act 1999.

292 For example, the Cradle to Kinder programme in Victoria, Australia; New South Wales' Brighter Futures programme; Integrated Family Support Services in the UK.

293 HM Government (2004). *Every Child Matters: Change for children*. Accessed at <http://www.everychildmatters.govt.uk>.

294 Daro, D & Dodge K A (2009). Creating community responsibility for child protection: Possibilities and challenges. *Future of Children*, 19(2), 67–93.

295 United States Department of Health and Human Services (2010). *Community Partnerships: Improving the response to child maltreatment*. Department of Health and Human Services, USA.

296 Scott, D A (2006). Towards a public health model of child protection in Australia. *Communities, Families and Children Australia*, Vol 1(1), 9–16.

- 52 Individuals and businesses in communities contribute through sharing their knowledge and skills with others. Community volunteers participate through activities such as building awareness of issues, fundraising and keeping an eye out for vulnerable children and families.
- 53 In many communities, mentoring initiatives bring together vulnerable children with adults who provide support and access to opportunities that families may not be able to provide. Mentoring that includes effective training and safety protocols provides a useful addition to a range of interventions, but alone is insufficient to meet the needs of the most vulnerable²⁹⁷.

5.3 Addressing the issues in New Zealand

- 54 The issues and problems identified here, and evidence of effective approaches from New Zealand and international research, indicate that system-wide changes could better address the needs of children at risk of maltreatment. Changes need to be made so that:
- structures and processes are in place to support clearer responsibilities and accountabilities at the local level
 - children at risk of maltreatment have their strengths and needs accurately assessed and actions are taken to ensure that the families and whānau are engaged with effective, integrated services
 - professionals and services view children in the context of all their needs, not just from the perspectives of services offered by their own agencies
 - service planning, and associated funding and contracting approaches, support the delivery of effective community-based services focused on improving outcomes for children at risk of maltreatment.

5.4 The White Paper's Response

Assessment, planning and service delivery

Multi-agency working with children at risk of maltreatment

- 55 Structures and processes that signal clearer responsibilities and accountabilities will help to ensure more integrated approaches and better support multi-agency working. As part of this, the Government will establish new Children's Teams to mandate professionals from across the health, education, justice and welfare sectors to work together to support children at risk of maltreatment.
- 56 The Children's Teams will be responsible for ensuring that:
- children identified as at risk of maltreatment have their needs assessed
 - the professionals and agencies needed to address children's needs are brought to the table

297 DuBois, D L & Silverthorn, N (2005). Natural mentoring relationships and adolescent health: Evidence from a national study. *American Journal of Public Health*, 95, 518–524.

- a single integrated plan for each child is developed, and services are co-ordinated and delivered according to the plan
 - the plan is monitored and progress towards achieving outcomes actively reviewed.
- 57 The Children’s Teams will bring together professionals from the health, education, justice and social services sectors, such as paediatricians and special education and social work professionals. Teams will reflect the composition of the communities in which they are working, and will include professionals with knowledge and skills to address the needs of Māori, Pacific and other ethnic groups.
- 58 The Children’s Teams will oversee a systematic interagency practice response to vulnerable children, covering assessment, planning, implementation and review across all areas. The Children’s Teams will build on existing relationships in communities, subsume the work of some existing co-ordination mechanisms, and reinvigorate interagency networks and processes.
- 59 Lead professionals will be appointed to work with children and families and will be responsible for co-ordinating assessments, planning, service delivery and monitoring/ reviews with other professionals to improve outcomes for children. Further details on the role of lead professionals are provided below.
- 60 As set out in Chapter Four, concerns about vulnerable children, including notifications to Child, Youth and Family, will be managed through the new Child Protect line contact centre. Depending on which is the most appropriate service to respond, concerns will be directed to Child, Youth and Family, the new Children’s Teams, early intervention or universal services.
- 61 Where there are risks of maltreatment that fall short of requiring notifications to Child, Youth and Family, children will be referred to the Children’s Teams. Referrals that are clearly safety concerns will be directly notified to Child, Youth and Family social workers for investigation and assessment. Child, Youth and Family will continue to perform its statutory care and protection responsibilities. Decision tools will be developed to help referring agencies, Children’s Teams and Child, Youth and Family to determine the best pathway for each child.
- 62 Children’s Teams and Child, Youth and Family will work together to ensure that children who need to move between them can do so safely and effectively to ensure a timely and appropriate response.
- 63 There will be significant challenges involved in engaging some hard-to-reach families in this process. The following measures will be taken to support engagement:
- The integrated plans for the children will contain the parties’ agreement to their responsibilities and timeframes for action.
 - Services will be expected to engage the most hard-to-reach families and the retention of families will be monitored – actions that require considerable persistence and skill from key workers, the use of more innovative approaches, and a willingness to recognise when a particular approach is not working for a family.
- 64 Where parents refuse to participate in the process, and where concerns are sufficient to

indicate that children may be in need of care and protection, the option of referrals to Child, Youth and Family will remain. Parents will be made aware of this possibility.

- 65 Each whole-of-child plan will incorporate the provision of services directly related to the child's, parents' and family's needs, including parental and family functioning, and will endeavour to put the family on a secure footing so they can focus on making the changes needed to keep their child safe and well.
- 66 The Children's Teams, and the structures and processes around them, will be designed and implemented in line with key factors identified as contributing to the facilitation of interagency working. These key factors include:
- effective leadership, effective operational management, a common understanding of the need for joined-up working and commitment at all levels (from senior managers to frontline practitioners), and clarity of roles and responsibilities (for example, see the changes being made to governance arrangements in Chapter Nine)
 - good communication and clear protocols for information-sharing (see the development of a new cross-agency information-sharing platform in Chapter Four)
 - opportunities for joint professional training (see Chapter Eight).
- 67 The Children's Teams will provide the platform for and integrate three key elements of change being made under this White Paper:
- Whole-of-child assessments.
 - Lead professionals.
 - Multi-agency service responses.

Whole-of-child assessments

- 68 The Government will introduce a new Common Assessment Framework to provide a common language and approach across sectors to assessing and responding to needs and identifying risks. New common assessment tools will be developed, including a whole-of-child assessment to be used if a child has been identified as needing more support than a single individual or agency can provide. This assessment will capture a view of the child's life based on what is commonly known as the ecological model of child development.
- 69 Once a child and their family or whānau are referred to a Children's Team and accepted as meeting the referral criteria, they will receive a whole-of-child assessment. This will involve gaining information from a wide range of sources, including members of the child's family and whānau, and practitioners currently working with the child. Information on the adults who are responsible for caring for the child will also be crucial to understanding whether the child is at risk of maltreatment.

70 The assessment needs to be child-centred, but will address parental factors that have an impact on the child's wellbeing, such as inter-partner violence and impaired parenting resulting from drug and alcohol abuse or mental ill health. Strengths and needs will be considered within the context of the child's family and wider community, and in relation to all factors relevant to wellbeing, including:

- child and parental mental and emotional health
- child physical health
- family safety
- housing and other material needs
- cultural wellbeing
- caregiving, family relationships and social support systems
- behaviour, learning and development
- service utilisation.

Lead professionals

- 71 Children who are assessed as being at risk of maltreatment will have lead professionals assigned to them.
- 72 The lead professionals will be from local health, education, justice and social services. The selection of lead professionals will be based on the best fit with the children's needs, including their cultural needs. Each lead professional will have responsibility for:
- acting as a point of contact for, and engaging with, the child, family and whānau, and all practitioners who are delivering services or are involved with the child, family and whānau
 - managing, co-ordinating, monitoring and reviewing delivery of the actions in the plan for the child.
 - reducing overlaps and inconsistencies in the services received by the child and their family and whānau
 - working alongside the child, their parents and their family
 - ensuring access to services
 - ensuring that child outcomes are achieved, and in particular that the child is safe from abuse and neglect.
- 73 The lead professional will have comprehensive knowledge of the services available locally, and be able to work effectively across sectors and build trust with the child, family and whānau.
- 74 Some categories of professional from across agencies will be expected to participate routinely in decision-making and plans, while others will be involved on an as-required basis. The level of participation will depend on factors such as the nature of the child's needs, the intensity of the responses required, and assessments of progress being made on improving outcomes.

Multi-agency service response

- 75 As noted above, effective multi-agency working requires:
- strong multi-level leadership
 - clarity on accountability for outcomes
 - recognition of the need for joined-up working and commitment at all levels.
- 76 To mandate the interagency working upon which Children's Teams will depend, the Government will introduce new governance and accountability arrangements, supported by legislative change to ensure that health, education and other key agencies recognise and fulfil their responsibilities to children at risk of maltreatment. These new arrangements are described in Chapter Nine.

Improving approaches to service planning, funding, contracting and delivery

Better Public Services

- 77 The specific approaches described above will be underpinned by other approaches focused on improving the way that agencies across government work together. The Government's Better Public Services programme, outlined in Chapter Two, is focused on getting the system working to deliver better results and improved services for New Zealanders. Reducing the number of assaults on children is one of the key result areas in this initiative.
- 78 Many of the children experiencing, or at high risk of, maltreatment are the same vulnerable children who are the focus of the Better Public Services targets, and live in areas with relatively low levels of ECE attendance and immunisation, and relatively high rates of rheumatic fever. This White Paper will contribute to the achievement of these targets by ensuring that each of the 20,000–30,000 children within the target population each year has:
- one plan reflecting a whole-of-child assessment, overseen by a lead professional, that includes immunisation, ECE and safety outcomes
 - cross-agency information-sharing to monitor their progress against immunisation, ECE and safety outcomes
 - shared agency accountability for achieving the goals set out in their plan.

Other interagency approaches

- 79 The Government is also improving the way that agencies work together by:
- continuing to support joined-up action through cross-agency initiatives such as Whānau Ora and the Social Sector Trials, a series of pilot projects aimed at improving outcomes for young people by 'stretching' current governance and accountability arrangements
 - using MSD's Community Response Forums to provide advice on ways in which services can be better configured across government and in communities
 - progressing work to support joined-up approaches within the health sector, and between the health services and other social services, to better support pregnant women, children and their families, including those most vulnerable to poor outcomes
 - more closely aligning Well Child/Tamariki Ora and the home visiting programmes Family Start and Early Start so that they provide an integrated, stepped care approach for the most vulnerable families, beginning during pregnancy
 - encouraging communities to develop joined-up service provision through mechanisms such as community hubs, marae-based services, Integrated Family Health Centres, and health and social services in schools.

Investing in Services for Outcomes – Ministry of Social Development

- 80 Within MSD, the implementation of the Government’s priorities for vulnerable children, including those at risk of maltreatment, will be driven by improvements in the contracting and funding of social services.
- 81 Better planning services at the community level will help to ensure that communities develop a co-ordinated continuum of effective, integrated services that are accessible and respond to the needs of their vulnerable children. Addressing issues with current approaches to funding and contracting, and improving outcomes for children at risk of maltreatment, require doing things differently. MSD’s Investing in Services for Outcomes (ISO) initiative focuses on government working in partnership with communities to give effect to the priority outcomes the Government seeks for vulnerable children by:
- ensuring that the Government’s priorities drive funding decisions and that communities identify the right services to deliver on these priorities
 - targeting funding at what is known to be working and the organisations that can demonstrate success – evidence collected by the Families Commission’s SuPERU will make an important contribution
 - requiring results to be demonstrated before ongoing funding is approved
 - providing a consistent contracting approach across MSD and a common point of contact within MSD to manage provider relationships
 - better aligning contracts with effective practices that are known to deliver results for vulnerable children, and supporting providers to align service provision with effective practices
 - incentivising providers to achieve the results that communities need, so that effectiveness and value are demonstrated
 - incentivising and rewarding innovation that gets results for vulnerable children
 - driving service integration, reducing duplication and emphasising value
 - achieving solid and measurable outcomes with current funding levels
 - developing better ways to measure the outcomes that are being achieved.
- 82 ISO provides a vehicle for making decisions on the relative balance between priority services purchased from third-party providers from Vote: Social Development. While the initial focus of ISO is on services purchased through this Vote, implications for social services purchased through other Votes will be considered as the ISO work develops.

Role of Whānau Ora

- 83 Whānau Ora is a service model focused on whānau integration, innovation and engagement. It is jointly implemented by Te Puni Kōkiri, the Ministry of Health and MSD.
- 84 Whānau Ora is about being self-sustaining, reporting a sense of collective responsibility to care for one’s own, and ultimately ensuring that future generations inherit the world created for them. The essence of Whānau Ora is: restoring collective roles and responsibilities; building whānau capabilities and nurturing resilience; strengthening

whānau connections and reinvigorating the wealth of whakapapa; focusing on enhancing best outcomes for whānau; and fostering independence rather than reliance on the state.

- 85 Whānau Ora places whānau at the centre and reflects their aspirations. It focuses on whānau as a whole, building on their strengths and increasing their capacity. It is focused on whānau outcomes, whānau generation of solutions and leadership and development.
- 86 For providers, Whānau Ora uses contracting and accountability processes that support whānau-centred service delivery and practice, and builds on existing commitment and expertise in working with whānau. Provider transformation is based on whānau outcomes.
- 87 The Whānau Ora goals will be met when whānau are living healthy lifestyles, self-managing, participating fully in society, confidently participating in te ao Māori, economically secure and successfully involved in wealth creation, cohesive, resilient and nurturing.
- 88 Whānau Ora is not conceptualised as an approach that disregards the interests of individuals, but as a model that enables both individual needs and the collective need to co-exist. Taking into account immediate safety needs, for example, would not be inconsistent with a staged intervention process that recognised more urgent individual needs but also addressed wider whānau development. The aim is to convert every whānau crisis into an opportunity for whānau enablement. It is not just about crisis and intervention – it is about a holistic approach that is not just modelled on deficits.
- 89 While many whānau are already self-managing, whānau capacity for self-management may be diminished by illness, lack of information, separation from wider whānau support networks, under-developed intra-whānau relationships, financial insecurity, and inadequate resources either within the whānau or within wider communities. Whānau Ora aims to support whānau to overcome these issues, specifically through building whānau capabilities, supporting the development of whānau leadership and strengthening whānau connections and engagement with wider society.
- 90 An ideal service draws on the strengths of the individual/family accessing the service and works with them on facilitating interdependence and longer-term wellbeing.
- 91 Whānau Ora providers will be part of the mix of services available in communities and, along with other NGO services, will play a role in supporting vulnerable children.

Iwi, hapū and government working together

- 92 Opportunities to better address the needs of children at risk of maltreatment are also provided through iwi and government working together. The recent development of a memorandum of understanding between Child, Youth and Family and Te Rūnanga Ā Iwi O Ngāpuhi supports early intervention with vulnerable Ngāpuhi whānau, and helps to address the root causes of child abuse and neglect. Child, Youth and Family is actively engaging with iwi to build closer relationships.
- 93 The Government is also continuing to work with iwi and hapū through education partnerships. These provide opportunities for Māori to have increased responsibility for designing and implementing solutions that improve educational achievement for Māori children. An integral part of these partnerships is supporting identity, language and culture.

Building and using the evidence base

- 94 The Government is committed to using and continuing to build the evidence base on what works to improve outcomes for children at risk of maltreatment in New Zealand's unique social and cultural context. This will help to ensure that these children have access to services that are known to be effective in improving their outcomes.
- 95 The Government has announced the establishment of SuPERU as part of the restructuring of the Families Commission. This Unit will be established from early 2013. SuPERU will identify opportunities where evidence and research can advance Government priorities. This will be a key part of identifying where investments can be made in what works, and in disseminating evidence of effectiveness to practitioners and others. It will do this by:
- commissioning research on topics on behalf of government and other parties
 - managing research contracts on behalf of key stakeholders, including non-government and government organisations that provide key social services
 - setting standards and specifying best practice for monitoring and evaluation
 - providing a database of research undertaken by government across the social sector
 - developing an annual *Families Status Report* to measure how New Zealand families, including children, are getting on
 - receiving advice from a Social Science Experts' Panel that will provide academic peer review and guidance to the Families Commissioner.
- 96 An important component of SuPERU's work will be to consider what works in New Zealand's unique social and cultural context. Building the evidence base on effective approaches to reducing maltreatment for Māori, Pacific and other ethnic groups will help with the design of programmes to improve outcomes.
- 97 As outlined in Chapter Two, one of SuPERU's first tasks will be a review of parent and family support programmes. The review will help to identify whether the current investment is cost-effective and grounded in best practice, and whether funded services address the spectrum of parental needs.
- 98 The review will include a consideration of the availability of, and access to, effective parenting support for parents whose children are assessed as being close to requiring statutory care and protection responses, including parents who have vulnerabilities of their own. The review will cover other evidence-based and promising international programmes, including new approaches to providing intensive support being introduced overseas, such as:
- the Cradle to Kinder programme in Victoria, Australia. This is an intensive antenatal and postnatal service that provides family and early parenting support for pregnant women under 25 years. Eligible women are those for whom a report to child protection has been received for their unborn children, or where the referrers have significant concerns about the wellbeing of the unborn children. Eligibility also extends to pregnant women where there are indicators of vulnerability, and the women have not yet been involved with child protection services

- the Brighter Futures programme in New South Wales, Australia. This is designed to build the resilience of families and children at risk. Eligible parents are those experiencing vulnerabilities that, if not addressed, are likely to worsen and to affect their capabilities to parent adequately. These vulnerabilities can include parental learning disabilities and intellectual disabilities, domestic violence, drug and alcohol concerns, mental health issues, and a lack of parenting skills or social support
- Integrated Family Support Services in the UK. These services support families to stay together by empowering them to take positive steps to improve their lives. Initially the focus is on families where parental substance abuse co-exists with concerns about the welfare of the children (either born or unborn). It is intended that, over time, this service will be extended to families where there are concerns about mental health, learning disabilities or domestic violence.

Prioritisation for services

- 99 Government will use the Investing in Services for Outcomes (ISO) initiative to prioritise vulnerable children and their families in services contracted by the Ministry of Social Development. MSD's spend on services purchased from third party providers through Vote:Social Development will be refocused to meet the government's priorities, one of which is to support vulnerable children.
- 100 The 2011 Budget invested \$43 million to improve services for children in care through Gateway Assessments and the direct purchasing of mental health services, ECE and specialised parenting support. This package provides funding for approximately 4,200 children and young people every year (those entering care or already in care and some who are referred to Family Group Conferences). Gateway Assessments will be fully in place nationwide by December 2012.
- 101 This Vote: Social Development funding allows Child, Youth and Family to directly purchase education and health support for children and young people to meet the needs identified in the Gateway Assessments. It means these young people get these services sooner than if they had to wait to access them through the usual channels.
- 102 The Government will also introduce further measures to ensure that vulnerable children have access to the services they need. Services for vulnerable children will be prioritised through operational agreements, service design and associated funding and contracting. This will help to ensure that they get timely access to the services they need.
- 103 Prioritisation requires the development of joined-up tiers of support across primary, community and specialist services and across agencies. It will involve:
- joint agency planning to develop a service response model that provides the right mix and level of services for this group across the health, education and social sectors
 - identifying existing services that could be reconfigured to deliver the joined-up service response model, and new, additional services that could be prioritised to fill any gaps in the service response
 - agreeing referral and entry criteria to services
 - using joined-up funding and contracting mechanisms

- rigorously monitoring service delivery against the outcomes sought for vulnerable children and families.
- 104 Key areas of focus will be intensive home visiting initiatives, other intensive parenting programmes, and mental health and addiction services for children and their parents, including services for children of parents with mental illnesses and addictions (COPMIA).
- 105 Education opportunities can also play an important role in building children’s resilience. Success in education offers the best prospect for breaking intergenerational patterns of disadvantage. Access to educational services can be problematic when schools are reluctant to enrol vulnerable children, where parents do not support their children to participate and where care and protection interventions result in movement around the country.
- 106 Ensuring that all vulnerable children have full access to education may require:
- ensuring that vulnerable children are supported throughout their transitions
 - reprioritising resources to offer more support when vulnerable children enrol with new services
 - identifying ways to hold schools accountable for accepting and supporting all students to achieve.
- 107 Prioritising the development of an improved range of services, and considering ways in which these children can have priority, will make it easier for children at risk of maltreatment to access services. This will help to ensure that they get timely access to the services they need. It may mean, however, that services need to be redistributed from other children with different needs. This will not be done at the expense of universal services.

Role of Communities

- 108 Communities have a range of ways in which they support vulnerable children. These include volunteer initiatives, sponsorship opportunities, and partnerships with businesses.
- 109 Individuals, communities and corporate organisations will have opportunities to play their part in supporting vulnerable children. The Government will establish an independent trust to support education and training awards and scholarships for vulnerable children.
- 110 Government will also work with communities to encourage adults to mentor vulnerable children through New Zealand’s existing range of mentoring programmes.

