

**PRESERVATION**

# **Care and Protection is about adult behaviour:**

## **A selection of Submissions**

**The Ministerial Review of the  
Department of Child, Youth and Family Services**

**Report to the Minister of Social Services and Employment**

**Hon Steve Maharey**

**December 2000**

# Grandparents Raising Grandchildren

P O Box 34 892  
Birkenhead  
NORTH SHORE CITY  
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## Parenting Second Time Around Trust

Te Poari Kaitiaki mō ngā Tipuna Tiaki Mokopuna.

The Honorable Judge M. Brown  
3 Kingston Rd  
Auckland

21 August 2000

Re: MSP Review

Dear Sir

Please find enclosed the report you asked for from our organization. I have taken the liberty of also supplying a video tape which one of our Grandparents has supplied for you to view should you desire to do so. It is very short. Please forgive me if you feel this is inappropriate, but we feel you need to know and see the truth. As you will see the footage is dated 1997. This type of thing still goes on in our society today. Incidentally the Council for Child refused to view this tape.

The film is of a special needs child being removed from her Grandparents home by two court appointed access workers, she is being taken to an access visit with her parents. The child is 4 years old. The woman she calls Mummy is in fact her Grandmother who has had daily care of her since birth and now has guardianship and custody. The reason why we feel you should view the tape is that this supports our comments on access and shows the trauma that these visits can sometimes do. It is haunting.

The Grandparents have asked that this tape is returned please and with that in mind I have enclosed a courier bag addressed for you.

Sincerely



Diane Vivian

*Providing support for grandparents in their primary caregiver role.*

## Parenting Second Time Around Trust

Te Poari Kaitiaki mō ngā Tipuna Tiaki Mōkopuna.

Honorable Judge M. Brown  
August 2000

### Mandatory Reporting:

### Impact Upon Grandparents:

Assuming that Mandatory Reporting comes to fruition. This could quite possibly double or triple CYPFA's workload. It is a fact that already they are using Grandparents to take in abused children as there are simply are not enough foster care homes or short term care providers. That is already evident by the amount of heart rendering adverts one see's in the papers for small children needing care. It is less disruptive to a child's life if they are placed with family rather than with strangers. They have a sense of belonging which is important to their self esteem.

If grandparents were to be used in a greater capacity some ground work would have to be set in place first. To prevent a "blow out" impact upon Grandparents and to ensure this is successful. The issues to be considered are under separate cover with this report. We have surveyed Grandparents in our organization and collated the information as to experiences that they have come up against. We have used this as a bench mark. This information is factual and could be used in setting up a workable solution. In "The Big Picture" if CYPFA are already at the coal face then Grandparents are in the fire. Taking on small, often traumatized children is a big ask at their time of lives and considering what the children and the Grandparents have already been through it stands to reason that one would not like to see the situation compounded further. A full understanding of how this whole structure affects the wider family is vital. This effects all ethnic groups surveyed in our organization.

For this option to be successful it needs to be a viable, workable and a supportable solution for Grandparents, not a burden that see's them have to walk away due to financial and emotional stress. This is a dis-service to the already traumatized grandchildren and will further add to the breakdown of a family.

Grandparents will have to be assessed as to their suitability, as in all aspects of life their motives for taking on this task must be genuine, to be emotionally blackmailed into this is not desirable. They need to be able to talk to other Grandparents already in this situation to ascertain the life changes for them in doing this task. Perhaps an independent body should undertake this aspect not CYPFA due to their "authoritative stance" which is not received well and thus also this could relieve their workload.

*Providing support for grandparents in their primary caregiver role.*

# Grandparents Raising Grandchildren

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## Parenting Second Time Around Trust

Te Poari Kaitiaki mō ngā Tipuna Tiaki Mokopuna.

We do not feel psychologists are necessary either as this further disempowers the Grandparents and adds further stress.

A register of Grandparents raising grandchildren should be started. Ongoing free support care should be available for Grandparents covering aspects of their stress, training in dealing with traumatized children if necessary, proper payment support, ongoing therapy for traumatized children at any stage through their childhood years, protection from violence or harassment, stopping of the astronomical legal fee's and encouragement of a support group attendance. To be able to move on with their lives is vital for their well being enabling them to get on with the job of parenting the grandchildren. The implementation of an 0800 number would be beneficial as a back-up support line.

We have found that taking on this task at our time of life plummets one into isolation as you no longer fit "the mold" you are no longer a young parent and you are not a Grandparent, your role in life has changed and you do not fit into society anymore. This in turn leads to isolation and can have devastating effects without support. Recognition of value from society, Family Courts, CYPFA plus support groups could go a long way in changing this isolation.