Summary of service changes

- 111 The diagram (next page) sets out key features of this new service response, as described in Chapters Four and Five.

Better identifying and supporting vulnerable children



Child Protect Line

Single point of contact (with a free phone line) for concerns about children:

- from the public, including children themselves
- from frontline professionals
- identified as vulnerable by agencies

Step

1 Identification

To ensure vulnerable children get the right help, the Child Protect line will:

1. carry out an initial assessment to decide what needs to be done next
2. make sure the appropriate connection is made with:
 - Child, Youth and Family
 - Children's Teams
 - existing specialist and early intervention services (eg: parenting support or alcohol and drug programmes for parents)
 - universal services (eg: primary health services).

Children's Teams

Children's Teams (made up of key community professionals from across sectors) will ensure:

- vulnerable children's needs are assessed
- vulnerable children have a single plan covering all of their needs
- services are delivered, the plan monitored, reviewed and outcomes achieved.

Step

2 Assessment and Planning

To ensure effective assessment and planning, Children's Teams will:

- bring together all the parties who are needed to address a vulnerable child's needs
- carry out a whole of child assessment, integrating all information
- ensure child-centered decision-making with family and professionals
- make an outcomes-based plan (with clear and measurable results)

Step

3 Multi-Agency Service Response

To ensure results, a lead professional will:

- coordinate delivery of the multi-agency plan
- monitor, track, review and revise plans (as needed) to ensure children achieve outcomes

Right services at the right time

- services are prioritised for vulnerable children
- funded services reflect government priorities for vulnerable children



Common assessment and planning

New assessment tools (and risk modelling) ensure highly vulnerable children are identified and assisted.



Vulnerable kids information system

Provides appropriate access to available information and a place to lodge concerns. System supports risk assessment to predict the likelihood of children being abused or neglected.

Children receive a whole of child assessment of their needs.

System enables recording and sharing of information on highly vulnerable children.

Children have one plan, which addresses all the child's needs and is coordinated by a lead professional

System supports integrated case management and ongoing monitoring of outcomes for children.

Chapter Six: High-performing child protection services

- 1 Child, Youth and Family's core business is care and protection. Child, Youth and Family assesses the risk of harm to children and young people from neglect or physical, sexual or emotional abuse and works with families and other agencies to put in place plans to keep children and young people safe. When children and young people are not safe at home, or when young people need custody because of the very serious nature of their offending, Child, Youth and Family provides State care for them.
- 2 Children and young people requiring Child, Youth and Family's care and protection are New Zealand's most vulnerable children. Nearly all have experienced trauma, separation and loss. Some will come in to care as a result of their serious offending. They have often had unstable living arrangements, chaotic family lives and very poor parenting. Most have histories of abuse and neglect. They need dedicated and specialist support to recover and get the best from life. That is why this White Paper identifies children in care, and children requiring other statutory care and protection interventions, as priority groups.
- 3 This chapter sets out how the Government will:
 - improve child protection services, particularly in relation to strengthening the quality of social work practice, including enhancing the family group conference process. It also links to how the Government will intervene earlier with vulnerable children and their families through the Children's Teams
 - implement a new, multi-agency Strategy for Children and Young People in Care across government to improve life outcomes for these children and young people. This will particularly involve the social services, health, education and justice sectors. At present, the outcomes for many children and young people in care are poor, particularly in relation to their health, education, general welfare, offending behaviour and employment prospects. The new strategy will be culturally responsive to the needs of Māori and provide greater support for iwi caregivers, reflecting the care and protection principles of Puaō-Te-Ata-Tu (day break)²⁹⁸
 - continue to improve the service responsiveness of Child, Youth and Family, including strengthening workforce capabilities and commissioning an independent review of the complaints processes relating to the agency.

298 New Zealand Government (1988). *Puaō-Te-Ata-Tu (day break): The report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare*. ISBN 0-477-07276-3.

6.1 Key Changes

The key changes that these actions will bring about are:

- a care and protection system that is uncompromisingly child-centred
- clear outcomes and targets to be achieved for children needing State care and protection
- stronger multi-agency governance arrangements and accountabilities for outcomes for children in care, particularly across the social services, health, education and justice sectors
- stronger assessments, integrated care planning, and monitoring and reviews of integrated care plans for children and young people in care
- a reinvigorated family group conference process, with a stronger preparation and engagement of family/whānau, the health and education sectors, iwi, NGOs and others in the process
- targeted, intensive services and support to meet the high and complex needs of children and young people requiring State care and protection
- greater responsiveness to Māori tamariki, rangatahi, whānau, hapū and iwi
- more reliable and comprehensive data about the needs of children in care
- higher-quality assessments, approvals and support for caregivers, including iwi caregivers
- a greater range and choice of placement types to meet differing needs, provided by both government and non-government organisations, particularly iwi placements and one-to-one specialist caregivers
- ensuring that children's voices are strong and heard throughout the care and protection system
- stronger transitions from State care returning to a parent, to a Home for Life, or to independent living as a young adult
- improved reporting on outcomes for children in care
- a more responsive Child, Youth and Family, with stronger levels of internal challenge and scrutiny
- a strengthened Child, Youth and Family workforce, with Child, Youth and Family requiring all of its frontline social workers to be registered.

- 4 These actions will help to ensure that we have a high-performing statutory child protection lead agency in Child, Youth and Family, and a much improved multi-agency response for children in need of State care and protection.
- 5 Some vulnerable children whose needs are not identified and met are likely to be at high risk of offending as they grow into adolescence. Reducing youth crime is a priority under

the Government's Better Public Services result areas. Child, Youth and Family provides a range of youth justice services under the Children, Young Persons, and Their Families Act 1989 in support of youth crime reduction. The Government's cross-sector initiative to develop a *Youth Crime Action Plan* will provide the future focus for delivering those Child, Youth and Family services, with the goal of preventing and reducing youth crime and reoffending.

6.2 Child, Youth and Family

Child, Youth and Family's statutory role

- 6 Child, Youth and Family carries out many of the statutory functions in the Children, Young Persons, and Their Families Act 1989. The agency also has key responsibilities in relation to the Care of Children Act 2004, the Adoption Act 1955 and the Adoption (Inter-country) Act 1997.
- 7 Child, Youth and Family's statutory role is to provide:
 - child protection by assessing the risk of harm to children and young people from abuse and neglect and engaging with families to put in place plans to keep children and young people safe
 - care for children and young people who are not safe at home or who come to its attention due to offending
 - youth justice services for children and young people who offend
 - adoption services, both domestic and international.
- 8 Around 3,884 children and young people are in State care because they are not able to live with their parents, either temporarily or in the long term. In addition, around 1,095 children and young people in the custody of the Chief Executive of MSD live at home. Around 52 per cent of the 3,884 children and young people in out-of-home placements are Māori, 38 per cent are New Zealand Pākehā and 7 per cent are Pacific²⁹⁹. The agency works with a range of other organisations to deliver services. Almost one-third of Child, Youth and Family funding is budgeted for NGOs that provide services on the agency's behalf.
- 9 Child, Youth and Family's staff are passionate about caring for children and supporting families, and working to help children and young people who offend to get their lives back on track. The agency is the single biggest employer of social workers in the country. In addition to more than 1,200 frontline social workers, the service is supported by specialist staff including psychologists, evidential interviewers and legal advisors specialising in child protection law.

How Child, Youth and Family does its work

- 10 Any person who is concerned about the safety or wellbeing of a child or young person can contact Child, Youth and Family about their concerns. In 2011/2012, Child, Youth and Family received 152,800 reports of concern or 'notifications' including 78,915 family violence referrals by the Police.

²⁹⁹ Figures as at 30 June 2012.

- 11 Not all notifications require a response directly from Child, Youth and Family, but where families may benefit from other services or support, they are referred to community-based services for help and follow-up.
- 12 Where a response is thought to be required of Child, Youth and Family, the first step is to make an assessment of whether the child or young person is safe. In the majority of cases children are safe, but often needs are identified, sometimes complex, in relation to them and/or their parents.
- 13 A full assessment of the child's and family's needs may then be undertaken. This may result in a referral to community services or further intervention by Child, Youth and Family, or no further action may be required.
- 14 When a Child, Youth and Family response is required, a family group conference will often be held. This is a formal meeting, recognised in law, where the extended family/whānau come together to talk about the concerns for the child or young person and find solutions. A range of professionals – social workers, health professionals, Police, teachers – are typically involved. In most cases, the family group conference results in an agreed plan about what should be done to keep the child safe.
- 15 Concerns about the care and protection of children that cannot be resolved at the family group conference are principally dealt with by the Family Court. This means that safety plans, care plans and custody issues, including whether a child or young person needs to be in the care of the State, are considered by the Family Court. Parents, family/whānau, Child, Youth and Family, Lawyer for Child, Police and other professionals may play a part. The Family Court hears their views and advice on what should be done and then forms a judgment about what is in the best interests of the child or young person.
- 16 Children and young people who offend may be referred to Child, Youth and Family by the Police or Youth Court. In such cases, a family group conference will be convened and the victim has a right to attend and participate in the conference. The outcome of the family group conference may be referred to the Family Court or Youth Court for consideration.
- 17 When a child or young person comes into State care, Child, Youth and Family works with either family/whānau caregivers or non-whānau caregivers to improve the outcomes for the child or young person. In most instances, being in care should only be a temporary situation leading to a more permanent arrangement for the child. In the case of youth offenders, this may be during a period of custodial remand while the Youth Court determines the best resolution for the offending.
- 18 The ultimate goal will be to find a permanent, safe, stable, happy home for the child or young person. This can happen in different ways. A child or young person may return to live with their parents, go to live with extended family/whānau or have a Home for Life with non-whānau caregivers. Where they are a young adult, they may transition to independent living at age 17; however, Child, Youth and Family can remain involved with the young person until they are 20 years of age.

Child, Youth and Family today

- 19 Child, Youth and Family is a different organisation from that which merged with MSD in July 2006. At that time, Child, Youth and Family was battling deep-seated systemic issues,

with long queues and children left waiting for help. There were more than 3,500 at-risk children in a queue, not having been assessed or receiving help from social workers. Today there is effectively no queuing. Children are assessed as notifications come in. Alongside increasing notifications, the number of cases unallocated to Child, Youth and Family social workers has decreased from 1,089 at 30 June 2006 to 95 at 30 June 2012.

- 20 Child, Youth and Family's performance has consistently improved in the past six years, reflecting much stronger leadership and management throughout the organisation. Nearly all performance targets have been achieved in recent years, and Child, Youth and Family has significantly improved the speed and efficiency of its child protection screening, assessments and investigations. Child, Youth and Family has also implemented a range of new initiatives, including the Government's Fresh Start for Young Offenders reforms aimed at reducing reoffending, which has introduced new parenting, mentoring and alcohol and drug rehabilitation programmes. These performance improvements have occurred despite the fact that notifications have more than doubled in the past six years, from 71,927 in 2006/2007 to 152,800 in 2011/2012.
- 21 Child, Youth and Family's improvement in performance means that the agency is now much more able to focus on improving the quality of its: social work practice; services and support for children in care and their caregivers; and responsiveness to schools, health professionals, Police and the wider public. Child, Youth and Family is now more able to look outside the organisation, join up with others, and put children and young people at the heart of everything it does.

6.3 Key Issues

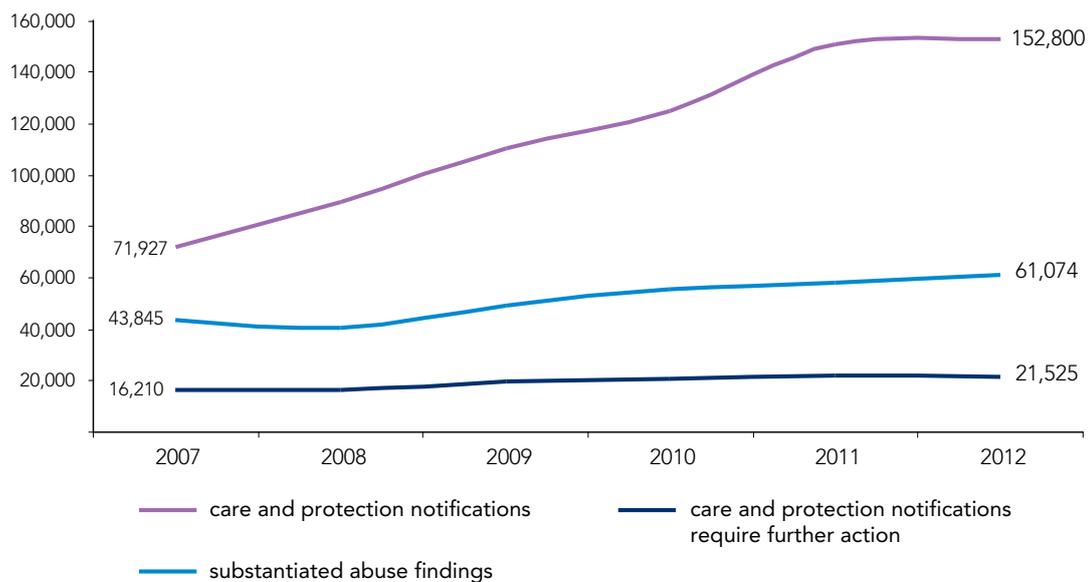
22 The key issues facing Child, Youth and Family today are:

The volume of notifications

23 The volume of notifications to Child, Youth and Family about concerns for children and young people is continuing to increase. The number of notifications reached 152,800 in 2011/2012, up 112 per cent from 71,927 in 2006/2007, and are projected to increase by up to 10,000 in the 2012/2013 financial year.

As shown in the first diagram below, while all notifications are screened, the majority of notifications have not required a response by Child, Youth and Family. In 2011/2012, 61,074 notifications did require further action by Child, Youth and Family, while 21,525 resulted in substantiated findings of neglect or physical, sexual or emotional abuse.

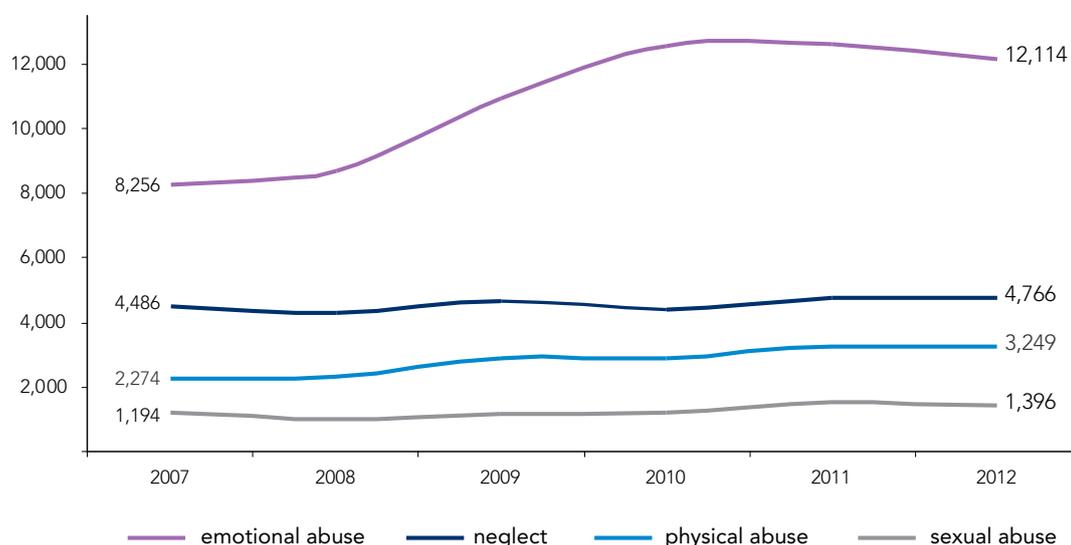
Number of care and protection notifications (including family violence referrals) and substantiated abuse findings: 2006/2007 to 2011/2012



24 Substantiated findings of abuse and neglect increased by 33 per cent from 16,210 in 2006/2007 to 21,525 in 2011/2012. All substantiated abuse and neglect findings have increased, with a dramatic increase in emotional abuse findings. As the second diagram below shows, in the past six years:

- emotional abuse findings have increased by 46.7 per cent
- neglect findings have increased by 6.25 per cent
- physical abuse findings have increased by 42.8 per cent
- sexual abuse findings have increased by 16.9 per cent.

Substantiated abuse findings by type: 2006/2007 to 2011/2012



- 25 The significant increase in findings over time is primarily driven by the increase in emotional abuse findings, which is strongly related to notifications about children and young people witnessing family violence.
- 26 The volume of notifications to Child, Youth and Family and the increase in abuse and neglect findings reflect both public awareness and concerns about the safety and wellbeing of children and young people and increases in Police reporting of family violence to the agency. The high level of notifications consumes a large amount of social work time and resources in assessing and screening, with only about 12 per cent of cases receiving ongoing services from Child, Youth and Family.
- 27 Where notifications do not require Child, Youth and Family intervention to protect children and young people, this does not mean that the child, young person or family/whānau does not need help. Such notifications may indicate that, in some instances, families/whānau are vulnerable because they have high needs and children and young people in these families/whānau may be at risk of potential maltreatment. A different type of response is required to help such families/whānau, and intensive family support may be needed from a range of agencies, services and programmes.
- 28 The Government believes that there is an opportunity to have a greater impact on preventing child maltreatment and strengthening the wellbeing of the family/whānau by intervening earlier, through the introduction of the new Children's Teams discussed in Chapter Five. Some of the current family violence referrals to Child, Youth and Family will be families/whānau who may benefit from referrals to the new Children's Teams. The Children's Teams would co-ordinate whole-of-child assessments, services and integrated plans for such vulnerable children and their families/whānau. Accordingly, this would reduce the number of family violence referrals to Child, Youth and Family.

The quality and depth of child protection work

- 29 Child, Youth and Family's core business is child protection work. The quality and depth of this work need to be strengthened, including having a stronger interdisciplinary focus. In particular, Child, Youth and Family needs to improve the quality and depth of its assessments of the risks and needs of children and young people.
- 30 There are opportunities to enhance significantly the management and delivery of family group conferences, particularly the engagement of the health and education sectors, iwi, NGOs and others in the family group conference process. This process needs to be reinvigorated and refocused to raise the quality of the delivery, as well as oversight and performance management of the process.
- 31 The social work workforce also needs improvement through strengthening social work knowledge, skills and accountability. This can be achieved through improved supervision, performance management and training, and strengthened accountability through Child, Youth and Family requiring all of its frontline social workers to be registered.

The increasingly high needs of children and young people requiring State care and protection

- 32 Child, Youth and Family is seeing an increasing number of children and young people with high needs requiring child protection services. The complexity of their problems and needs is also increasing and requires a multi-layered, multi-agency, child-centred response. Currently, the outcomes for children and young people in care in relation to their health, education, welfare, offending behaviour and employment prospects are poor³⁰⁰.
- 33 To address this, targeted, intensive services and support are required to meet the high and complex needs of children and young people in need of State care and protection. A much stronger multi-agency approach working across government is therefore proposed to achieve improvements in outcomes for children requiring child protection, particularly those in State care.

6.4 National and international evidence

- 34 Previous chapters have presented evidence of the benefits of intervening earlier with families/whānau in need of intensive support where children are at potential risk of maltreatment. As Munro notes, "there is a persuasive case for providing early help to strengthen families and reduce the risk of maltreatment"³⁰¹. Such children are often notified to Child, Youth and Family, but while the agency may identify that the families/

300 See, for example, Beautrais, A, Ellis, P & Smith, D (2001). The risk of suicide among youth in contact with Child Youth and Family. *Social Work Now*, 19, 8–13; Centre for Social Research and Evaluation (2011). *Flow Rates from Child, Youth and Family to Corrections – January 2011*. Ministry of Social Development, Wellington. <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/policy-development/green-paper-vulnerable-children/flow-rates-from-child-youth-and-family-to-corrections.doc>; Centre for Social Research and Evaluation (2012). *Children's Contact with MSD Services*. Ministry of Social Development, Wellington; Rankin, D (2011). Meeting the needs of New Zealand children and young people who have been abused and neglected, *Best Practice Journal*, 37, 4–9; Scott, G (2003). *The Economic Benefits of Rehabilitating Chronic Adolescent Antisocial Males*. Proceedings of a conference, 1-2 July 2003, University of Auckland, Youth Horizons Trust.

301 Munro, E (2011). *How Organisations can Learn to Reduce Risk to Children* (p6). Retrieved from http://www.facs.nsw.gov.au/__data/assets/pdf_file/0018/.../how_reduce_risk.pdf.

whānau have needs, there are no presenting risks to child safety, and consequently no statutory intervention by the agency. Intervening earlier with these families/whānau through the new Children's Teams is likely to help prevent child maltreatment and strengthen the wellbeing of the families/whānau.

- 35 There is a substantial body of international evidence about the characteristics of high-quality child protection services and social work practice, covering a broad range of topics. This includes the importance of child-centred care and protection systems, cultural responsiveness³⁰², comprehensive assessments of children's and young people's risks and needs, effective family group conference processes, quality care planning, care placements that meet the children's and young people's needs, and multi-agency, multidisciplinary work particularly to identify needs and supply services that address those needs³⁰³.
- 36 Quality assessments and care planning matter. Where there is evidence of careful multi-agency assessments and planning, outcomes for children in need of care and protection tend to be better³⁰⁴.
- 37 In New Zealand, the family group conference process is the key care planning tool for children and young people needing statutory interventions by Child, Youth and Family. The agency has recently completed a review of the family group conference process, and the evidence underpinning effectiveness. There is a large body of research indicating that family group conferences are effective and work well in different jurisdictions³⁰⁵. The literature suggests that the family group conference process produces better outcomes than other care and protection processes, and in the youth justice context is an effective psychological treatment for offenders and victims³⁰⁶. It is also culturally responsive in that the traditional whānau hui (Māori extended family meeting) is the model drawn on for the family group conference³⁰⁷. The review concluded that there is scope to reinvigorate and improve the quality of the family group conference process so that practice is more effective.

302 See, for example, Connolly, M, Crichton-Hill, Y & Ward, T (2006). *Culture and Child Protection: Reflexive responses*. Jessica Kingsley Publishers, London and Philadelphia.

303 See, for example, Connolly, M (2004). *Child & Family Welfare: Statutory responses to children at risk*. Te Awatea Press, University of Canterbury, New Zealand; Davies, C & Ward, H (2012). *Safeguarding Children Across Services: Messages from the research*. Jessica Kingsley Publishers, London and Philadelphia; Munro, E (2011). *The Munro Review of Children Protection: Final report. A child centred system*. Department for Education, London; Thoburn, J & Making Research Count Consortium (2009). *Effective Interventions for Complex Families Where There are Concerns About, or Evidence of, a Child Suffering Significant Harm*. Retrieved from http://www.c4eo.org.uk/themes/safeguarding/files/safeguarding_briefing_1.pdf.

304 Davies, C & Ward, H (2012).

305 See, for example, Burford, G & Hudson, J (Eds) (2000). *Family Group Conferencing: New directions in community-centered child & family practice*. Transaction Publishers, United States of America; Child, Youth and Family (2007). *Social Work Now: The practice journal of Child, Youth and Family*, No. 36, May 2007. Ministry of Social Development, Wellington; Connolly, M & McKenzie, M (1999). *Effective Participatory Practice: Family group conferencing in child protection*. Aldine de Gruyter, New York; Connolly, M (June 2006). Fifteen years of family group conferencing: Coordinators talk about their experiences in Aotearoa New Zealand. *The British Journal of Social Work*, Vol 36, Issue 4, 523–540; Pennell, J (2006). Restorative practices and child welfare: Toward an inclusive civil society. In: Morrison, B & Ahmed, E (Eds) Restorative justice and civil society [Special issue]. *Journal of Social Issues*, 62(2), 257–277; Wheeler, C E & Johnson, S (2003). Evaluating family group decision making: The Santa Clara example. *Protecting Children*, 18(1 & 2), 65–69.

306 Sherman, L W & Strang, H (2010). Restorative justice as a psychological treatment: healing victims, reintegrating offenders. In: Towl, G J & Crighton, D A (Eds) *Forensic Psychology*. Blackwell Publishing, Chichester, United Kingdom.

307 Waldegrave, C (2006). Contrasting national jurisdictional and welfare responses to violence to children. *Social Policy Journal of New Zealand*, Issue 27.

- 38 Multi-agency and multidisciplinary work is very important to achieve improvements in child protection services, including outcomes for children and young people in State care. Evidence shows that multidisciplinary teams consisting of different types of professional expertise produce better decision-making, more reflective practice and critical thinking, fewer unmet needs, improved interactions with families and between professionals, and better consistency and continuity in care. The evidence also indicates that a formal, multidisciplinary, case management approach to the safety and welfare of children in care is very important if outcomes for children in care are to be improved³⁰⁸.

308 See, for example, Cross, S, Hubbard, A & Munro, E (2010). *Reclaiming Social Work: London Borough of Hackney Children and Young People's Services, Part 1: Independent Evaluation, Part 2: Unpacking the complexity of frontline practice – an ethnographic approach*. Retrieved from <http://www.safeguardingchildren.co.uk/files/sgc/Eileen%20Munro%20Review%20of%20the%20Hackney%20Model.pdf>; Davies, C & Ward, H (2012).

6.5 Addressing the Issues in New Zealand

39 In response to these issues, the Government will:

Improve child protection services

40 This will involve:

- making sure that the right needs and risks are responded to at the right level, by identifying and intervening earlier with vulnerable children and their families/whānau who need intensive family support through the new Children's Teams discussed earlier
- improving the depth and quality of Child, Youth and Family social work practice, including assessments of risks and needs and cultural responsiveness, supported by improved multi-agency collaboration and information-sharing
- reinvigorating the family group conference process, particularly through a much stronger preparation and engagement of families/whānau, the health and education sectors, iwi providers, NGOs and others in the family group conference process
- strengthening how child abuse and neglect are recorded by frontline social workers so that it aligns with international reporting, particularly in relation to emotional abuse.

Implement a new, multi-agency Strategy for Children and Young People in Care

41 This will involve:

- establishing clear outcomes and targets to be achieved for children and young people in care
- establishing multi-agency accountabilities and governance for outcomes
- strengthening social work practices for children in care, including assessments, the family group conference process, integrated care planning and the monitoring and review of care plans
- providing targeted, intensive services and support to meet the needs of children and young people in care
- ensuring greater responsiveness to Māori tamariki, rangatahi, whānau, hapū and iwi
- increasing the knowledge base about the needs of children in care
- ensuring that children's voices are strong and heard throughout the care and protection system
- enhancing the profile and status of both our whānau and non-whānau caregivers, including caregiver recruitment, assessment, approval, training and support
- expanding the range and choice of care options for children in care, including the use of iwi placements and one-to-one specialist caregivers
- strengthening transitions from State care returning to a parent, to a Home for Life, or to independent living as a young adult
- improving the reporting on outcomes for children in care.

Strengthen the service responsiveness of Child, Youth and Family

42 This will involve:

- ensuring the effective implementation of Child, Youth and Family's new 2012 to 2015 strategic plan, which focuses on:
 - quality social work practice
 - working together with Māori
 - strengthening the voices of children and young people
 - connecting communities through multi-agency partnerships
 - leadership and caregiver support
- commissioning an independent review of the existing processes for complaints about Child, Youth and Family
- Child, Youth and Family requiring all of its frontline social workers to be registered.

6.6 The White Paper's Response

Improving child protection services

Intervening earlier with families in need of intensive support

- 43 Concerns about vulnerable children, including notifications to Child, Youth and Family, will be managed through the new Child Protect line. Child, Youth and Family will continue its strong performance in responsiveness to concerns about children's and young people's safety. However, notifications have risen to 152,800 in the 2011/2012 financial year, and are projected to increase by up to 10,000 in 2012/2013. The amount of screening and the number of assessments that Child, Youth and Family has to undertake need to reduce to create the capacity to do quality work in its core social work business. This is particularly in relation to the pathway for referrals about family violence from the Police. A total of 78,915 referrals was received in 2011/2012, of which 62,678 did not require action by Child, Youth and Family.
- 44 Responses to children's needs and risks need to be located at the right service level. Notifications where there are clearly high needs and the potential risk of maltreatment will be directed to the Children's Teams, who will co-ordinate assessments, services and the development of integrated plans for vulnerable children and families/whānau in need of intensive support services. Notifications that are clearly child protection concerns will be referred directly to Child, Youth and Family social workers for investigation and assessment. A decision tool will help referring agencies and both Child, Youth and Family and the Children's Teams to determine the best pathways for notifications.
- 45 Child, Youth and Family will work closely with the Children's Teams to ensure that children who need to move between them can do so safely and effectively to ensure a timely and appropriate response. The Children's Teams will provide services to children and young people and their families experiencing a range of problems and needing responses from more than one agency, for example for domestic abuse/family violence, parenting compromised by drugs, alcohol or mental health problems, severe behaviour management problems and childhood substance abuse. The Children's Teams will also link with local iwi and local Whānau Ora responses to deliver on children's plans and provide services to Māori whānau and their tamariki and rangatahi.
- 46 Child, Youth and Family, the Police and NGOs have commenced looking at how the current Family Violence Interagency Response System is working, including what is working well and what needs to change to improve the responses that agencies provide to family violence events to which the Police are called. This will include looking at relationships between the new Children's Teams and the way that concerns about family violence involving children are currently responded to.

Improving Child, Youth and Family assessments of children and young people

- 47 Child, Youth and Family's assessments of the risks to and needs of vulnerable children, young people and their families need to improve in both depth and quality. This will require information-sharing, assessments and service contributions from other agencies. In particular, assessments will become more integrated, with assessment information from Child, Youth and Family, the health and education sectors, New Zealand Police and others being brought into one place to create whole pictures of the children.

Strengthening the Family Group Conference process

- 48 A key part of successful care planning is the family group conference process. A wide range of stakeholders has told Child, Youth and Family that they are strongly supportive of the family group conference as a key decision-making process for children, young people and their families/whānau.
- 49 The needs of children requiring care in New Zealand are becoming more complex and multifaceted. This means that a wider range of agencies – the health and education sectors, iwi providers, NGOs and others – need to be more engaged in the family group conference process. Māori groups have also said to Child, Youth and Family that much more could be done to engage whānau and hapū earlier in the family group conference process. Agencies will also work in partnership with iwi to improve family group conference practices, including new innovations to achieve better results.
- 50 There are, however, opportunities to enhance significantly the management and delivery of family group conferences. The conferences should be shaped by the children’s families/whānau, with agencies offering advice, support and services. For youth justice family group conferences, the participation of and outcome for the victims are also very important, alongside the outcomes for the children or young people and their families/whānau, if practice is to be effective.
- 51 To achieve this, practice needs to be reinvigorated and refocused to raise the quality of the delivery as well as the oversight of the process. Child, Youth and Family will work with others to implement a range of initiatives. This will include standards of practice for family group conference co-ordinators, enhanced management oversight, and improved learning and development for co-ordinators.

Strengthening parental obligations and timeframes in relation to Family Group Conference and court processes

- 52 There is more that can be done to ensure that parents who are involved with Child, Youth and Family are aware of their parental obligations. Strengthening the provisions applying to family group conference and court plans would help to ensure that the obligations of parents are explicit and prescribe timeframes for making final decisions about future arrangements for the care of children and young people. This will support Child, Youth and Family practice in making parental obligations and consequences clear and decision-making about children’s futures in definite timeframes. As a result, the Government will:
- require family group conference and court plans to be explicit about the steps that parents need to take to address any parenting or behavioural issues, the consequences of not meeting those obligations, and the timeframes for changes to occur
 - introduce legal timeframes for family group conferences and courts to make decisions about the final care arrangements for children. This will place a limit on the time parents have available to make changes before children are placed permanently out of the home.

A new, multi-agency Strategy for Children and Young People in Care

- 53 In June 2012 a group of experts, known as the Ministerial Care Advisory Forum³⁰⁹, was brought together by the Minister for Social Development to help build a Strategy for Children and Young People in Care that would address the needs of children requiring State care and the needs of their carers. The Strategy described below is largely built from the Forum's expert advice and recommendations.
- 54 A multi-agency strategy is needed because children and young people in State care often have multiple, complex needs requiring a co-ordinated response from social, health, education, justice and other services in the government and non-government sectors to address their needs and provide the best chance of improving their outcomes. Evidence indicates that children in care: have generally been exposed to repeated significant trauma; often have significant unmet needs, including health and education needs; and often have parents with significant personal issues such as alcohol and other drug issues, mental health problems, intellectual disabilities and criminal convictions³¹⁰. Child, Youth and Family, with the Ministries of Health and Education, ran a pilot programme from 2009 in four DHBs to assess the health and education needs of children coming in to care. The pilot demonstrated that these children have significant unmet health conditions, including emotional and behavioural problems, mental health disorders, dental conditions and hearing, general development and vision problems³¹¹. The Gateway health and education assessments are now being progressively implemented in all DHBs.
- 55 The Government will develop and publish a new, multi-agency Strategy for Children and Young People in Care to ensure that children and young people in need of Child, Youth and Family's care and protection get the services they need from across government, including from Child, Youth and Family and the health, education and justice sectors including courts and the Police. Agencies will also work in partnership with iwi and NGOs to develop and implement the Strategy.
- 56 The new Strategy will be strongly child-centred. It will set out the outcomes to be achieved for children in need of Child, Youth and Family's care and protection and who is responsible for achieving them. It will contribute to the Government's results targets for *Supporting Vulnerable Children*.
- 57 The key elements of the Strategy for Children and Young People in Care will be:
- a care and protection system that is uncompromisingly child-centred
 - clear outcomes and targets to be achieved for children needing State care and protection
 - stronger multi-agency governance arrangements and accountabilities for outcomes for children in care, including the social services, health, education and justice sectors

309 The Ministerial Care Advisory Forum comprised Judge David Brown, Family Court of New Zealand; Gaylene Lawrence, Acting Chief Executive, Fostering Kids; Dr Mike Field, Director, Canterbury Youth Development Programme; Cath Handley, Chief Executive, Youth Horizons Trust; Judge Carolyn Henwood, Chair, Henwood Trust; Liz Marsden, Manager, Ngāpuhi Iwi Social Services; Paul Nixon, Chief Social Worker, Child, Youth and Family; Miri Rawiri, Executive Director, Te Kahui Atawhai O Te Motu Inc; Anthea Simcock, Chief Executive, Care Matters CPS; and Dr Russell Wills, Children's Commissioner.

310 Rankin, D (2012).

311 Rankin, D (2012).

- stronger assessments, integrated care planning, and monitoring and reviews of integrated care plans for children and young people in care
- a reinvigorated family group conference process, with a stronger preparation and engagement of family/whānau, the health and education sectors, iwi, NGOs and others in the process
- targeted, intensive services and support to meet the high and complex needs of children and young people requiring care and protection
- greater responsiveness to Māori tamariki, rangatahi, whānau, hapū and iwi
- more reliable and comprehensive data about the needs of children in care
- higher-quality assessments, approvals and support for caregivers, including iwi caregivers
- a greater range and choice of placement types to meet differing needs, provided by both government and non-government organisations, particularly iwi placements and one-to-one specialist caregivers
- ensuring that children’s voices throughout the care and protection system are strong and heard
- stronger transitions from State care returning to a parent, to a Home for Life, or to independent living as a young adult
- improved reporting on outcomes for children in care.

Shared accountabilities and governance

- 58 Many people have roles to play in getting the best possible outcomes for children needing Child, Youth and Family’s care and protection. The new Strategy for Children and Young People in Care will involve much stronger accountabilities across government at national and local levels, particularly across Child, Youth and Family, other social services, the health and education sectors, courts and the New Zealand Police to work together to achieve better outcomes for children in care. Agencies will also work in partnership with iwi and NGOs to develop and implement the new Strategy.
- 59 The Strategy for Children and Young People in Care will report to a new Vulnerable Children’s Board, which will include the chief executives of key government agencies. This Board will in turn report to a Ministerial Oversight Group.
- 60 Sitting below the new Vulnerable Children’s Board, a new cross-agency working group at a national level will be formed to develop the Strategy for Children and Young People in Care. This group will include key agencies such as the Ministries of Education, Health and Justice, MSD, Te Puni Kōkiri and the New Zealand Police. The group’s work will include the outcomes, priorities, targets and milestone indicators to be achieved for children and young people in care, including those in care due to their offending. Child, Youth and Family will be the lead agency for overseeing and co-ordinating the development and implementation of the Strategy for Children and Young People in Care.
- 61 A robust social work quality assurance framework, co-ordinated through the Office of the Chief Social Worker within Child, Youth and Family, will strengthen the oversight of the quality of care provided to children and young people. Attention will be focused on the

continuous improvement of assessment, care planning and review processes that support children and young people as well as the quality of State care provided in residences, supervised group homes and family homes, and by caregivers.

Improving current practices for children in care

- 62 The new Strategy for Children and Young People in Care will strengthen assessments, care planning and the monitoring and review of plans for children in care. This is imperative if outcomes for children in care are to be improved, and it requires multi-agency support.

Assessments

- 63 As part of the development and implementation of the Strategy for Children and Young People in Care, every child requiring State care will in time have a comprehensive assessment of their needs, strengths and risks. This will include the new Gateway health and education assessments that are currently being implemented around the country.

Care planning, monitoring and review

- 64 Excellent care planning is vital if placements for children requiring care are to be successful. The new Strategy for Children and Young People in Care will ensure that every child in care has a comprehensive care plan that includes:

- the identification of where the child's or young person's long-term needs are best met
- the type and purpose of the care placement and how it meets the child's needs, and the outcomes to be achieved for the child during the placement. Where the placement involves a child or youth offender, this will include a consideration of their risk to the public. The child's voice, wishes and feelings will be a central part of the care planning, in addition to those of their family/whānau
- the services and support to be provided to the child, their family/whānau and their caregivers to achieve these outcomes. These will include targeted, intensive services and support to meet the high and complex needs of children and young people requiring care using a multi-agency approach
- a clear timeframe to return the child to their family/whānau or to a Home for Life, so that they have a permanent, loving and stable family
- family group conferences that have been enhanced to strengthen care planning and review the child's care arrangements at least once a year. This will provide strong links with the family/whānau and ensure that agencies are engaged and there is a good external focus and cross-agency monitoring and scrutiny of outcomes for the child
- a robust process for good communication and the involvement of caregivers in the decisions affecting the child, and them as their carers
- strong quality assurance processes, ensuring that everyone has a role to play in the regular scrutiny of and internal challenge to social work practice. A comprehensive quality assurance framework for Child, Youth and Family will articulate the different roles that people have to play in providing this, through the routine monitoring of social work with families, through regularly seeking feedback from children, young people and their families/whānau, and through talking to stakeholders to seek their

views of the effectiveness of the agency's service. Child, Youth and Family will use these sources of information to build on the strengths that exist, and to critically challenge areas of weakness, to continuously improve social work practice.

- 65 The Strategy for Children and Young People in Care will focus on ensuring that robust monitoring and reviews of care plans are in place, and that there is outcomes reporting for all children in care. This requires a stronger scrutiny, oversight and challenge of care plans. As part of this, family group conferences will be used as discussed earlier. Child, Youth and Family will also visit children and young people in care more often, making these children more visible and checking that they are getting the support and services they need.

Strengthening the knowledge base about the needs of children in care

- 66 The Strategy for Children and Young People in Care will require a strong knowledge base about the needs of children in care if we are to improve outcomes. A shared dataset of the needs of children in care will therefore be developed over time. Multi-agency contributions will be needed from key government and non-government agencies. This will also include information from the Gateway health and education assessments about patterns and trends in the needs of children in or entering care.
- 67 This dataset will be part of a multi-agency knowledge centre to be established for children in care. Sources such as research, reviews and audits, local evaluations, the voices of children, complaints, needs analyses and aggregated data from Gateway assessments will all help to provide knowledge to inform future strategic planning and priorities for children in care.
- 68 Agencies will also draw on research and evaluation evidence on the outcomes for children in care and effective services for supporting care, both domestically and internationally. Practice standards, care placements and support services will be informed and updated by the latest research evidence.
- 69 The voices of children in care are also important in shaping the way that care services are developed. Child, Youth and Family will regularly consult children and young people on how services can be improved, including how to make them more child-centred and child-friendly.

Increasing care options for children in care

- 70 Children come in to care for a variety of reasons and in different ways, so a good range and choice of care options are needed. For most children, care should only be temporary. Care can pose risks for children and lead to poor life outcomes if the care placements are not of high quality and outcomes focused.
- 71 The Strategy for Children and Young People in Care will work to expand the range and choice of care options for children requiring care over time. A mixture of placement providers will be promoted, with government, community and private sector organisations playing a role. The Strategy for Children and Young People in Care will also ensure that caregivers are properly recruited, assessed, approved, trained and supported. Placement capacity in iwi providers will be developed in partnership with them.