Events leading up to the removal of grandchildren has often cause stress for Grand's for years prior and in some cases 10-20 years. Then the traumatized grandchildren are placed with them. From there begins a long drawn out battle to protect the grandchildren involving Family Courts, CYPFA, psychologists, lawyers, angry biological parents who blame you for "stealing their children", harassment, death threats and violence to the Grand's.

Permanency: After a period of 2/3 years permanent placement with the Grandparents should be granted. To remove the children after this period of time from the probable only stable home they have known can have devastating effects upon the grandchildren. Over this time the grandchildren have established friends, settled in schools and to uproot them yet again would further disrupt their lives and what damage will this do to them in the long run. Permanency will enable the grandparents and the grandchildren to move forward in a positive way.

We have put under headings the areas from our survey that need to be addressed and the experiences from some of those involved in this survey. We have also included four complete reports from Grands whom we felt explained the situation very well. Any further assistance we can be please do not hesitate to contact us.

Sincerely

*Providing support for grandparents in their primary caregiver role.*

*Rene Vassian*

(Formally: Parenting Second Time Around)

### Survey Results -

#### Comments from Grand's surveyed:

#### Grandchildren's ethnic backgrounds:

Maori / Samoan

Grand's \*\* (Grandparents)

NZ / Maori

Canadian / Maori

New Zealanders

Maori

British / Maori

Maori / Pacific Islander

NZ / Pacific Islander

NZ / German

NZ / Iranian

#### CYPFA Involvement:

50% involved now.

25% were involved.

25% never involved.

#### Where CYPFA let Grandparents down:

Even after Grand's have stepped in to help the grandchildren they are treated with disrespect by social workers. Yet they are the one's who placed the grandchildren with them.

Social workers side with the birth parent/s.

Grandparents not given any practical help. They should be given a booklet of information.

No where to go to learn how to deal with traumatized children (this should be at no cost to Grand's).

No information on financial help available.

No respite care.

Do not respond to phone calls or faxes.

Are fixated on access visits even if the grandchildren do not wish to go.

When some Grands went to CYPFA with informal arrangements they did not want to help them when things started getting out of control.

Involved too much and held too much power.

CYPFA over use police/armed defenders to uplift children.

Some grandchildren are forgotten about once placed with Grand's.

Lack of communication with grand's.  
Some social workers are too young (no life experience)  
Some Grand's have had 6 social workers in 2 years. Then you have to go all over it again and again.  
CYPFA give conflicting advice and information.  
Birth parents beat and intimidate Grand's and nothing happens. No support.  
CYPFA lack common sense.

### **Receiving payment:**

60% receive Unsupported Child allowance  
15% receive Child Youth & Family board payment.  
25% receive nothing.

Reasons why some receive nothing:

Birth parent still getting DPB- Grand's do nothing about this as they do not want to rock the boat and have the grandchildren being taken back to gang lives.  
Undesirable birth parents stay out of child's life if they still get DPB. If it is removed then birth parents take back child in wrong circumstances just so they can get DPB.  
Fear of violence upon grand's if DPB removed so they keep quiet.  
Told by WINZ they do not qualify for various reasons. WINZ make it extremely difficult for Grand's.  
Too proud to ask for help.  
Birth parents refuse to support their children in informal arrangements.  
Grandparents have never been told by CYPFA that they are entitled to Unsupported Child Allowance. It is our understanding that when CYPFA are involved Grandparents are entitled to Child, Youth & family board payments, yet this does not happen - Why?  
Grandparents in informal arrangements were not aware they were entitled to any payments.

### **Family Courts: Issues.**

Legal expenses highest in group surveyed over 100,000.00 \$ mark.  
Intimidating and daunting process. Very stressful.  
No continuity of Judges.  
Not concentrating on needs of grandchildren.  
Non believing of grandparents.  
Made matters worse.  
No respect towards Grand's.  
Decisions made without input from Grand's.  
Opposing lawyer can be openly hostile towards Grand's.  
Grand's are disempowered as they have no rights.  
Grandparents should be able to have their say as they are the ones providing and caring for the grandchildren.  
6 monthly reviews are too frequent.