72 For caregivers, the key actions will be:

- *improving support to whānau caregivers* – recruitment, approval, training, monitoring and support for whānau caregivers need to be strengthened. As part of this, children and caregivers need to be better matched, so that the children’s needs are met and they do well in their caregivers’ care
- *increasing the pool of iwi caregivers* – this will include the development of a nationwide database of approved iwi caregivers, which will assist Child, Youth and Family social workers to identify caregivers for children and young people who cannot remain with their immediate whānau. Over time, Child, Youth and Family will look to expand this to include iwi caregivers who can, in urgent situations, provide placements that meet the needs of tamariki and rangatahi who have been abused or neglected or are at high risk of abuse or neglect. In addition, iwi caregivers need to be well supported in their role and ongoing caregiver training and support will be very important. Child, Youth and Family will also work with iwi on how best to achieve this
- *improving the recruitment, assessment, approval, training, support and monitoring of non-whānau caregivers* – Child, Youth and Family will build on its existing support package to improve social work and multi-agency support to these placements
- *expanding the range of one-to-one specialist caregivers* – a broader range of specialised carers who can provide specialist care is needed, for example for high-risk adolescents and children who are serious offenders. Child, Youth and Family will develop wrap-around support to ensure that caregivers have the specialised training, knowledge and skills to undertake these roles.

73 In relation to services, the key actions will be:

- *strengthening multi-agency work-around placements* – built around the Gateway health and education assessments and high-quality care planning and services
- *further developing iwi social services providers* – that provide, or have the potential to provide, care services, so they can provide ‘full care’ for tamariki and rangatahi. This is where an iwi organisation is contracted to achieve a Home for Life for a child or young person within a two-year timeframe, which includes providing all care, social work and court requirements to achieve this outcome. Building on this, Child, Youth and Family will also look at extending its partnership arrangements with iwi organisations through them assuming more of Child, Youth and Family’s care and protection responsibilities. Child, Youth and Family has actively sought to develop stronger relationships with Ngāpuhi, Tainui, Ngāi Tūhoe, Ngāti Porou and Ngāi Tahu in the past 18 months. Various next steps have been discussed, and a new memorandum of understanding has recently been signed with Ngāpuhi
- *reviewing the services for high-needs children and young people* – that Child, Youth and Family purchases nationally and locally (including fee-for-service services) to ensure that they are targeted, evidence-based interventions, and that they are available in the right regions and in the right numbers and provide for a continuum of service options. These will include targeted therapeutic interventions like multi-systemic, family-focused and parent-child interaction therapies

- *providing more services to children and young people in residential care* – including improved direct access to tertiary mental health services, and consultancy support from such services to improve the care provided to children and young people.

Ensuring good transitions from care

- 74 The Strategy for Children and Young People in Care will also focus on ensuring that when children and young people transition out of care, to return to family/whānau, to a new Home for Life or to live independently, this is well planned and supported.
- 75 There needs to be robust care planning for independence and support services in place, particularly to increase significantly the number of young people going into education, training and employment once they leave care.
- 76 Planning for a Home for Life or independent living is vital for all children and young people who cannot return to their parents or immediate family/whānau. The Strategy for Children and Young People in Care will build on the progress to date with these critical transitions. In particular, it will focus on:
- more Homes for Life for Māori children and young people in care with extended whānau, hapū or iwi
 - transition planning to a Home for Life and ensuring the right post-placement support, both financial and non-financial
 - more effective transitions to independence for young people leaving the care of Child, Youth and Family. This will include arrangements for young people who pose a risk to community safety because of their offending behaviour. Strong cross-agency work will be required to support these vulnerable young people, including across housing, health, education, social work and employment services. Mentoring and advocacy support services will also be required for these young people. The new Youth Services that were launched in August 2012 provide additional support for 16- and 17-year-olds as they make the transition from Child, Youth and Family care to independence. This includes a consideration of the support required between 17 and 20 years of age
 - transition planning for young people leaving youth justice residences following custodial remand or Supervision with Residence Orders, where research tells us the risk of reoffending is highest.

Reviewing legal provisions to ensure quality, stable and timely permanency outcomes

- 77 Changes to legal provisions to facilitate quality, stable and timely permanency outcomes for children in Home for Life arrangements will be further looked at. Work will be undertaken on a range of measures, including a review of existing guardianship provisions.

New guardianship orders for Home for Life caregivers

- 78 The Government will explore the introduction of new guardianship orders to address the specific needs of children and their caregivers for ongoing security of care, and security of support in the future if needed. These would be available on finalising permanent Home for Life care arrangements. These orders could increase the stability and security of a child's placement by:

- reducing or limiting the guardianship rights of the parents by enabling the Family Court to direct which guardianship powers reside exclusively with the caregivers and which are shared with the child's natural parents or other guardians
- requiring a significant change in circumstances before a care order could be challenged
- asserting Child, Youth and Family's ongoing responsibility to meet reasonable needs that develop as a consequence of the maltreatment the child has suffered.
- assuring Home for Life parents that they will be supported should the child's parents attempt to disrupt the placement.

Removing the need for reviews of orders to support Home for Life placements

- 79 When children move from State care into permanent placements, caregivers usually obtain parenting orders under the Care of Children Act 2004. However, some orders under the Children, Young Persons, and Their Families Act (eg services and support orders) remain. These orders ensure that children receive the ongoing services and assistance they need as a result of their abuse or neglect. However, it also means that the orders must be supported by plans, which must be reviewed. The continual reconsideration of plans before the court can have the unintended effect of making permanent arrangements seem capable of being challenged and may stir up uncertainty for the children, the children's caregivers and the children's birth families.
- 80 The Family Court Review public consultation paper questioned the desirability of regular court reviews of plans for services and support orders under the Children, Young Persons, and Their Families Act once Homes for Life have been achieved and care orders have moved to the Care of Children Act³¹². The Government will explore making reviews of services and support orders applicable to Home for Life situations discretionary for the court rather than mandatory in every case.

Paid parental leave for principal caregivers in permanent fostering arrangements (Homes for Life)

- 81 For caregivers taking on children requiring care in permanent fostering arrangements (Homes for Life), this is a significant change in their home circumstances. The objectives of the paid parental leave scheme readily apply to these caring arrangements.
- 82 Currently, eligibility for paid parental leave under the Parental Leave and Employment Protection Act 1987 is determined through the birth mother or the parent intending to adopt under the Adoption Act 1955. It can be transferred to a partner/spouse but not to any other nominated caregiver.
- 83 In order for other caring arrangements to be covered by the Act, consideration would need to be given to extending the eligibility for paid parental leave to 'principal caregivers', which could be defined under the Act.
- 84 Further work is required to identify the issues and implications of extending the eligibility of paid parental leave to caregivers in permanent care arrangements, and exploring

312 New Zealand Government: Ministry of Justice (2011). *Reviewing the Family Court: A public consultation paper*.

support for those providing Homes for Life for children six years of age and over (the cut-off point for parental leave under the Parental Leave and Employment Protection Act 1987).

Financial assistance available to family/whānau carers within the benefit system

- 85 Those caring for children placed in the custody of the Chief Executive of MSD may be family/whānau carers or non-family/whānau carers. They are paid the foster care allowance. In addition, there are more than 12,000 children whose carers are paid Unsupported Child's Benefits or Orphan's Benefits. These children are not placed in the custody of the Chief Executive but are being cared for outside their parents' homes. Those caring for these children may be family/whānau carers or non-family/whānau carers.
- 86 Unsupported Child's Benefits and Orphan's Benefits are paid at the same base rate as the Foster Care Allowance. Neither payment is income tested. All carers receiving Foster Care Allowances through Child, Youth and Family are eligible to receive additional assistance for the costs of caring. This additional assistance is not available to carers receiving Unsupported Child's Benefits or Orphan's Benefits.
- 87 The Government will explore providing additional targeted assistance to Unsupported Child's Benefit and Orphan's Benefit carers to go some way to compensating them for items covered by foster carers' allowances. The new focus on our most vulnerable will not be at the expense of universal services available for all children.

Improving Child, Youth and Family's service responsiveness

- 88 Child, Youth and Family has recently launched its new 2012 to 2015 strategic plan – *Mā mātou, mā tātou changing young lives*. This strategic plan will strengthen:
- quality social work practice
 - working together with Māori
 - the voices of children and young people
 - connecting communities through multi-agency partnerships
 - leadership and caregiver support.
- 89 The implementation of the strategic plan in the next three years will significantly improve Child, Youth and Family's service responsiveness. Child, Youth and Family will also work with the Ministry of Justice on changes to the Family Court resulting from the Family Court Review and in particular how Child, Youth and Family can better meet the needs of the Family Court.

Independent review of complaints processes relating to Child, Youth and Family

- 90 Like many service organisations, Child, Youth and Family has a formal complaints process so that the agency can address complaints, put things right, and learn from them. This is consistent with the principles of natural justice.
- 91 If someone is not satisfied with the outcome of their complaint, they can ask for a review

by the Chief Executive's Advisory Panel. The purpose of the Advisory Panel is to provide complainants with impartial reviews of their issues and concerns, and to recommend steps to the Chief Executive of MSD to resolve the complaints. Membership of the Advisory Panel is external, comprising highly respected members of the community.

- 92 Parliament's Social Services Select Committee has recommended that the Government investigate establishing an independent complaints mechanism for Child, Youth and Family that would be separate from MSD.
- 93 The Government will commission an independent review of the existing complaints processes to decide whether the arrangements are satisfactory or whether changes are needed, including the option of a completely independent complaints mechanism.

Strengthening Child, Youth and Family's workforce capabilities

- 94 The quality of Child, Youth and Family's workforce has continually improved over time. There is, however, more that can be done. Submissions spoke to the need to improve the training and supervision of Child, Youth and Family staff, and also improve social worker caseloads.
- 95 Child, Youth and Family is committed to ensuring that all its frontline social workers are registered. Registration is relatively new to the profession of social work in New Zealand and was introduced on a voluntary basis through the Social Worker Registration Act 2003.
- 96 The agency's new strategic plan, *Mā mātou, mā tātou changing young lives*, sets out the goal and expectation that Child, Youth and Family will have a 100 per cent registered professional workforce by 2015.
- 97 Child, Youth and Family has a strategy in place to achieve this goal, which comprises three key elements:
- all new social worker employees must be registered or eligible to be registered, ie, they must have the necessary character, qualifications and competency to achieve registration
 - a registration action plan is being implemented to encourage and support existing staff to be registered. This includes staff who were employed before the introduction of the Social Worker Registration Act 2003. These staff often have considerable social work experience, but lack the necessary qualifications to achieve registration. There are mechanisms available to recognise such work experience and achieve registration.
 - the agency will work proactively with the Social Work Registration Board to ensure that all its frontline social work staff are registered. This includes promoting registration and effective registration and ongoing professional competency processes.
- 98 Currently, 1046 Child, Youth and Family staff are registered, working in a variety of roles across the organisation.
- 99 With improvements to its core business, Child, Youth and Family has been able to focus increasingly on the quality and consistency of social work practice. An entirely new approach to supporting social work practice has been developed. This includes the introduction of practice frameworks, the development of the publicly available, online Practice Centre (<http://www.practicecentre.cyf.govt.nz>) and dedicated training for our frontline staff.

- 100 Child, Youth and Family is ensuring that its workforce is supported and developed through:
- a comprehensive programme of core and advanced modules of social work practice, through its 'Safe Strong Practice' programme. Every social work practitioner has been, and continues to be, part of this programme. Child, Youth and Family will ensure that the core competencies and standards outlined in this White Paper as required of its workforce are embedded in its training programmes
 - strengthening the induction programme for new social work staff, in consultation with tertiary providers. This will provide increased confidence that Child, Youth and Family has social work graduates who are ready to practise in the field of child protection
 - reviewing management accountabilities to ensure they provide the right level of challenge and support for frontline practice.
- 101 Child, Youth and Family is also looking at ways to ensure the continuing professional development of its staff. The agency's learning and development unit is currently working on ways to maximise continuing learning for staff, tailored to meet their individual needs.
- 102 Child, Youth and Family is committed to ensuring that all its frontline social workers are registered by 2015. A registration action plan is in place to ensure that this is achieved.
- 103 Child, Youth and Family will continue to work to improve social worker caseloads. Caseloads will, however, vary depending on social worker experience and case complexity. The Government has increased Child, Youth and Family's frontline staff, with 80 new social workers and 16 new social worker supervisors to be in place by 30 June 2013. Implementation is well underway with 55 new social workers recruited.
- 104 Child, Youth and Family is also building stronger relationships with New Zealand's tertiary education sector, in relation to both the education of social workers and research into best social work practice.

Chapter Seven: The management of serious abusers

- 1 In New Zealand, care and protection legislation enables the Government to take action to protect children allegedly abused and neglected, but this is by way of intervention in the lives of the children harmed, rather than taking action towards the alleged perpetrators. The care and protection system is limited in its ability to intervene to protect other children until they are demonstrated to be at immediate risk.
- 2 A key aspect of an overall protection strategy is the development of measures to prevent people assessed as posing a high risk of abuse or neglect having contact with children. There are a number of measures available through the criminal justice system, but these are limited in their coverage. This chapter sets out:
 - concerns with the risks posed by particular adults to children
 - limitations within current systems for protecting children from these adults
 - changes to develop a broader and more coherent regime for the management of such adults.

7.1 Key Issues

High-risk adults

- 3 The Government is concerned that there are inadequate safeguards in place to protect children from high-risk adults, including:
 - parents and caregivers who have had children removed from their care, and who continue to pose a high risk to subsequent children
 - adults who have a history of perpetrating abuse and enter relationships with parents, potentially posing a risk to their children
 - adults who have been suspected of physical or sexual abuse or other offences and who remain at high risk of harm to children, whether through living arrangements or through employment.

High-risk parents and subsequent children

- 4 Research has suggested that parents who have had children removed are likely to pose a risk to subsequent children:

- Brayden et al³¹³ and Ellaway et al³¹⁴ found that having a previous child removed from parental care is likely to indicate risk to subsequent children and may be an indicator of future neglect.
 - In 2005 Doolan reported on the findings of a study of the case reviews of nine children who had died owing to 'aggressive actions'; all were known to Child, Youth and Family prior to their deaths, and most had a history of Child, Youth and Family involvement with the family network in cases of neglect and/or abuse³¹⁵.
 - In November 2009 an independent Experts' Forum on Child Abuse noted concerns about children and families/whānau who come to official notice, but whose management or monitoring subsequently ceases. It explored the concept of an 'always-open' file as a means for professionals to be alerted to possible risks for subsequent children³¹⁶.
- 5 The risks posed by parents to subsequent children were dramatically illustrated relatively recently, when a 22-month-old child died of a non-accidental injury in September 2009. Child, Youth and Family had no prior knowledge of this particular child, but it had had previous involvement with the family and had removed two of the child's older siblings from her parents' care.
- 6 Since this case, Child, Youth and Family has amended existing policy guidelines and now requires safety assessments to be performed when a report of concern has been received for a child whose parents/caregivers have previously had a child removed from their care owing to safety concerns. However, in cases where Child, Youth and Family does not have ongoing contact with a family, Child, Youth and Family remains reliant on this subsequent report of concern, and requires third parties to notify it of a new child's existence in order to make such an assessment³¹⁷.

New relationships with high-risk adults

- 7 As well as abusive and/or neglectful parents having subsequent children, other changes in family circumstances may mean children are exposed to high-risk adults. Other adults who pose a threat to children may move into the home, and a parent may enter a relationship with a new partner who may be abusive – such step-parents have been identified as a particular risk factor for child maltreatment³¹⁸. Studies suggest that this is more likely to be an issue with male partners; a 2008 review of research on maltreatment prevention by MSD noted that:

313 Brayden, R M, Aletemeier, W A, Dietrich, M S, Tucker, D D, Christensen, M J, McLaughlin, F J & Sherrod, K B (1993). A prospective study of secondary prevention of child maltreatment. *The Journal of Paediatrics*, 122(4): 511–516. Cited in: Hendricks, A K & Stevens, K (2012). *Safety of Subsequent Children: International literature review* (p33–34). Families Commission, Wellington.

314 Ellaway, B A, Payne, E G, Rolfe, K, Dunstan, F D, Kemp, A M, Butler, I & Sibert, J R (2004). Are abused babies protected from further abuse? *Archives of Disease in Childhood*, 89, 845–846. Cited in Hendricks, A K & Stevens, K (2012).

315 Doolan, M (2005). Child death by homicide: an examination of child protection actions 1996–2000. Cited in: Hendricks, A K & Stevens, K (2012).

316 Independent Experts' Forum on Child Abuse (2008). <http://www.beehive.govt.nz>. Accessed 18 September 2012. Cited in Hendricks, A K & Stevens, K (2012).

317 Hendricks, A K & Stevens, K (2012).

318 Connolly, M & Doolan, M (2007). *Lives Cut Short: Child death by maltreatment*. Dunmore Publishing, Wellington. Cited in Hendricks, A K & Stevens, K (2012).

“mothers’ young boyfriends, step-fathers and ‘substitute parents’, with similar risk factors to abusive fathers – i.e. criminal histories, poor impulse control, a pattern of violence to their partners and with inappropriate expectations of children’s behaviour – pose a particular risk to children and at a much higher level than step-mothers or fathers’ partners”³¹⁹.

8 In the report of an analysis of child deaths by the Department of Human Services in Victoria, Australia, the authors noted concerns in relation to the role of males in the family. These included that they:

- may have been with the family for only a short period of time
- often didn’t see themselves as having roles with children that were not their own
- were often unwilling to be involved with a child protection agency
- were not always home when visits were made³²⁰.

9 They also noted concerns about mothers who continued to partner with violent males³²¹.

10 Johnson-Reis, Drake, Chung and Way (2003) examined the reporting of child abuse by focusing on both the child and the perpetrator, and noted that:

“Because perpetrators of sexual abuse may move from one victim to another within or across families, the reduction of risk of a re-report for a particular child may not signal a reduction of risk that the perpetrator may reoffend. Thus, for subsequent children coming into families in which a previous child is removed, workers must be aware of the reasons why that child was removed. Where this was due to the behaviours of an adult within the family, child protection workers must know whether or not that adult is still within the home”³²².

11 A recent report by the Law Commission noted that, in cases where there is alleged sexual offending against children, the Family Court is only able to respond if the process is initiated by someone applying to the Court. Furthermore, the primary focus of Family Court proceedings can often be “on the individual child and not the broader risk that the alleged abuser poses”:

“Community agencies working with victims of sexual abuse consider that the current Family Court processes are not effective in ensuring the safety of children. The Court can only act if an application is made to the Court, and even then, the focus will be on the risk posed by the alleged abuser to that particular child rather than children more broadly ...

319 Centre for Social Research and Evaluation (2008). *Preventing Physical and Psychological Maltreatment of Children in Families: Review of research for the campaign for action on family violence – summary of findings* (p13). Ministry of Social Development, Wellington.

320 Department of Human Services (2001). *Protective Issues for Newborn Siblings of Children Previously Taken into Care* (p13). Department of Human Services Community Care Division, Melbourne, Victoria; Hendricks, A K & Stevens, K (2012).

321 Department of Human Services (2001). *Protective Issues for Newborn Siblings of Children Previously Taken into Care* (p13), Department of Human Services Community Care Division, Child Death Inquiries Unit, Melbourne, Victoria; Hendricks, K A & Stevens, K (2012). *Safety of Subsequent Children: International literature review* (p49), Families Commission, Wellington.

322 Jonson-Reid, M, Drake, B, Chung, S & Way, I (2003). Cross-type recidivism among child maltreatment victims and perpetrators. *Child Abuse and Neglect*, 27, 899–917, cited in: Hendricks, A K & Stevens, K (2012).

Even if the Court does deal with a case, it does so only in terms of the care and protection of that individual child and possibly those immediately at risk (e.g. siblings of that child or other children living in the household). Accordingly the abuser could move into a different relationship and come into contact with other children who would not be protected”³²³.

Other forms of contact with high-risk adults

- 12 As well as in the home, children may be at risk in other environments where they may have prolonged, unsupervised contact with high-risk adults. In his discussion of child sex offenders, Richards argued that it is important to recognise that “both predation and opportunity can lead to the sexual victimisation of children”:
- Some child offenders go to great lengths to have access to large numbers of children to abuse, and in some cases even choose their employment based on this.
 - Opportunity and other situational and environmental factors can play a key role in the commission of sexual offences against children³²⁴.
- 13 The broad category of ‘sexual abuser’ covers a range of people, in a range of situations with a range of dispositions. Contrary to the stereotype of all sexual abusers as “guileful strangers who prey on children in public and other easy access environments”, the population is diverse – most are not paedophiles or strangers, and many are themselves young people³²⁵. Cornish and Clarke classify offenders into three types, based on “the strength of the offender’s criminal disposition and the role situational factors play in his or her offending”:
- Antisocial predators, who have “ingrained criminal dispositions”, “will expend considerable effort to achieve their goals”, and “will be an active manipulator of – rather than a passive responder to – environments”.
 - Opportunistic offenders, who “engage in occasional, low-level criminality”, and are “subject to stronger personal and social constraints on their behaviour”.
 - Situational offenders, who “commit crimes in the heat of the moment” or are “overcome by temptation, or a temporary failure of self-control”³²⁶.

Limitations of existing protections in New Zealand

- 14 In New Zealand the criminal justice system has a number of options available to protect individuals (including children) from contact with offenders following their release.
- For offenders serving sentences of more than two years, the Parole Board determines the nature and term of the conditions to apply following release, including contact with children. Conditions can be imposed up until six months after their statutory release dates (the dates when they *must* be released from prison; conditions can last

323 Law Commission (2012). *Alternative Pre-Trial and Trial Processes: Possible reforms* (p42), Law Commission, Wellington..

324 Richards, K (2011). Misperceptions about child sex offenders. *Trends and issues in criminal justice. Australian Institute of Criminology*, 429, 1–8.

325 Finkelhor, D (2009). The prevention of childhood sexual abuse. *The Future of Children*, 19(2), 169–194.

326 Cited in: Beyer, L, Higgins, D J & Bromfield, L M (2005). *Understanding Organisational Risk Factors for Child Maltreatment: A review of literature* (p13–14). National Child Protection Clearinghouse, Australia.

longer if they are released earlier). As well as standard release conditions set out in the Parole Act 2002, the Board can choose to impose special release conditions that include measures that provide for the reasonable concerns of victims of the offenders, or that reduce the risk of reoffending.

- For offenders subject to sentences of two years' imprisonment or less, specific release conditions may be set by the Court at the time of sentencing. These conditions comprise standard and special conditions in the same way as parole conditions do.
- Extended Supervision Orders (ESOs) may apply for offenders who have been convicted of certain sexual offences against children and are assessed as presenting ongoing risks to children³²⁷. ESOs can last up to 10 years and include a set of standard conditions, with additional special conditions available. The Chief Executive of the Department of Corrections can apply to the sentencing court for an ESO in respect of an offender.
- The Department of Corrections works closely with the New Zealand Police in relation to the release of high-risk offenders (such as child sex offenders) to better manage the risk of harm that the offenders may pose to others.

- 15 These protections rely on conviction, which requires evidence strong enough to prove a criminal charge beyond reasonable doubt. Current measures do not apply to those who have *probably* neglected or committed acts of physical or sexual violence against children, but are not convicted, and are free to live and work with those children or other children in future.
- 16 Penal sanctions may be inadequate to provide the required protection, and the protection they offer expires at the end of the sentences. ESOs are available for extended periods, but are limited to child sex offenders and do not apply to those convicted of the physical abuse or neglect of children.

Limitations of systems for information-sharing and monitoring serious abusers

- 17 On 15 June 2012 Mel Smith and Judith Aitken completed a ministerial inquiry into the employment of a convicted sex offender in the education sector (the 'Person A' inquiry). They noted that this case was somewhat extreme in the lengths the offender went to in order to defraud the system and his skill in deceiving people, but still highlighted a number of areas where action was needed to strengthen policies and ensure that agencies, schools and individuals work effectively together and share information.
- 18 Orders to limit children's exposure to high-risk adults are one component of a protection system, but for these to be effective there need to be systems to monitor adults who have been subject to those orders. In the Person A inquiry, Smith and Aitken noted that the High Court had imposed an ESO on the offender in question, but he was still able to evade vetting processes and be employed as a high school teacher.

327 An ESO includes a number of standard conditions (for example, the offender must not associate with, or contact, a person under the age of 16 years). In addition, special conditions can be imposed under an ESO, which can include residential restrictions, prohibiting the offender from entering or remaining in specified places, and conditions requiring the offender to submit to electronic monitoring. As of 6 July 2012, 229 offenders were subject to an ESO, with 201 offenders being in the community (the remaining 28 offenders currently have their ESOs suspended as they are in custody).

- 19 Smith and Aitken commented on the New Zealand Teachers Council's reliance on Police vetting and data-matching protocols with the Ministry of Education, and the fact that it did not have access to other relevant data, including the more comprehensive Child, Youth and Family database CYRAS. They noted that information-sharing between agencies was a serious, long-standing problem, as noted by Smith's earlier Inquiry into the Serious Abuse of a Nine-Year-Old Girl. The reports of both inquiries stress the need for a complete picture of overall risk to a child, based on the different pieces of information known to different agencies. This extends beyond the risks posed by parents within the home, and includes institutional environments (in this case, schools) where adults may pose a high risk to children³²⁸.
- 20 A range of data exists on individuals who could be considered to pose a significant risk to children, including:
- Child, Youth and Family data that identifies parents and caregivers who have had (sometimes multiple) children removed from their care
 - Department of Corrections' data on individuals who have been convicted of crimes against children.
- 21 While limited provisions are in place to allow some of this data to be shared across agencies to protect vulnerable children from future harm, this is not comprehensive. This means that situations posing risks to children may not be detected at the earliest available opportunity³²⁹. As a result, there are gaps in current government systems for flagging and tracking serious abusers; gaps that can be closed.

7.2 National and International Evidence

Responses in comparable jurisdictions

- 22 Some comparable jurisdictions have introduced measures targeted at those who pose a high risk to children.

Australia

- 23 Examining commonalities and differences in the delivery of child protection services in Australia, Bromfield and Holzer noted that a common feature in most, if not all, jurisdictions, was the introduction of measures providing for statutory involvement where there were protective concerns for unborn children³³⁰.
- 24 In Australia, Child Protection Prohibition Orders provide a preventive mechanism that permits courts to order that registered offenders not engage in certain types of behaviour or employment, go to certain places, or contact certain people. They are

328 Smith, M & Aitken, J (2012). *Ministerial Inquiry into the Employment of a Convicted Sex Offender in the Education Sector*. Wellington.

329 Hawke's Bay has trialled a child protection alert system that enables health professionals to place flags on the national Medical Warning System for children and pregnant women who meet certain criteria, which may include previous child removal. In response to concerns about privacy and other ethical concerns, the trial has developed clear criteria for placing flags, multidisciplinary decision-making and training for health workers. Hendricks, A K & Stevens, K (2012).

330 Bromfield, L & Holzer, P (2008). *A National Approach for Child Protection: Project report, National Child Protection Clearinghouse*, Australian Institute of Family Studies, Melbourne, Australia.

similar to other types of preventive order made under the Family Violence Protection Act 2008 (Victoria) and Personal Safety Intervention Orders Act 2010 (Victoria). Such orders exist in New South Wales, Queensland, Western Australia and the Northern Territory, and operate to prevent registered offenders from engaging in specified conduct.

- In the state of Victoria, the Working with Children Act 2005 takes a preventive approach to physical and sexual offending against children by regulating child-related employment. Its primary purpose is to assist in protecting children from sexual and physical harm by ensuring that people who work with or care for them have their suitability to do so checked by a government body.
- In Victoria the Sex Offenders Registration Act 2004 prohibits any registered offender from working with children or applying to do so. It requires sex offenders to report a range of information to the Police for specified periods. The information encompasses various personal details, their travel out of the state and the country, and many of their interactions with children. The Chief Commissioner is required to store this information in a register and to comply with various restrictions about its use and disclosure.

United Kingdom

- 25 In the UK, the courts can impose a Disqualification Orders to prevent an individuals from working with children due to a previous offence, which include the abuse of children.
- 26 Sexual Offences Prevention Orders (SOPOs), introduced by the Sexual Offences Act 2003, are civil preventive orders designed to protect the public from serious sexual harm. A court may make a SOPO when it deals with an offender who has received a conviction for an offence listed in Schedule 3 (sexual offences) or Schedule 5 (violent and other offences) to the Act and is assessed as posing a risk of serious sexual harm. SOPOs include such prohibitions as the court considers appropriate. For example, a sex offender who poses a risk of serious sexual harm to children could be prohibited from loitering near schools and playgrounds. The offender will also become, if they are not already, subject to the notification requirements for the duration of the order.
- 27 Risk of Sexual Harm Orders (RSHOs) were introduced by the Sexual Offences Act 2003. RSHOs are civil preventive orders. They are used to protect children from the risk of harm posed by individuals who do not necessarily have previous convictions for sexual or violent offences, but who have, on at least two occasions, engaged in sexually explicit conduct or communication with a child or children, and who pose a risk of further such harm. The RSHO can contain such prohibitions as the court considers necessary. For example, in the case of an adult found regularly communicating with young children in a sexual way in Internet chat rooms, an RSHO could be used to prohibit the person from using the Internet in order to stop them undertaking such harmful activity.

United States

- 28 In the US, the state of Vermont has a Child Protection Registry – a database of all substantiated reports of child abuse and neglect. Each Registry record includes the name of an individual found to have committed child abuse or neglect, the date and nature of the finding and, for individuals placed on the Registry on or after 1 July 2009, a designated child protection level. The Department of Children and Families searches the Registry whenever someone applies to become a foster parent, adoptive parent,

childcare provider or employee of a residential facility for children or youth. It also carries out searches when people authorised to receive Registry information request it. These include employers whose staff provide care, custody and treatment for, and transportation and supervision of children, youth and vulnerable adults.

- 29 A range of other measures has also been introduced in the US to manage sexual offenders, including:
- electronic registries of sex offenders
 - notifying communities and neighbours of the whereabouts of offenders ('Megan's Law')
 - statutes and ordinances that restrict where sex offenders can live and visit ('Jessica's Laws')
 - increased incarceration through lengthened sentences, the abandonment of parole, and the use of 'three strikes' laws³³¹.
- 30 In an analysis of their effectiveness, Finkelhor described such offender management policies as "discouraging for practitioners and social scientists favouring evidence-based prevention"³³². He pointed out that offender management strategies based in the criminal justice system had "a fundamental weakness": "so few new molestations occur at the hands of persons with a known record of sex offending" – as only around 10 per cent of new arrests for sex crimes against children involve individuals with prior sex offence records. As many child sex offenders commit numerous crimes before being detected, but have relatively low reoffending rates afterward, he recommended a greater emphasis on detection, and concentrating intensive management only on those at highest risk of reoffending³³³.
- 31 This view suggests that:
- to be worthwhile, intensive management measures aimed at limiting the risks posed by already-detected sexual offenders may be best focused on those at high risk of reoffending, rather than 'broad brush' measures based solely on prior convictions and past behaviour
 - the likelihood of getting caught may play an important role in desistance. General criminology research suggests that offenders are deterred "more by an increase in the risk of getting caught than by an increase in the severity of the likely punishment"³³⁴.

Situational crime prevention

- 32 More generally, there is a significant body of evidence that when measures are put in place to make committing crime more difficult, a reduction in crime may be achieved. The incidence of crime can be influenced by the availability of opportunities to commit it, and measures that intervene to reduce those opportunities can therefore be effective in preventing crime.
- 33 There is a great deal of evidence for this effect in a variety of contexts, involving both violence and property offending, in what is known as the 'situational crime prevention'

331 Finkelhor, D (2009).

332 Finkelhor, D (2009) p169.

333 Finkelhor, D (2009) p169.

334 Finkelhor, D (2009) p177.

literature. This evidence is grounded in the understanding that offending is not only driven by individuals' disposition to offend, but also by the ease with which they are able to act on the disposition³³⁵. Research demonstrates that situational crime prevention strategies work to control crime and suggests that further implementation of similar strategies can benefit society by increasing safety and reducing crime. Situational crime prevention increases an offender's perceived risk of detection and/or effort, or contextually denies or reduces the potential benefits or rewards³³⁶.

Recent New Zealand developments

- 34 The Government has recently introduced a suite of additional measures to strengthen the way the justice system responds to those who abuse and neglect children. These reflect many of the related international developments underway in a number of jurisdictions. These measures include:
- making offending against children an aggravating factor in sentencing – this applies to all offences
 - amending the Crimes Act 1961 to:
 - introduce a new offence for members of a household who have frequent contact with a child, and know the child is at risk from abuse, but fail to take reasonable steps to protect the child
 - broaden the scope of the duties for which parents and caregivers may be held criminally responsible for failing to perform. Thoughtlessness or ignorance is no longer a defence and penalties for the ill-treatment or neglect of a child have been doubled to a maximum of 10 years' imprisonment
 - introducing Public Protection Orders to allow offenders who have reached the end of finite prison sentences, or who are subject to the most intensive form of extended supervision order, to be detained where they pose a very high risk of imminent and serious sexual or violent reoffending. Legislation to introduce Public Protection Orders (the Public Safety (Public Protection Orders) Bill) was introduced in September 2012.
- 35 These changes place us on a comparable footing with Australia, Canada and the UK in terms of sentences and measures for the protection of the public from serious child abusers.

7.3 Addressing the Issues in New Zealand

- 36 Experience in New Zealand and overseas indicates a need to focus on the behaviour of individuals who pose a risk to children as part of any strategy to address the problem of child abuse and neglect.
- 37 Child protection systems enable a response when identifiable children are demonstrated to be at immediate risk and provide a resolution for the particular children concerned but do not effectively address future risks posed to the wider group of children in society by the individuals who have perpetrated the behaviour.

335 Lee, D (2010). Understanding and applying situational crime prevention strategies. *Criminal Justice Policy Review*, 21(3), 263–268.

336 Hayes, R, Downs, D M & Blackwood, R (2012). Anti-theft procedures and fixtures: A randomised controlled trial of two situational crime prevention measures. *Journal of Experimental Criminology*, 8(1), 1–15.

- 38 As has been discussed above, a number of comparable overseas jurisdictions have taken measures aimed at limiting the risks posed by individuals convicted of child abuse offences through imposing certain restrictions on their contact with children through court orders. Evidence available more generally supports the proposition that measures making the commission of offending more difficult may lead to a reduction in crime.
- 39 In the New Zealand context there is a case for considering measures that also extend to those who may not have been convicted but who still pose a high risk of offending in the future.
- 40 In an issues paper on possible reforms to alternative pre-trial and trial processes, the Law Commission proposed a possible reform for criminal cases related to sexual offences involving child complainants. Under the proposal, either the criminal court or the family court could make an assessment of risk, regardless of the outcome of the trial:
- “If it was determined on the balance of probabilities that the defendant had offended and either the victim in this case or other children were still at risk, the court would have the ability to make child protection orders in relation to the accused ... Such orders would not involve detention but might cover treatment and non-association with children”³³⁷.*
- 41 There were 73 submissions on the Commission’s suggestion: 22 from organisations and 51 from individuals. The proposed reform was almost universally supported, and that support came from the sexual violence and victim support sectors, the New Zealand Law Society, the Human Rights Commission, Victim Support and the Police Association. Many submitters were in favour of extending the proposed reform to cover physical as well as sexual abuse, as is proposed here.
- 42 Finally, to function as effectively as possible, child protection systems need to be supported by well developed systems of information-sharing so that alerts are triggered to enable responses as quickly as possible to situations where known abusers are placing children at risk. This is an area where New Zealand can make significant improvements to be in line with best international practice.

7.4 The White Paper’s Response

Child Abuse Prevention Orders

- 43 The Government will act to better protect vulnerable children through the introduction of new orders to protect children from those posing a risk of future harm. The new regime will be introduced for people who are convicted of, or are found on the balance of probabilities to have committed, a specified offence against children, and are assessed as posing a high risk to children. This regime will be civil rather than criminal in nature, and require those subject to an order, called a Child Abuse Prevention Order, to comply with conditions imposed by a court aimed at preventing further harm to children.
- 44 The primary focus of the Order will be future risk rather than past behaviour. Past offending is not always the best predictor that offending will recur. There may be a greater risk that the harm inflicted by lower-level abuse or neglect escalates into serious injury or death.

337 Law Commission (2012) p42.

- 45 For reform to be effective, future risks, rather than previous convictions, should be the primary focus.
- Firstly, reform restricted to offenders convicted of serious offences would be too limited, as serious offenders who receive substantial prison sentences are not necessarily those who pose the greatest risk in future. There may be a greater risk that harm inflicted by lower-level abuse or neglect will escalate into serious injury or death.
 - Secondly, as discussed above, evidence strong enough to prove a criminal charge beyond reasonable doubt is often unavailable. An order limited to convicted offenders will fail to include those who have probably neglected or committed acts of physical or sexual violence against children, and are currently free to live and work with those children and other children in future.
- 46 Under the new regime, a court will be able to impose an order where:
- (1) (a) the person has been convicted of an offence involving the physical or sexual abuse or neglect of a child or young person and received a non-custodial sentence, or

(b) the person has been acquitted on a charge involving physical or sexual abuse or neglect of a child or young person, but has been found by the court to be guilty of the offence on the balance of probabilities, or

(c) following an application for an order by the Commissioner of Police, the Chief Executive of the Department of Corrections or the Ministry of Social Development, the person has been proved on the balance of probabilities to have committed an offence involving the physical or sexual abuse or neglect of a child or young person on one or more occasions in the past

and
 - (2) the court is satisfied that the person poses a high risk of further offending against that child or young person or any other child or young person

and
 - (3) if the order is being imposed following conviction and the imposition of a non-custodial sentence, the court is satisfied that the nature or length of the penal sanctions imposed will not provide sufficient protection against that risk.
- 47 There may be other situations in which an Order could be considered. For example, when allegations are made in care and protection proceedings, there might be a case for allowing the Family Court, either on its own motion or on application from a party to the proceeding, to order that a hearing be held to determine whether an order be imposed.
- 48 Given that the Order will be available in the absence of a conviction or where criminal sentences have expired, the Order will be limited to situations where individuals pose a high risk of future offending against children and will be limited to conditions or restrictions that are directed towards and likely to reduce that risk.
- 49 The Child Abuse Prevention Order will be protective rather than punitive in its intent.

Conditions attached to an Order will restrict aspects of the person's activities, for example living arrangements and employment that affect their risk of offending against children and young people. They might require that:

- the person cannot live, work or associate with any children/any specific class of children, or can do so only under specified conditions
- a comprehensive assessment of risk be undertaken before any future child of the person is born, and that the care and protection needs of that child be automatically referred to the Family Court for a decision in the child's best interests
- the person advise a specified agency (for example, the New Zealand Police or Child, Youth and Family) of their current address and employment and any change of address and employment
- other specified persons (for example, family members, new partners and present or future employers) be notified of the existence of the Order
- the person be prohibited from loitering in areas frequented by children (for example, playgrounds, swimming pools and parks)
- the person be prohibited from changing their name or be required to advise of any change of name.

- 50 There might also be a condition available to the court to apply a presumption that any future children of the person be removed, if the court is satisfied that the risk posed by the person justifies such a presumption.
- 51 The duration of the Order will be no longer than is necessary to provide the required degree of protection to children, and will be determined in each individual case. The maximum period for a Child Abuse Prevention Order will be 10 years. Both the person subject to the Order and the relevant agency could apply for a review of the Order, on the grounds that there has been a change of circumstances justifying the cancellation of the Order or a variation of its conditions.
- 52 A nominated agency will be responsible for maintaining a register of the Order, taking any immediate steps to implement the Order, and for recording any ongoing details about which it is required to be notified under the terms of the Order.
- 53 A breach of the proposed Order will incur a maximum penalty of three years' imprisonment, in line with the proposed new maximum penalty for the breach of a protection order under the Domestic Violence Act 1995.
- 54 There is a risk that the proposal will be seen as encroaching on fundamental rights. For example, some may argue that it runs counter to the rule against double jeopardy, is contrary to the presumption of innocence and unjustifiably conflates criminal and civil processes. However, care will be taken to ensure that the proceedings are clearly civil; that the restrictions that can be imposed under the Order are directed solely at the risk to children and do not otherwise contain any element of punishment or coercion; and that there are adequate provisions, such as those relating to review and appeal, to ensure adherence to the principles of natural justice.
- 55 The effective implementation of the Child Abuse Prevention Order will also be reinforced by new measures to flag and track high-risk adults, set out further below.