Birth parents can take Grand's back to court on any trivial matter. At huge costs to Grand's. Emotional and financial.  
Decisions not always adhered to or carried through.  
Worry as to where this will all end.  
If Grand's wish to take grandchildren on holiday overseas they have to apply to court at cost to themselves to get permission.  
Even if Grandparents have both custody and guardianship they can not move to another country should they wish to do so.  
Ordering of psychologist to assess the grandparents after having the children for 2 or more years is ridiculous. A waste of tax payers money. This is also an insult to the Grandparents.  
Do we need lawyers in Family Court at all.  
NB - When we collectively get together so many of our case histories are similar and there is a pattern in what the birth parents say in court. If we can see this why can the Judges not see this pattern too? They are the ones dealing with this all the time. This is also why we feel the same Judge should deal with the same case, they then get a full understanding of complexity of the cases. These birth parents are very convincing and believable in what they say, but it is fabrication.

### **Council for Child:**

Should visit the grandchild in the home so at least they have a face to the name.  
Some have never met the children they represent.  
They must put the needs of the child first. Not the birth parents needs.  
How good a job do they do? From useless to excellent.  
When dealing with a mentally ill birth parent it is prudent that this council for child must have some background understanding of this illness. These people are very good and believable in fabrication of the truth.  
Very sympathetic to birth parents.  
Follow up on the child to see if it is safe.  
Did not believe one grandparent who claimed grandchildren had been sexually abused. This was later proved in Family Court.  
Should encourage Grandparents to write weekly report for them on grandchildren and their behaviour and to let them know what the grandchildren are saying.  
Should appreciate just what the Grand's are doing for these traumatized grandchildren.

### **Costs - Legal - Other:**

In our latter years we need all our funds to raise these grandchildren.  
We are bringing up 3 grandchildren on our superannuation.  
Most of these traumatized grandchildren have health related illness' e.g.: Asthma, special needs, behavioural problems, disorganized thought patterns.  
Because I got legal aid I have to repay \$4500.00. The birth parents do not have to repay their legal aid.  
Cost at rearranging my home to accommodate small grandchildren.  
Loss of earnings due to a sick child. No further advancement in my career as no time to study.

Can not afford school fee's or school uniforms. Never mind the school trips.  
Most grandchildren arrived with little or no clothing.  
Some grandparents are forced to represent themselves as they can not afford a lawyer.  
Loss of earnings as had to give up my job to look after grandchildren.  
Husband had to go back to work to support the grandchildren.  
Legal costs vary from \$3000 - over \$100,000.00.  
All our savings have gone in fighting to keep the grandchildren safe.  
Doctors fee's, optician fee's, pre and after school care fee's, kindy fee's,  
Food bills, clothing bills for growing children.

### **Access:**

Where birth parents have abused children surely by ordering them to attend supervised access center's is perpetuating this abuse.

Barnado's supervised access center's are well known to birth parents as "easy". In other words not well supervised. They all push to go there.  
Access center supervisors agree to birth parents bringing along others without permission from CYPFA or Grand's.  
Children have been dragged into access visits by workers.  
Children have verbally told Grand's they do not want to go.  
Children have been coerced by access workers to leave Grand's car and attend.  
Children's sleep patterns and behaviour deteriorates both before and after access.  
Birth parents are still able to whisper bad things to children even in supervised access.  
Children come from access confused and angry and lash out at Grand's after visits from what the birth parents say to them. Punching & kicking.  
Children are fed up on fizzy drinks, lollies (bribery food) from birth parents and are then hypo and throw up.  
Some birth parents wait up the road to watch Grand's leaving with the grandchildren.  
Intimidation.  
Some birth parents scream abuse at the Grand's in front of the grandchildren.  
Some birth parents physically attack the Grand's.  
Sexually abused children have shown sexual behaviour after access with birth parents.  
It has been known that a number of birth parents get together after access to discuss the latest harassment they have aimed at the Grand's and collude together with tactics.  
Grandparents should be the ones to decide on access arrangements. CYPFA and Court Judges are not the ones who have to manage the children before and after these stressful visits. Therefore they are not aware on the impact on the "family unit".

### **Impact on us and the Wider Family:**

This impacts on siblings of the birth parents, other grandchildren and effects a whole family.  
This is a dramatic life style change for my husband and myself.  
This has effected our whole family they are all concerned for us and the grandchildren.



I have no family here in New Zealand now so I am totally alone. I can not even take the grandchildren and return back to England to have family support. This situation is highly disruptive to our other teenage children, as the needs of grandchildren and teenagers differ greatly. This has ripped my family apart. Our marriage has been put under stress in dealing with all of this - we have no support. We live life in limbo not knowing what will happen next. We live in fear that these children if put back with their birth parents then what will become of them. Dealing with your emotions in regard to the birth parent, you still love them but you have to put the grandchildren first. This is not easy.