Monitoring high-risk adults

- 56 The Government will extend and systematise existing arrangements for monitoring high-risk adults to include those subject to the proposed Child Abuse Prevention Order and other groups of high-risk adults, and to ensure that relevant information remains accessible over time.
- 57 A key focus of this work will be on adults who have been convicted of serious offences against children. The first priority is to ensure that information on these high-risk adults is shared with Child, Youth and Family to support decision-making about care and protection issues.
- 58 The use of data-matching will be extended to help identify if a very high-risk adult has moved into close contact with a child. This could result in an automatic notification to Child, Youth and Family. We will also be investigating opportunities to share data on high-risk adults with a wider set of professionals outside the care and protection system, where an automatic notification to Child, Youth and Family is not warranted. The information system outlined in Chapter Four will provide a means of alerting relevant professionals when a high-risk adult is in contact with a vulnerable child.
- 59 In October 2012 the Chief Executives of the Ministry of Education and MSD intend to sign a memorandum of understanding. A key aspect of this is a clear process for interagency information-sharing in relation to managing abuse allegations or concerns involving adults working in or associated with schools/kura, early childhood and other educational facilities.
- 60 Information-sharing about high-risk adults needs to be conducted in such a way that it minimises the risk of families reducing their contact with health and other agencies in an effort to avoid detection. We will implement clear processes to ensure that the tracking of high-risk adults can be reviewed and ended if no longer required.
- 61 Issues around professionals' access to information on high-risk adults, termination of tracking, notifying adults of tracking, and other privacy, human rights, legal and Bill of Rights issues will be considered in the further development of this initiative.

Related initiatives

- 62 In addition to the initiatives set out above, a range of work is underway to reduce the chances of those convicted of serious offences working with children. It includes:
- improving the vetting and screening process for the children's workforce –covered in Chapter Eight
 - work underway across other agencies, such as a project between the Ministry of Justice and the Teachers Council to data-match the Teachers Register against conviction data to identify offenders who have not been notified to the Teachers Council by normal means. The results of this project will inform work in relation to other registration authorities (for example, health practitioners)

Chapter Eight: The children's workforce

- 1 The people who work with children and their families make crucial judgements every day, using and sharing their professional and occupational expertise to do so. Given the vulnerability of some of the children and families with whom they work, it is necessary to ensure that people working with children are safe to do so, and have the right knowledge and skills to carry out their roles in partnership with others in the workforce. Capable, competent and well qualified staff with access to ongoing professional development and policy and organisational support can contribute to improved child outcomes in both preventive and child protection work. The role of the children's workforce is fundamental to the successful implementation of this White Paper's proposals.
- 2 This chapter explains how the Government will partner with the children's workforce to improve outcomes for vulnerable children by:
 - implementing an action plan for the children's workforce
 - developing the workforce through tiered standards and competencies, a greater emphasis on their role in safeguarding children, and the promotion of social worker registration
 - ensuring the safety of children through processes for vetting and screening within the workforce.

8.1 Key issues

Defining the children's workforce

- 3 The children's workforce is made up of people from a range of occupational and professional groups across the public, private and voluntary sectors. They have various employment arrangements and qualifications. The workforce includes health and education professionals, social workers, youth and community workers, untrained assistants and volunteers, of whom some have no relevant qualifications³³⁸.
- 4 A range of other professionals comes into contact with children and their families during the course of their work. For some, working with children is a core part of their work and for others it is incidental to their work.
- 5 This White Paper takes a wide interpretation of the 'children's workforce', defining it as:

Everyone, including volunteers, who plans, manages and delivers services to and for children, in organisations dealing with children and young people.

338 Department for Education and Skills (2005). *The Children's Workforce in England: A review of the evidence*. Department for Education and Skills, London.

- 6 These organisations include government agencies and NGOs working with children, including volunteer organisations. This is consistent with the approach taken in the UK, describing the workforce as comprising a 'core' workforce (dedicated to children) and a 'wider' workforce (involved with children some of the time or as part of their job or service)³³⁹.
- 7 Examples of members of the core workforce are:
- education sector – teachers, special education staff
 - justice sector – Police youth aid
 - health sector – paediatricians, child and adolescent psychologists
 - social services sector – Child, Youth and Family social workers, caregivers
 - other – volunteers in after-school activities.
- 8 Examples of members of the wider workforce are:
- health sector – GPs, adult mental health practitioners
 - social services sector – housing providers, Work and Income case managers
 - justice sector – probation officers.
- 9 The use of this approach is not intended to discount the existence of other key demarcations across the children's workforce. In the core and wider workforces there are particular sections that may warrant particular consideration where children's outcomes are concerned. Specifically, those who work with vulnerable adults (eg adult mental health and addiction services workers, probation officers) are likely to come into regular contact with vulnerable parents, and could therefore have significant impacts on the outcomes of vulnerable children.
- 10 A significant point of difference in the New Zealand context is the focus on biculturalism in the social services workforce, which is reflected in the development and use of indigenous models of practice³⁴⁰.
- 11 The cultural diversity of the workforce is part of its strength. It is important to have a workforce that can respond to the diversity of New Zealand society, and engage with Māori and Pasifika families in ways that are appropriate, foster mutual trust and respect, and respond to the particular circumstances of families and whānau. Within social work there has been a diversification of practice, drawing on the multiple frameworks and approaches that derive from Māori worldviews³⁴¹. It has been argued that this approach has served to strengthen mainstream practice, resulting in more effective approaches to providing family and whānau support³⁴².

339 Department for Education and Skills (2005).

340 Noble, C & Nash, M (2012). Social work in Australia and New Zealand. In: Healey, L M & Link, R J (Eds) *Handbook of International Social Work: Human rights, development, and the global profession* (pp377–382). Oxford University Press, Oxford.

341 Munford, R & Sanders, J (2011). Embracing the diversity of practice: Indigenous knowledge and mainstream social work practice. *Journal of Social Work Practice: Psychotherapeutic approaches in health, welfare and the community*, 25(01), 63–77.

342 Munford, R & Sanders, J (2011).

Issues in the children's workforce

- 12 The breadth and range of the children's workforce pose challenges in ensuring consistency in levels of skill, knowledge and expertise, and the quality management systems needed for the workforce to make a difference to children's outcomes.
- 13 The areas of variation across the children's workforce include:
 - the extent to which workers are able to focus on and respond appropriately to the needs of the children with whom they work, including to situations of child abuse and neglect
 - mechanisms for ensuring that workers are safe and suitable to work with children.
- 14 While some of this variation is appropriate, and reflects the varied nature of the workers' roles in relation to vulnerable children, there is a need for a level of consistency in standards and practice within these different roles to ensure child safety and good outcomes.

Workers' ability to respond to the needs of vulnerable children

- 15 A wide range of people comes into contact with children in their professional capacity. Health and education professionals, social workers and others who work with children have different roles in responding to the needs of vulnerable children, and also vary in their capacity to do so.
- 16 One issue is the extent to which workers have the training and skills to respond to situations of potential maltreatment. In some situations, such as where a child needs safeguarding from abuse, neglect or exploitation, a social worker with relevant expertise should always be involved. Other needs can appropriately be met through the other services in the social sector, such as health and education.
- 17 Workers are not, however, always adequately equipped with the relevant skills and knowledge. The Mel Smith report on the case of the abuse of a nine-year-old girl in 2011³⁴³ highlighted the need for all professionals who work with children and families to have a child-centred perspective, to be able to recognise child abuse and neglect, and to make appropriate referrals to Child, Youth and Family.
- 18 The extent to which a focus on the interests of the child is required across the children's workforce varies with the nature of the workers' roles with children. In New Zealand, specific legislation places the interests of the child as paramount. This includes the Children, Young Persons, and Their Families Act 1989 and the Care of Children Act 2004. This legislation applies to certain functions and groups but does not extend to the wider workforce working with children.
- 19 This issue suggests the need for measures to ensure that those in the wider children's workforce dedicate an appropriate level of consideration to the interests of children, and that everyone working with children has the skills and knowledge to respond to situations of child abuse and neglect.
- 20 Another concern is whether there is an appropriate match between the skills and

343 Smith, M (2011). *Report to Hon Paula Bennett, Minister for Social Development, 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*. Retrieved from <http://www.beehive.govt.nz>.

qualifications of social workers, whānau workers, youth workers and community workers, and the complexity of the cases with which they work. There are currently no consistently applicable mechanisms to ensure that those who work with complex cases always have the necessary level of expertise and experience to work safely and effectively with these children and families.

- 21 For example, a recent review of Family Start found that the programme was compromised by variability in provider performance, which included the qualifications and competence of some workers, exacerbated by variable supervision and training. It found that the delivery of Family Start could have been improved by more training and subsequent opportunities to develop practice³⁴⁴.
- 22 There are variations in the social work workforce in particular. A smaller proportion of social workers have qualifications than other professions such as teachers and nurses. Around 13,000 people identified as social workers in the 2006 census³⁴⁵. However, only around 6,000 social workers are estimated to potentially meet the criteria for social worker registration, and only 2,800 are actually registered³⁴⁶.
- 23 The diversity of skill, expertise and qualification levels across the children's workforce, and within particular segments of the workforce, indicates a need for measures to ensure that those working with children have a level of competence that corresponds to the complexity of the cases with which they work.

Inconsistent approaches to screening

- 24 The potential for abuse of children by those working with them is another concern. It is important that people in the core and wider workforce for children, including volunteers, do not pose unacceptable risks to children. Some organisations and professional bodies do have checks in place to ensure that unsuitable individuals do not work with children. Child, Youth and Family requires all employees whose roles involve the care and protection of children and/or who work with or have exposure to families, children and young persons and/or their records to undergo background checks, including full Police checks. Child, Youth and Family also applies these to certain unpaid workers.
- 25 Background checks are not, however, currently mandatory across the children's workforce, and regulatory body requirements may not apply to some workers (for example, some volunteers).
- 26 Inconsistent approaches can mean that child abuse occurs more easily in some settings than in others. As some organisations become more stringent with excluding from the workforce those who may pose a risk, perpetrators may be displaced to those other settings³⁴⁷. This indicates a need for consistent processes to screening those entering the children's workforce to help ensure children's safety.

344 Cribb, J (2009). *Review of Family Start and Early Start*.

345 Social Workers Registration Board (2011). *Mandatory Social Worker Registration: A discussion paper*. Social Workers Registration Board, Wellington. Retrieved from <http://www.swrb.govt.nz>.

346 Noble, C & Nash, M (2012).

347 Beyer, L, Higgins, D & Bromfield, L (2005). *Understanding Organisational Risk Factors for Child Maltreatment: A review of the literature*. Australian Institute of Family Studies. National Child Protection Clearinghouse, Melbourne. Retrieved from <http://www.aifs.gov.au/nch/pubs/reports/organisations/organisations.pdf>.

8.2 National and International Evidence

- 27 Research indicates a number of elements that are conducive to developing a competent workforce for children. There are specific areas where practices can be improved for the benefit of children, without necessarily sacrificing the diversity of the workforce and its ability to provide cultural specificity and appropriateness.
- 28 International research and practice in relation to the children's workforce have generally drawn a distinction between the wider children's workforce and the core workforce composed of those whose work is focused on children.

Developing knowledge, skills and competencies

- 29 Developing consistent levels of knowledge and skill across sections of the children's workforce can help to ensure that those working with children are able to respond to children's needs and those of their families and whānau according to the requirements of their professional roles, including responding appropriately to situations of potential abuse and neglect.
- 30 Quality qualifications, ongoing learning and professional development and access to supervision from skilled supervisors are a key part of this³⁴⁸. These are also important for managing staff retention, which is especially important in the children's workforce³⁴⁹. One response that has been used in the UK is putting in place a tiered approach to skills and competencies, which ranges from those skills that everyone in the workforce should be expected to have, to the specialist skills and knowledge needed by professionals working with vulnerable groups of children³⁵⁰.

Skills and competencies of the child protection workforce

- 31 The literature indicates that specialist child protection workers' training needs to include:
- expertise in assessment/investigation, critical analysis and decision-making
 - a good knowledge and understanding of child development and cross-cultural child-rearing practices
 - understanding how to co-operate and collaborate with other agencies
 - interdisciplinary working
 - expertise in engaging with children
 - high-level skills in ensuring that families are included when working with children who are at risk³⁵¹.

348 Department for Education and Skills (2005).

349 Zlontik, J, Strand, V & Anderson, G (2009). Achieving positive outcomes for children and families: Recruiting and retaining a competent child welfare workforce. *Child Welfare*, 88(5), 7–21.

350 Department for Children, Schools and Families (2008). *2020 Children and Young People's Workforce Strategy*. Department for Children, Schools and Families, Nottingham.

351 Penter, C, Cant, R & Clare, B (2005). *Child Protection Training: Project report for the Ministerial Advisory Council on Child Protection*. Matrix Consulting Group, Perth; Folaron, G & Hostetter, C (2007). Is social work the best educational degree for child welfare practitioners? *Journal of Public Child Welfare*, 1(1), 65–83; Scottish Executive (2006). *Changing Lives: Report of the 21st century social work review*. Scottish Executive, Edinburgh; Brandon, M, Sidebotham, P, Ellis, C, Bailey, S & Belderson, P (2011). *Child and Family Practitioners' Understanding of Child Development: Lessons learnt from a small sample of serious case reviews*. Department for Education, London.

- 32 A child-centred approach is increasingly promoted as best practice in child protection work³⁵². This approach is based on the relationships that practitioners develop with children and families that engage them in a process of change. Purposeful engagement takes skill, empathy and emotional intelligence to manage often conflicting agendas³⁵³.
- 33 While the interests of parents and children often overlap, this is not always the case, and a child-centred approach has a clear emphasis on the primacy of the child's interests:
- “Although a focus of work is often on helping parents with their problems, it is important to keep assessing whether this is leading to sufficient improvement in the capacity of the parents to respond to each of their children's needs. This, at times, requires difficult judgments about whether the parents can change quickly enough to meet the child's developmental needs”³⁵⁴.*
- 34 A child-centred approach involves recognising children and young people as people with rights, including the right to participate in decision-making where appropriate. This approach is reinforced through New Zealand's ratification of the United Nations Convention on the Rights of the Child, which requires the Government to develop and undertake all actions and policies in light of the best interests of the child.
- 35 The child-centred approach has some differences from a more whānau-centred approach where whānaungatanga (focusing on the collective rather than the individual) is central. In particular, the child is the point of entry to the family as whole, and the focus is only on those factors that impact on the wellbeing of the child, rather than outcomes for the family or whānau as a whole.

Social worker registration

- 36 One way to advance the capabilities of those who work with vulnerable children is through registration of social workers. Registration is designed to improve the consistency and quality of social work practice by ensuring that practitioners are adequately educated, supervised and competent, and accountable for their actions.
- 37 Voluntary registration for social workers was introduced in New Zealand in 2003 through the Social Workers Registration Act 2003, administered by the Social Workers Registration Board. The assessment for registration includes recognition of qualifications and specific competence and practice requirements. New Zealand's Social Worker Registration Board is also empowered, in certain cases, to register unqualified social workers where their experience compensates for the lack of qualifications. Registered social workers must also adhere to a code of practice and undertake professional development. A disciplinary process is also provided for.
- 38 One option that has been pursued in many international jurisdictions is mandatory social worker registration. In England, mandatory registration is required to use the title 'social worker', while in Scotland, social workers need registration within six months of their

352 Munro, E (2011). *How Organisations can Learn to Reduce Risk to Children*. Retrieved from <http://www.facs.nsw.gov.au>.

353 Miller, R (2010). *Best Interests Case Practice Model: Summary guide*. Victoria Department of Human Service, Melbourne; Scottish Executive (2006).

354 Munro, E (2011) p2.

employment³⁵⁵. Registration is mandatory for a number of other occupations in New Zealand, including midwives, physiotherapists, psychologists and nurses. Responses to a recent discussion document on social worker registration in New Zealand expressed strong support for mandatory social worker registration³⁵⁶.

- 39 Little is known, however, about the effectiveness of mandatory registration of social workers in improving practice quality³⁵⁷. Concerns regarding the possible negative consequences of mandatory registration include the financial costs involved, the reduction in the social work workforce, and the possibility that people will change job titles to avoid registration³⁵⁸.

Wider children's workforce

- 40 The skills and competencies required by workers who are not in specialist child protection roles include:
- a basic knowledge and understanding of child development and cross-cultural child-rearing practices
 - identifying child abuse indicators and knowing how to report them
 - knowing their roles and obligations
 - understanding how to co-operate and collaborate with other agencies.
- 41 Workers across the children's workforce also require skills in establishing effective interagency working relationships, which depend on:
- clarifying roles and responsibilities
 - valuing diversity
 - securing commitment at all levels
 - engendering trust and mutual respect
 - fostering understanding between agencies (through joint training and recognition of individual expertise)³⁵⁹.
- 42 The need for the children's workforce to be able to work effectively with Māori is captured in the notion of dual competency, encompassing both cultural and clinical skills and knowledge³⁶⁰. Cultural competence refers to the ability of workers to navigate the interface between their own cultures and those of their clients, while a foundation of clinical expertise is fundamental to ensuring that Māori receive a quality service response

355 <http://www.hpc-uk.org/aboutregistration/protectedtitles>; <http://www.sssc.uk.com/sssc/compulsory-registration/compulsory-registration.html>.

356 Social Workers Registration Board (2011). *Mandatory social worker registration: Report from the discussion paper*. Social Workers Registration Board, Wellington. Retrieved from <http://www.swrb.govt.nz>.

357 Social Workers Registration Board (2011). *Mandatory social worker registration: A discussion paper*.

358 Social Workers Registration Board (2011). *Mandatory social worker registration: Report from the discussion paper*. Social Workers Registration Board, Wellington. Retrieved from <http://www.swrb.govt.nz>.

359 Atkinson, M, Jones, M & Lamont, E (2007). *Multi-Agency Working and its Implications for Practice: A review of the literature.*: National Foundation for Educational Research, Slough.

360 Ihimaera, L V, Maxwell-Crawford, K M & Tassell, N A (2004). *He Waka Ārahi Training-Workplace Nexus Framework: the interface between Māori mental health training and education workforce development*. Te Rau Matatini, Palmerston North.

that is consistent with best practice, as is expected for all New Zealanders³⁶¹. Being responsive to Māori clients may also require workers to be knowledgeable of, and able to incorporate, practice frameworks that are informed by Māori worldviews; within social and community work there is a recognition that this approach has applicability for practising with non-Māori also³⁶².

- 43 The children's workforce also needs to work competently with other groups in New Zealand, including Pasifika. Within the education workforce, for example, there is a recognised need for teachers to be able to have a level of understanding of Pasifika cultures, languages and identities, in order to better support Pasifika³⁶³. Competencies that have been identified as important for Child, Youth and Family for its social workers when working with Pasifika families includes understanding the diversity of Pasifika ethnicities and identities, knowledge of some of the specific issues that may be relevant for Pasifika, and engaging with extended family and aiga³⁶⁴. The ethnic composition of the social work workforce is likely to become increasingly diverse as New Zealand's ethnic makeup changes, and the training of social workers will need to reflect and address this increased diversity in the workforce.
- 44 As discussed above, the level of expected skills and competencies in relation to these matters may vary according to the nature and intensity of people's involvement with children.
- 45 Focusing on the interests of the child is also a consideration in the wider workforce. In Australia, attention is being directed to developing 'child and family sensitive practice' in adult specialist sectors. As part of the National Framework for Protecting Australia's Children, the Nurturing Children: Building Capacity, Building Bridges initiative is supported strategically by a national steering committee and partners with 12 Communities for Children programmes across Australia. The aim is twofold: increasing the knowledge and skills of staff in child- and family-sensitive practice ('building capacity'); and enhancing collaboration between services in the child and family sector and those in adult service sectors ('building bridges').
- 46 One way of instilling a focus on the interests of the child in the wider children's workforce is to use legislation to either impose obligations or set expectations. Examples are:
- in England, the Children Act 2004 places obligations on a group of public sector agencies beyond the core child protection workforce by requiring them to make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children. The obligation extends to ensuring that services provided by another person pursuant to those functions are also provided having regard to that need

361 Ihimaere, L V et al (2004).

362 Munford, R & Sanders, J (2011).

363 Ministry of Education (2009). *Pasifika Education Plan 2009 – 2012*. Retrieved from <http://www.minedu.govt.nz>.

364 Child, Youth and Family (2010). *O Au O Matua Fanau: Child, Youth and Family Action Plan 2010 and Beyond*. Retrieved from <http://www.cyf.govt.nz>.

- in Victoria, Australia, the Child Safety and Wellbeing Act 2005 contains several principles applicable to the provision of services to children and families, including that the development and provision of services to children and families should give the highest priority to the promotion of a child's safety, health, development, education and wellbeing.

Ensuring safety of the workforce

- 47 There is limited evidence available about the extent of child maltreatment by people working with children. It is, nevertheless, an issue that has raised concern in many jurisdictions.
- 48 Internationally, some jurisdictions employ mandatory 'working with children' checks to ensure that those working with children are safe and suitable. There is a range of approaches to assessing safety, including, most commonly, Police record checks; another approach is the use of risk-assessment tools that could be based on actuarial criteria³⁶⁵.
- 49 A number of other jurisdictions use safety checks for those working with children. For example:
- in Australia, checks can be mandated by legislation, and can consider criminal activity relating to children and, in some jurisdictions, relevant employment proceedings and spent convictions.³⁶⁶
 - Victoria's Working with Children Check (WWCC) requires people who wish to work with children, including volunteers, to complete criminal history checks. The initiative has been reviewed and was found to be well implemented, with a comprehensive quality assurance framework and processes that enabled adequate monitoring, management and reporting of operational costs and processes³⁶⁷
 - Western Australia also has a compulsory check for those wishing to work with children, including the issue of a Working with Children Card upon favourable completion of the check
 - the UK introduced a Vetting and Barring Scheme in 2006 which, following a recent review, was scaled back to "common sense levels"³⁶⁸. The requirement for individuals to register with the Scheme was removed, and it was replaced with a Disclosure and Barring Service, which sets out particular 'regulated activities' that a 'barred' person must not do, largely focused on close and unsupervised contact with vulnerable groups, including children³⁶⁹.

365 Beyer, L, Higgins, D & Bromfield, L (2005). *Understanding Organisational Risk Factors for Child Maltreatment: A review of the literature*. Australian Institute of Family Studies. National Child Protection Clearinghouse, Melbourne. Retrieved from <http://www.aifs.gov.au/nch/pubs/reports/organisations/organisations.pdf>.

366 For a list of current legal requirements in each Australian state, see *Working with Children Checks*: <http://www.careforkids.com.au>. Accessed 31 August 2012.

367 Victorian Auditor-General (2008). *Working with Children Check*. Victorian Auditor-General's Office, Melbourne. Retrieved from <http://download.audit.vic.gov.au>.

368 The 2006 Safeguarding Vulnerable Groups Act established a national body, the Independent Safeguarding Authority, to decide whether individuals should be barred from working and volunteering with children and vulnerable adults, and a compulsory registration and monitoring system called the Vetting and Barring Scheme, which required anyone undertaking particular "regulated activities" to become registered and have their criminal records checked.

369 HM Government (2012). *Changes to Disclosure and Barring: What you need to know* (p5). Retrieved from <http://www.homeoffice.gov.uk>.

- 50 An important consideration in implementing safety checks is the need to ensure that they are applied to a sufficient breadth of the workforce to be effective, but without being so extensive or intrusive that they discourage people's willingness to be part of the workforce. Exempting some parts of the workforce from safety checks can mean that some people who could pose a risk to children are excluded from screening. In Western Australia, for example, there are a number of exemptions, including for those under 18 and parent volunteers³⁷⁰. It is likely that excluding these groups from screening will mean that some work situations in which children are at risk are not captured by a vetting regime.
- 51 On the other hand, extending safety checks to the full breadth of the children's workforce leads to the possibility that some will be discouraged from volunteering with children³⁷¹. This was considered in the 2009 review of the UK Vetting and Barring Scheme, which assessed whether the threshold of frequency of contact with children that triggered the obligation to register with the Independent Safeguarding Authority was appropriate. A number of changes were made to refine this threshold.
- 52 It is important to note that some international reviews have identified limitations to the use of criminal checks. There is a risk that the sense of security provided by enforcing safety checks will reduce levels of vigilance and thereby promote environments where it is easier for child abuse to occur³⁷². In particular, checks based on criminal records are limited, given that many who may pose a risk to children do not have criminal convictions³⁷³. Risk-assessment tools that consider future risks rather than simply past convictions are also problematic in this regard, given the lack of a consistent 'profile' for those who are likely to perpetrate maltreatment against children in an organisation³⁷⁴. Some argue that a more protective environment is fostered if there is an acceptance that it is impossible to exclude from the workforce all individuals who may pose a risk to children³⁷⁵. This suggests the need to guard against the presumption that imposing safety checks necessarily results in a safe workforce.
- 53 There are other measures that can address the safety of the workforce beyond vetting regimes. A number of organisational risk factors that may make it easier for organisational abuse to occur include staff working alone with children, hierarchical structures, lack of staff accountability, inadequate resources to retain quality staff, lack of professionalism or accreditation, and poor disclosure and investigation policies³⁷⁶.
- 54 These can be addressed by strengthening the capacity of organisations to deal with the potential for child abuse. For example, the Children Matter East forum in the UK endorses an organisational commitment to safeguarding children. This involves procedures for preventing and responding to possible maltreatment, training in recognising abuse, and ensuring that staff understand professional boundaries and protocols for reporting

370 Budiselik, W, Crawford, F & Squelch, J (2009). The limits of working with children cards in protecting children. *Australian Social Work*, 62(3), 339–352.

371 Singelton, R (2009). *Drawing the Line: A report on the Government's vetting and barring scheme*. Independent Safeguarding Authority, London.

372 Budiselik et al (2009).

373 Beyer et al (2006).

374 Beyer et al (2006).

375 Budiselik et al (2009).

376 Beyer et al (2005).

abuse³⁷⁷. Similar guidance exists in Australia on organisational requirements to ensure that employees meet their duty of care and comply with ethical standards³⁷⁸.

- 55 Overall, there are difficulties involved in measuring the effectiveness of safety check systems, which would also require some knowledge of the base rate of organisational child abuse^{379,380}. The benefits and costs have not been thoroughly researched³⁸¹.
- 56 Given these considerations, research suggests that a balanced approach to screening employees can be effective as a component of a wider strategy to reduce the chances of organisational abuse, incorporating approaches that consider potential victims and offenders, specific places and circumstances, and whole communities³⁸². It needs to be part of a context in which employees are trained and monitored appropriately and where workers are aware of the possibility of organisational abuse and empowered to report their concerns³⁸³.
- 57 An example of a comprehensive approach to reducing the likelihood of organisational abuse is provided by the *Child Protection Guide* released by New Zealand's Child Matters, which sets out a framework for organisations to ensure that their policies and procedures around people, practices and training help to secure children's safety³⁸⁴.

8.3 Addressing the issues in New Zealand

- 58 A comprehensive programme of workforce reform would help to address the issues that have been outlined, with a tiered approach to take into account the different sectors of the workforce.
- 59 The new ways of working set out in this paper will require the participation of appropriately qualified, skilled and competent people. The Government wants to increase the level of certainty and confidence that those who work with children, both professional and voluntary, have the skills and knowledge to identify signs of possible harm and neglect, refer on, assess, respond and monitor as appropriate.
- 60 Measures that could be taken to address skill and competency levels in the core and wider children's workforce include:
- establishing a tiered set of minimum standards and core competencies for identifying, assessing, responding to and monitoring vulnerable children
 - ensuring that individuals and organisations working with children safeguard and promote the welfare of children.
- 61 Additional actions could be taken regarding parts of the core children's workforce. In relation to the social work workforce, this includes the promotion of social worker registration.

377 See <http://www.childrenmatterseast.org.uk>.

378 For example, see <http://legacy.communitydoor.org.au>.

379 Victorian Auditor-General (2008).

380 Budiselik et al (2009).

381 Finkelhor, D (2009). The prevention of childhood sexual abuse. *Future of Children*, 19(2), 169–194.

382 Beyer et al (2005).

383 Beyer et al (2005).

384 See <http://www.childmatters.org.nz>.

62 Measures that could be taken to ensure the safety of the workforce include developing a balanced vetting and screening system for people in the wider children's workforce.

8.4 The White Paper's Response

63 The Government will implement a *Children's Workforce Action Plan* covering the entire children's workforce, both 'core' and 'wider'.

64 The *Children's Workforce Action Plan* will:

- set out the Government's actions to develop a qualified and competent workforce, specifically:
 - minimum standards and competencies
 - requiring workers to safeguard and promote the interests of children
 - promoting social worker registration
- set out vetting and screening measures to ensure the safety of the children's workforce
- detail how these actions will be implemented and the timeframes for implementation
- describe how the new ways of interagency working outlined in this White Paper will be embedded
- outline how the Government will work with the sector to ensure that the workforce receives the support and development it needs to implement the changes the Government aims to achieve. This includes building capability in the Māori workforce (including the Whānau Ora workforce) and that of other ethnic groups, such as Pasifika
- encourage greater collaboration in the children's workforce and foster a sense of common purpose.

65 In addition to the distinction between the 'core' and 'wider' workforce outlined above, the *Children's Workforce Action Plan* will consider in more detail the characteristics of the children's workforce and delineate specifically the actions that will apply to different parts of the workforce. This will include taking into account different professional requirements, and adopting different approaches to workforce development for different groups and sectors.

66 This tiered approach will reflect the various roles and responsibilities of people working with children. Some actions will span the entire workforce, while others will apply only to specific groups.

67 The key actions of the *Children's Workforce Action Plan* are described below. While a 'one size fits all' approach to the workforce is not desirable, there is considerable overlap between many of the actions described below, and the *Children's Workforce Action Plan* provides a co-ordinated approach to achieving these.

Developing the children's workforce

Introducing tiered standards and competencies

- 68 The Government will introduce standards and competencies for the children's workforce, including minimum training standards for particular groups working with children. These will be tiered to match the levels of involvement with children. The minimum standards and core competences will be set out in national guidelines, effected through employment and contracting arrangements.
- 69 Broadly, these standards and competencies could relate to knowledge about identifying and responding to child maltreatment, considering the interests of children, and working with other agencies. Specific skills and competencies would be identified separately for different parts of the workforce.
- 70 The *Children's Workforce Action Plan* will provide for the implementation of the tiered approach. This would include considering the various bodies and organisations involved in the training and education of those in the children's workforce, and their roles in ensuring that workers are competent and suitable upon entry to the workforce.

Principle of safeguarding children's interests

- 71 To reinforce the focus on children's interests provided by minimum standards and competencies, the Government will require frontline government staff and those social sector organisations funded by government to safeguard and promote the welfare of children. This principle will be set out in legislation, and a set of guidelines will be issued to all relevant parties. For some individuals and agencies, this will require a change in culture and approach. Key to this will be providing for the professional development and supervision needed for child protection workers.
- 72 This proposal is complemented by the requirement outlined in Chapter Four that agencies working with children have child protection policies, supported by a code of practice on identifying and reporting child abuse and neglect.
- 73 Specific training will be required across the workforce to support both the introduction of standards and competencies, and the requirement to promote and safeguard the welfare of children.

Promoting social worker registration

- 74 As noted in Chapter 6, Child, Youth and Family is working towards having all its frontline social workers registered by 2015 and has a registration action plan in place to achieve this. District Health Boards are also moving towards this requirement for both new and existing social workers in their employment. However, social workers working in the NGO sector are less likely to be registered.
- 75 The *Children's Workforce Action Plan* will contain actions to promote and support social worker registration for these social workers, eg through funding contracts. Mandatory social worker registration is not being introduced at this point, however, as NGOs are currently facing considerable financial pressures and this measure would place an additional financial burden on NGOs and possibly restrict the workforce.

- 76 Increasing social worker registration on its own will not raise social work quality. The *Children's Workforce Action Plan* will also set out actions relating to the monitoring of ongoing social work practice, the supervision and administrative support needed, and the role of tertiary institutions, the Social Workers Registration Board and employers in developing quality education programmes.

Vetting and screening

- 77 A new Vulnerable Children's Bill will include a requirement for mandatory safety checks in the children's workforce. This requirement will be reflected in employment and contracting relationships and professional registration processes.
- 78 The implementation of safety checks will be staged: first to cover the core workforce (those working with children all the time) and subsequently specific members of the wider workforce (those working with children some of the time). This would include certain volunteers who have control of, or work alone with, children, but would exclude volunteers working with groups of children such as sports teams.
- 79 The changes will be designed to balance the need to protect children from the threats posed by a small number of high-risk individuals with the need to ensure that safe, well intentioned individuals are provided with the opportunity to help those in need, and will not needlessly inhibit the efforts of volunteers. Measures will be put in place to ensure that the costs of safety checks do not discourage volunteers or agencies working with children from ensuring that their volunteers and paid employees undergo these checks.
- 80 The *Children's Workforce Action Plan* will also include actions to support mandatory safety checks by promoting a move towards best practice in relation to recruitment, supervision and professional development.

Chapter Nine: Governance, accountability and legislation

- 1 One of the central principles of this White Paper is shared responsibility for vulnerable children. For the multiple and complex needs of vulnerable children to be addressed, government agencies and NGOs need to work in an integrated way. Many of the systems and processes set out in this White Paper require collaboration to be routine across the entire children's workforce. For this to be effective, they need support from all levels of government, from local managers to government ministers.
- 2 This chapter describes the governance and accountability arrangements necessary to support the changes outlined in this White Paper, including the new service response for children at risk of maltreatment and the new, multi-agency Strategy for Children and Young People in Care. To support the local Children's Teams described in Chapter Five, the Government will establish:
 - a Vulnerable Children's Board and Ministerial Oversight Group
 - Regional Children's Directors and a National Director for Vulnerable Children.
- 3 A number of proposals in the White Paper will also require legislative change, including the new responsibilities of agencies and professionals, governance and accountability arrangements for Regional Children's Directors and local Children's Teams, and the new civil regime for Child Abuse Prevention Orders.

9.1 Key Issues

Governance and accountability

- 4 Recent commentary on New Zealand's public management system has expressed concern with the impacts of a system heavily focused on institutional autonomy and top-down, straight-line accountability measures, which have come at the expense of achieving results on the complex and long-term issues that New Zealand faces³⁸⁵.
- 5 It is argued that the current state sector environment has contributed to a lack of integration and meant that government agencies working with vulnerable children are currently responsible only to their own Ministers for activities within their portfolios. However, this fails to address achieving results for vulnerable children whose issues cut across agency boundaries.
- 6 One of the central principles of the state sector reforms was to reduce and, where possible, eliminate multiple lines of accountability. Boston et al noted the commonly accepted belief that:

385 New Zealand Government: Better Public Services Advisory Group (2010). *Better Public Services Advisory Group Report*. Retrieved from http://www.ssc.govt.nz/sites/all/files/bps-report-nov2011_0.pdf; Ryan, B & Gill, D (Eds) (2011).

"... agents should never be accountable to more than one principal. Dual accountability, it is argued, places agents in the invidious position of having to balance the often conflicting demands and expectations of their existing principals. It can also exacerbate the problems facing principals with regard to contract specification, monitoring, and enforcement. In short, dual accountability is seen as inimical to clear lines of accountability and efficient management"³⁸⁶.

- 7 At the same time, however, they argued that there are limits to how much dual accountability can – and should – be universally eradicated in the public sector.

"... certain public functions are best undertaken in partnership with relevant stakeholders ... Straight-line accountability relationships clearly have their merits, but to impose them universally throughout the public sector might undermine important constitutional principles and social objectives. The crucial question, then, is not how to eliminate dual accountability but how public organisations can be structured and managed so as to secure the benefits of multiple accountabilities while avoiding, or at least minimising, their drawbacks"³⁸⁷.

- 8 Similarly, the New Zealand model of public management has shown a preference for 'single purpose' organisations, on the belief that they are more focused and efficient. This emphasis risks 'departmentalism' or 'silo-based' attitudes, which can come at the expense of resolving collective problems.

- 9 For public management to be effective, there needs to be co-ordination between formally autonomous but functionally interdependent organisations. Inter-organisational networks and 'horizontal' leadership are required to ensure co-operation³⁸⁸.

- 10 The Better Public Services Advisory Group argued that:

"One of the defining characteristics of the New Zealand public management system is how it concentrates decision-rights and accountabilities with the chief executives of agencies (or Boards of Crown entities). These arrangements support a strong ability to deliver against the 'vertical' commitments within a single agency but have constrained 'horizontal' leadership – within sectors, across functional areas and for the system as a whole"³⁸⁹.

- 11 The Advisory Group argued there is a need for a new approach to such issues, where sectors mobilise around specified results, deliberately tackling complex issues or matters that might fall between the responsibilities of individual agencies³⁹⁰. Service requirements that allow only parallel working and ad hoc communication need to be replaced by those that require active collaboration as 'business as usual'.

Sustained national and regional leadership

- 12 Concerns about the impacts of the public management system on services for children are not new. As early as the mid-1990s there was a widespread perception among

386 Boston, J, Martin, J, Pallot, J & Walsh, P (1996). *Public Management: The New Zealand model* (p12). Oxford University Press, Auckland.

387 Boston, J, Martin, J, Pallot, J & Walsh, P (1996) p12.

388 Boston, J, Martin, J, Pallot, J & Walsh, P (1996) pp12–13.

389 Better Public Services Advisory Group (2010) p21.

390 Better Public Services Advisory Group (2010).

those involved in the delivery of social services that there had been a breakdown in the habits and practices of interagency collaboration since the mid-1980s. A number of commentators referred to what they saw as the 'silo mentality' created by the state sector environment in which:

*"... state agencies became inwardly focused on their 'core business'. Issues perceived to be at the periphery, or on the boundaries with other sectors, may not have been as easy to specify in an output description, and tended to be left out of the new more tightly focused accountability arrangements. Some also commented that there was no-one at the centre considering whether the aggregate outputs across the various social sectors made sense overall"*³⁹¹.

- 13 In response, the Strengthening Families initiative was developed, which included new processes for multi-agency case management.
- 14 The historical experience of the initiative is instructive in the extent to which its success was constrained by a lack of endorsement from senior levels of government agencies. Strengthening Families initially received strong support by chief executives and the Government, which was critical to bedding in the new approach and overcoming any resistance to the strategy³⁹². By 2005 this had waned considerably. A review of Strengthening Families found that key government agencies had reduced their involvement in the initiative at the national level, and that the engagement of key agencies at the local level was highly variable. Local managers and frontline staff noted that the Strengthening Families process had not been formally recognised or valued as core work by their agencies³⁹³.
- 15 The very problem that Strengthening Families was initially designed to address – the impact of 'vertical' governance and accountability arrangements on agency behaviour, which encourages a view that working together is not 'core business' – ended up being the feature that hampered its performance.
- 16 Other interagency mechanisms have encountered similar long-term issues. According to a recent review of the Family Violence Interagency Response System, participants identified their capacity to participate in the process as the major barrier to its effectiveness:

*"When agency representatives have not been able to prioritise the FVIARS [Family Violence Interagency Response System] meetings, this has resulted in non-attendance at meetings and a reduced ability to follow up on actions (either by themselves or by other members of their agency). This limits the effectiveness of interagency collaboration and creates tensions between some of the agencies"*³⁹⁴.

- 17 Both reviews demonstrated how local interagency collaboration needs to be supported by shared governance and accountability at local, regional and national levels, to ensure

391 Petrie, M (1999). *From Welfare to Wellbeing and Strengthening Families: An historical record 1993-1999* (p14). Commissioned by the Department of Social Welfare.

392 Petrie, M (1999).

393 Ministry of Social Development (2005). *Review of Strengthening Families Local Collaboration*.

394 Centre for Social Research and Evaluation (2010). *Evaluation of the Family Violence Interagency Response System Summary Report (FVIARS)*. Ministry of Social Development, Wellington.

that this way of working continues to receive 'business as usual' support within agencies.

- 18 This White Paper provides the opportunity to put in place governance and accountability arrangements to ensure a sustainable cross-government approach to improving outcomes for our most vulnerable children. For the significant and wide-reaching changes set out here to work properly, frontline staff will need the support of appropriate accountability arrangements at national, regional and local levels.

Legislation

- 19 *The current statute that prescribes the process for making and responding to reports of abuse and neglect and for responding to those cases that justify further intervention by Child, Youth and Family is the Children, Young Persons, and Their Families Act 1989 (principally Part 2 of that Act)*³⁹⁵. When the Act was introduced it was seen to be world-leading child welfare legislation, and it continues to be well regarded both domestically and internationally. The Act contains three sets of principles relevant to decision-making under the Act: general principles, principles relating to the care and protection of children and young persons, including section 6, which makes it clear that "the welfare and interests of the child or young person shall be the first and paramount consideration", and principles relating to youth justice.
- 20 Consideration has been given to whether the changes above would be given best effect through amendments to the Children, Young Persons, and Their Families Act 1989 or whether a new and additional piece of legislation would best highlight the focus of this White Paper.
- 21 As is set out in the Legislation Advisory Committee guidelines, policy-makers and drafters of legislation have a responsibility to make legislation understandable and accessible. This includes making sure that legislation is compatible with the general body of statute and case law and that it will be clear and understandable to users, which is essential to ensure that legislation achieves its purposes. Achieving these aims will depend greatly on the drafting of the particular provisions of the legislation, but it will be important that the overall scheme allows agencies and individuals who use the legislation to be aware of where relevant provisions are located.
- 22 Clarity of the legislation is particularly critical for those working with high-risk situations and facing difficult decisions about abuse and neglect. Legal constructs, including statutes and legislative principles, are one factor that significantly shapes the context within which social work operates. Social workers need to be familiar with the law, particularly as legal interpretations and procedural standards have an increasing role in shaping decision-making and practice³⁹⁶.
- 23 As practitioners deal with complex and uncertain social and individual problems, it is important that legislation is as clear as possible about what is appropriate, and does not create an undue burden on individual discretion and professional decision-making. At the same time, legislation is a mechanism for setting out clear expectations and ensuring that practice is consistent with government and public expectations. This White Paper signals

395 Sheehan, R (2009). Social work and the law. In: Connolly, M & Harms, L *Social Work: Contexts and practice* (p338). Oxford University Press, Melbourne.

396 Sheehan, R (2009). In: Connolly, M & Harms, L p334.

the Government's desire for all those working with children to shift towards child-centred practice, and ensure that children's wellbeing is at the heart of all decision-making.

9.2 National and International Evidence

Networked governance

- 24 Provan and Kenis categorised possible networked governance arrangements into those that are 'participant-governed', 'lead-organisation-governed', and 'externally governed', and described where they thought each would be most effective:
- Participant-governed networks are governed by members themselves with no separate and unique governance entity. They depend entirely on the commitment of those organisations that make up the networks. When network governance is shared, the partners themselves make all the decisions and manage network activities as a collective. Shared network governance will be most effective for achieving joint outcomes when participants have high levels of trust, when there are relatively few participants involved, and when there is a good degree of consensus on what they are trying to achieve.
 - Lead-organisation-governed networks involve a single participating member acting as a lead organisation to co-ordinate all major network-level activities and key decisions. The lead organisation provides administration for the network and/or co-ordinates the activities of member organisations in their efforts to achieve shared network goals, which may be closely aligned with the lead organisation's own goals. Lead organisation network governance will be most effective for achieving outcomes when tasks are relatively interdependent, but trust is narrowly shared, and there is less of a consensus about what participants are trying to achieve.
 - An externally governed network involves a separate administrative entity, established to govern the network and its activities. The separate entity may be modest in scale, consisting only of a single individual acting as a facilitator or broker, or it may be a formal organisation. An externally governed network will be most effective for achieving outcomes when trust is moderately to widely shared and goal consensus is moderately high, but when there are larger numbers of participants and a greater need for 'network-level competencies' (co-ordinating skills and speciality skills relating to the needs of managing the network itself)³⁹⁷.

Shared accountability

- 25 Boston and Gill argued that introducing accountability to joint working involves three options:
- Accountability can be concentrated in one actor. Responsible for the entire operation, it is this actor that can be held to account if things go wrong. For this to work, they must be able to exercise enough control over what is done and how³⁹⁸.
 - Accountability can be diffused or shared across a number of actors, with "each contributing organisation answerable for its own contribution and performance.

³⁹⁷ Provan, K G & Kenis, P (2008). Modes of network governance: Structure, management, and effectiveness. *Journal of Public Administration Theory and Research*, 18(2), 234–241.

³⁹⁸ Boston, J & Gill, D (2011). In: Ryan, B & Gill, D p. 240.

Where one participant is given a lead role, reporting will usually be integrated.³⁹⁹

- There can be a mix of concentrated and diffused accountability. Where tasks can be broken into discrete parts, performance can be clearly measured for each and accountability is clear. Where actions cannot be easily separated and/or are highly interdependent, shared accountability may be more appropriate.⁴⁰⁰

- 26 Concentrated accountability is likely to work best when policy problems are tame: “when the required tasks are clearly separable (and measurable), independence is low, and sole-person risk is minimal”. For difficult, complex and multi-causal problems like child vulnerability, Boston and Gill argued, it may be preferable to adopt shared accountability, as “tasks are difficult to separate, interdependence is high, and collective wisdom is likely to reduce sole person risk”⁴⁰¹.

Overseas approaches to child welfare legislation

- 27 A number of comparable jurisdictions have made changes to child welfare legislation in recent years – including to extend some degree of legislative responsibility for the wellbeing of children to a wider group of government agencies beyond the core child protection services. Some have opted for separate pieces of legislation, whereas others have chosen to retain relevant provisions within one Act:
- In England, the Children Act 2004 was introduced in addition to the Children Act 1989 and other Children Acts. The 1989 Act sets out provisions for responding to children in need within the area of a local authority, including child protection processes. Amongst other changes, the 2004 Act requires local authorities to work with other organisations in their area to determine and implement what works best for children and young people across education and social services.
 - Victoria, Australia, has two key pieces of legislation dealing with child welfare: the Children, Youth and Families Act 2005 and the Child Wellbeing and Safety Act 2005. The former deals primarily with child protection matters and youth offending processes. The Child Wellbeing and Safety Act 2005 includes principles for the wellbeing of children and the services that are provided to them, requirements to promote the co-ordination of government programmes that affect child safety and wellbeing, and establishes a Child Safety Commissioner. Victoria also has a further piece of legislation that provides for mandatory safety checks for people who work with, or care for children (the Working with Children Act 2005).
 - Other Australian states and territories have tended to retain one key piece of legislation relating to child wellbeing focusing largely on child protection matters, although Western Australia also has a separate Working with Children (Criminal Record Checking) Act 2004.

399 Boston, J., Gill, D. (2011). In Ryan, B., Gill, D., p. 240.

400 Boston, J., Gill, D. (2011). In Ryan, B., Gill, D., pp. 240-241.

401 Boston, J & Gill, D (2011). In: Ryan, B & Gill, D p. 246-7

9.3 Address the issues in New Zealand

Governance and accountability

- 28 Improving outcomes for vulnerable children and the success of the new system require the key agencies of MSD and the Ministries of Health, Education and Justice to work together, plan together and align their services and functions in the most effective and efficient way.
- 29 Recent working papers produced for the Better Public Services Advisory Group have argued that the public management system in New Zealand needs:
- organisational arrangements structured around the achievement of results
 - leadership that takes a view of the sector as a whole, and looks across agency boundaries
 - decision rights at a sector/system level, rather than at the agency level, supported by a clear mandate and resources⁴⁰².
- 30 In recent years, greater cross-sectoral governance has been provided through the Social Sector Chief Executives' Forum (Social Sector Forum). The Forum was strengthened in 2010 through a formal mandate for sector leadership and responsibility for furthering the development of "outcomes-focused social services". This included the development of the Social Sector Trials⁴⁰³. To oversee the trials, the Forum has established a dedicated joint venture board to provide greater clarity of purpose and reinforce shared responsibility for results.
- 31 To get better traction on cross-agency results, the Better Public Services Advisory Group proposes new cross-agency organisational forms, including "sector boards" to support collective responsibility for results and "joint ventures" between departments working on shared activities^{404,405}. It also recommends identifying where gains could be made from "system-wide functional leadership", including deploying second- and third-tier leaders to critical roles, and giving appointed individuals a stronger mandate to "take strong and decisive leadership" across multiple agencies⁴⁰⁶.
- 32 The introduction of any cross-agency governance and accountability relationships should be done in such a way that any adverse effects on agencies are minimised. The system's strengths – clarity of purpose, transparency on performance, accountability for financial management – should not be sacrificed.

Legislation

- 33 While it is useful to consider how overseas jurisdictions have approached child welfare legislation in recent years, what will work best in New Zealand will depend on the particular measures being proposed in this White Paper and the relationship to the existing statutory context.

402 Secretariat for State Sector Reform (2011). *Better Public Services Issues Paper: Leadership for improved results*. <http://www.ssc.govt.nz>. Accessed 1 October 2012; Secretariat for State Sector Reform (2011). *Better Public Services Issues Paper: Organisational arrangements to deliver results*, <http://www.ssc.govt.nz>. Accessed 1 October 2012.

403 Boston, J & Gill, D (2011). In: Ryan, B & Gill, D.

404 Better Public Services Advisory Group (2010) p47.

405 Better Public Services Advisory Group (2010) p26.

406 Better Public Services Advisory Group (2010) p48.

- 34 While some amendments to the Children, Young Persons, and Their Families Act 1989 would clearly be required to give effect to the changes set out in this White Paper, some changes focus on the group of children and families who are at risk of abuse and neglect but who have not reached the threshold for Child, Youth and Family intervention and are not obviously within the current ambit of the Act. This White Paper also seeks to stress the obligations of agencies and professionals across the wider sector towards vulnerable children.
- 35 A new Act would clearly highlight the new approach being sought, and would provide a clear indication of the substantial change being proposed given that the Children, Young Persons, and Their Families Act has a close association with the practices of Child, Youth and Family and the New Zealand Police in care and protection and youth justice matters.
- 36 The risk with having two pieces of legislation, however, is that the legislative interpretation process becomes more complex with greater risks of error and oversight. Having two pieces of legislation means that professionals working with vulnerable children would at times need to have regard to two pieces of legislation on closely related matters.

9.4 The White Paper's Response

New nationwide governance arrangements

- 37 The Government will introduce new governance and accountability arrangements to support and mandate interagency working, supported by legislative change that ensures that the Ministries of Health, Education and other key agencies recognise and fulfil their responsibilities to vulnerable children.
- 38 At the chief executive level, collective arrangements will agree strategy, plan actions and ensure implementation. A new joint venture board for vulnerable children (the Vulnerable Children's Board) will be established, with terms of reference that will clearly state the membership and obligations of participating agencies. Membership will include the chief executives of:
- MSD (Chair)
 - Ministry of Health
 - Ministry of Education
 - Ministry of Justice
 - New Zealand Police
 - Ministry of Business, Innovation and Employment (Housing)
 - Te Puni Kōkiri.
- 39 The Vulnerable Children's Board will be responsible for outcomes for vulnerable children in the target groups of this White Paper, and will report to a Ministerial Oversight Group, chaired by the Minister for Social Development. Responsibility will include outcomes for vulnerable children referred to the Children's Teams and outcomes to be achieved under the new, multi-agency Strategy for Children and Young People in Care. As part of the development of this work, an outcomes framework for vulnerable children has been developed and this is attached as Annex A.

- 40 One of the functions of the Vulnerable Children’s Board will be to make decisions on the use of re-prioritised or new funding to support the implementation of the White Paper initiatives. Explicit criteria will need to be developed as part of this process.
- 41 These national arrangements will be supported by a National Director for Vulnerable Children, appointed by the Vulnerable Children’s Board, and accountable to the Board for the establishment and delivery of the regional arrangements to support the Children’s Teams.
- 42 As set out in Chapter Three, the Children’s Teams will co-ordinate activity and ‘make it happen’ on the ground, and will feature professionals from social services, education and health. Regional Children’s Directors will act as a conduit between Children’s Teams and the National Director, and escalate issues where problems cannot be resolved at local and/or regional levels.
- 43 This solution, however, is not another restructure – the purpose of these arrangements is to encourage a view of responsibility as shared across agencies. Most of the workforce will continue to be employed by existing organisations, and will continue to report through existing channels. These new organisational forms will be for co-ordination purposes only. Chief executives and other management will emphasise the importance of cross-agency working. Agencies will focus on creating environments in which staff at all levels, but especially those on the frontline, will be enabled and empowered to work with other agencies. The Regional Children’s Directors will provide ways for frontline staff to escalate concerns quickly to the highest levels of the organisation, bypassing regional layers of management.

Regional Children’s Directors

- 44 There are existing mechanisms for service co-ordination at a local level (for example, Strengthening Families) but there is no consistent local or regional leadership responsible for ensuring that vulnerable children get the services they need across agency boundaries. To ensure that the changes proposed in this White Paper actually make a difference for vulnerable children, there needs to be a way to provide this leadership so that services work in a co-ordinated way.
- 45 This leadership role for vulnerable children and their families will be provided by new Regional Children’s Directors. The Children’s Directors will be accountable for the vulnerable children at risk of maltreatment in their regions receiving responses from local Children’s Teams, and will have two main functions:
- a facilitation, co-ordination and oversight role to bring together agencies and key players at a local level through Children’s Teams, to improve the outcomes of vulnerable children at risk of maltreatment
 - a reporting role, both to chief executives and publicly, on the progress of vulnerable children at risk of maltreatment in their communities against key indicators.
- 46 Regional Children’s Directors will be accountable for outcomes for vulnerable children at risk of maltreatment in their areas. To this end they will have responsibility for social sector provider contracts in their areas and will report to the Vulnerable Children’s Board on provider performance and impacts on the vulnerable children/social sector.

- 47 The Regional Children’s Directors will also be responsible for championing the needs of vulnerable children at risk of maltreatment at the local level (eg ensuring there are services to meet their needs and that they get access to these services). The Children’s Director will be a regional role to provide strategic leadership in terms of both:
- providing strategic leadership to the work of the local Children’s Teams
 - maximising the opportunities for better aligning interagency mechanisms at a regional level to support vulnerable children.
- 48 A regional role will give the best opportunity for Regional Children’s Directors to provide strategic leadership and make the biggest contribution to improving the outcomes of vulnerable children at risk of maltreatment. It will also give them more scope to streamline and align existing interagency mechanisms such as the Family Violence Interagency Response System, High and Complex Needs and Intergrated Service Response.
- 49 While Children’s Teams and the Vulnerable Children’s Board provide the cross- agency shared responsibility that is needed to address child vulnerability to maltreatment effectively, at this intermediate level a single person role rather than a governance board comprising a number of agencies is considered more likely to be effective. It will provide a clear single point of support to Children’s Teams that will have a dedicated focus on outcomes and clarity of purpose. This could be difficult to achieve through an interagency board comprising agency managers who are likely to have other competing organisational priorities.
- 50 The Government will explore the options for where best to host the National Director for Vulnerable Children, Regional Children’s Directors and Children’s Teams, including the possibility of hosting them within DHBs.

Legislation

- 51 In order to make the changes needed to give effect to some of the proposals in this White Paper, the Government will introduce a Vulnerable Children’s Bill in 2013.
- 52 Legislative changes will include:
- setting out the responsibilities of agencies and professionals across the sector in relation to vulnerable children, such as the obligation to have child protection protocols, undertake mandatory safety checks on staff, and the general principle of the need to safeguard and promote the welfare of children
 - any legislative provisions needed to give effect to processes for the establishment of children’s directors and local Children’s Teams, and governance and accountability arrangements across government agencies
 - changes needed to support improvements to the care and protection system, including to strengthen parents’ obligations in court and family group conference plans and to provide enhanced legal orders to support stable permanent care arrangements for children who are unable to live with their parents
- 53 Provisions authorising greater information-sharing between agencies and professionals may also need to be included in legislation. As noted in Chapter Four, further work will be done to assess whether the changes to information-sharing set out above can be

taken forward under the Privacy (Information Sharing) Bill or whether further legislative changes are required.

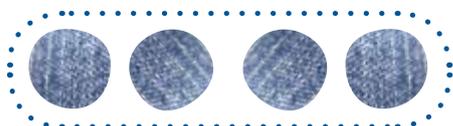
- 54 It is envisaged that these changes will be achieved through amendments to existing legislation, including the Children, Young Persons, and Their Families Act and other Acts, rather than by creating a separate Children's Act. It is anticipated that the relevant law reform will need to be achieved through an omnibus bill, which will involve amendments to a number of different Acts.⁴⁰⁷
- 55 Work on the legislation will also involve a consideration of whether the existing Children, Young Persons, and Their Families Act objects and principles need rebalancing to make sure that the need to protect children from harm and ensure children's welfare is always the overriding consideration. Options to clarify the principles include the approach used in the Children Act 1989 applicable in England, where the legislation contains a checklist of considerations relevant to determining the best interests of children.
- 56 Legislative proposals are also being developed for a new civil regime for child abuse prevention orders to be made against people who pose a high risk to children.

⁴⁰⁷ The Standing Orders of the House of Representatives contain the requirements for a bill that amends more than one Act (an omnibus bill). Rule 260 provides that a bill may amend more than one Act if: (a) the amendments deal with an interrelated topic that can be regarded as implementing a single broad policy; or (b) the amendments to be effected to each Act are of a similar nature in each case; or (c) the Business Committee has agreed to the bill's introduction as an omnibus bill.

White Paper Governance



MINISTERIAL OVERSIGHT GROUP



Chair

Chaired by the Minister for Social Development, and comprising the Ministers of Finance, Justice, Health, Education, Police and Whānau Ora.

Vulnerable Children's Board



Chair

Chief Executives of Ministry of Social Development (Chair), the Ministry of Health, the Ministry of Education, the Ministry of Justice, the Police, the Ministry of Business, Innovation, and Employment (Housing) and Te Puni Kōkiri.

Joint responsibility for achieving results through:

- collective advice to Ministers on overall strategy and resource allocation.
- individual responsibility (as a member of the collective) for ensuring implementation of the White Paper.

National Director for Vulnerable Children



Regional Children's Directors

National Director will be accountable to the Vulnerable Children's Board for establishing regional arrangements, including regional directors.

Regional Director will provide strategic leadership by:

- acting as a conduit between Children's Teams and Vulnerable Children's Board
- acting as advocate/arbitrator for Children's Teams – intervening with other agencies and quickly escalating where necessary
- reporting on outcomes of children in their region, both publically and to Ministers
- taking responsibility for other social sector provider contracts in their areas
- reporting to the Vulnerable Children's Board on provider performance and impact across the vulnerable children/social sector

Leader



Professionals from the health, education, justice and social service sectors.

Better results achieved through comprehensive, coordinated system with clear roles:

- 'Whole of child' assessment to determine strengths and needs.
- All parties required to address those strengths and needs are brought to the table.
- Cross agency plans with specific roles and services across agencies.
- Lead professional to coordinate delivery across agencies.

Annex A: Outcomes for vulnerable children

Thrive – Achieve – Belong: All children lead fulfilling lives Ka whai oranga, ka whai wāhi, ka whai taumata ia tamaiti

Children are nurtured and safe from harm

- Parents, with the support of families and whānau, provide children with safe, stable and responsive care that recognises and prioritises each child's unique needs and value
- The wider community and government supports parents, families and whānau to care for their children and to get the support they need when they're struggling
- Families, whānau, the wider community and government work together to ensure children whose parents are unable to care for them properly have a safe and stable permanent home, and get what they need to ensure their healthy development, wellbeing and sense of identity and belonging.

Children have the competencies, knowledge and skills to thrive

Children are keen to learn, achieve and contribute to their own and New Zealand's future

Parents, family and whānau, actively support children's learning and development at home

Children's knowledge of their language, tikanga and culture is strengthened

Teachers and government work in partnership with parents, families, whānau and communities to ensure children have access to, and participate in, the highest quality care and education (early childhood, kōhanga reo, aoga amata, kura kaupapa, schools and tertiary institutions)

Teachers, with the support of parents, families, and whānau, ensure children with additional learning needs are identified early and get the support they need

Schools, tertiary providers, communities and government work in partnership to ensure young people have strong pathways out of school.

Children have the basic necessities of life

Parents, and their families and whānau, are independent and autonomous, and ensure children have:

- adequate food, warmth, clothing and housing
- adequate resources to fully participate in education and wider cultural and recreational activities
- adequate resources to access health services when needed.

Government, with the support of the wider community, ensures parents who are struggling financially get the income, employment, housing and budgeting support they need.

Children enjoy good mental physical, emotional and spiritual health and wellbeing

Children take steps, in line with their age and ability, to take care of their own health and wellbeing

Parents, with support of family and whānau, actively promote their children's health and wellbeing and seek medical help when needed

Families, communities and government work together to create a healthy environment for children

Health professionals and government work in partnership with parents, families and whānau to ensure children have access to, and participate in, high-quality health care.

Children are positively connected to their families, whānau, hapū, iwi and communities

Parents, families, whānau, and their wider community ensure children build a strong sense of identity / mana ake, belonging and connection to their home, community and tūrangawaewae

Parents, families and whānau, work in partnership with their wider community and government to support children to be involved in, and enjoy success in, cultural, community and recreational activities

Children enjoy a wide range of positive relationships with friends and their wider community

Children are able to exercise autonomy as they mature, engage in law-abiding and positive behaviour, and are supported by their parents, families, whānau and wider community to take responsibility for their behaviour

Children with disabilities are able to fully participate in their communities.

O Au O Matua Fanau – our children are taonga

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