### **Disempowerment:**

We know longer have control over our lives. This is shattering! And very wrong. We are treated as if we did something wrong. You are made to feel like you are an idiot, liar and no one listens to you. We are tied to the home as we can not afford a baby sitter. There are no holidays away from the grandchildren. We take all the responsibility yet have no say in the management of grandchildren. No notice is taken of our thoughts or feelings. We all need to be able to move forward, we have no rights as grand's. We are treated like second class citizens. We loose our friends of many years as they are now traveling overseas. We are isolated, we are neither parents or grandparents. We did not harm these grandchildren yet we now have CYPFA and Family Courts telling us what we can and can not do. Birth parents have lost the rights to their children why can not Grand's pick up those same rights when they have custody and guardianship of the grandchildren. We are penalized by the whole of society for what the birth parents have done to the grandchildren.

### **Mental Illness Issues: "Quotes."**

My daughter I understand has bipolar disorder and has undergone counseling. At the moment she is acting reasonably but from bitter experience I know that she can fly into a rage at a moments notice. My daughter can be difficult in and out of court. She is very plausible in telling the most dreadful lies about our family.

It is amazing to me how many supposedly educated people are taken in by these birth parents.

The mother has a major problem in this area and it is inherited by our grandchild.

Extremely difficult to cope with as mental illness seems to have a cunningness attached to the ill person and they are very good a fooling people. But at what consequences to the grandchild.

The privacy act needs to be repelled in Mental health issues. Essential for Council for Child's information and Grand's safety in looking after the grandchildren.

It appears that varying degree's of mental illness is quite prevalent in females that have had their children removed from them. A trait we have found amongst the group is that someone else is always at fault it is never them. The first people they attack are the Grand's. Both verbally and physically.

### **Disparity: "Quotes."**

Why is there disparity between Grand's and Foster care givers. Are we not all looking after traumatized children. They all have the same needs and wants. All these children have suffered a loss of some sort or the other. Indeed the Grand's have suffered a loss too. The loss of a child to drugs, death or other. The loss of a retirement and travel. The loss of freedom of choice and decision making. This is something foster parents do not loose.

We, in the role we are faced with, should be receiving a similar benefit to foster care parents and similar monetary assistance for the needs of our grandchildren. We haven't (in most cases) been given the choice in raising the grandchildren. How can you turn your back on your own flesh and blood? We have the added responsibility of the birth parents "agro" and the costs in the courts. In fact we should be getting more than foster care givers.

We ask for parity for the grandchildren not ourselves.

NZ government needs to recognize the role Grand's are doing in this job for traumatized grandchildren. For without them what would they do! Open up huge "family homes" to cope. Now that would be a backwards step remember what it was like 20 years ago.

### **Stress on the Grandchildren: "Quotes"**

They are affected by the uncertainty they are exposed to. Parents tell them that they will be going back to live with them soon. They are confused as to who they can trust. Damage to their self esteem and may feel torn between the important adults in their lives.

Impact on the children is our main concern. You spend countless hours reassuring them, comforting them, loving them and know that at any given time the birth parents can apply to have them back proving only minimal parenting skills. Once again the safety net is pulled from under their feet. We know of many grands who have had this happen only to get the children back further down the track.

The change to our lives has been a struggle due to the grandchildren's needs and problems. This has certainly changed my "growing old gracefully" thoughts.

This has impacted upon the whole family, my grandson has two uncles who spend time with him now. Where as they never saw him before.

This is unreal, horrendous, no child is born to go through this hell that involves these type of cases.

Unbelievable regression behaviour ie- sexual behaviour after seeing or even hearing from the birth parents. (3 boy's all sexually abused by both parents)

I would not wish this situation upon anyone.

My daughter would not even cross the road for her children. She has seen them 4 times in one year. She can not commit to seeing the children.

Unbelievable the children cry as they do not want to go and see the parents and can not understand why I make them. They tend to blame us for forcing them to go to access, when it is not us it is a court requirement.

After raising 5 children we looked forward to time alone in our latter years, we have had to accept that this has gone and start over again with little damaged children. Their "I love you" makes it all worth while.

The impact upon the grandchildren with all this to-ing and fro-ing between the parents and Grand's (no permanency) takes it's toll on them. Mood swings, extreme naughtiness, sleeplessness, bedwetting etc. Our grandson rarely sleeps in his own bed at night. (Informal arrangement).

Give the grandchildren who live for the parents a permanent home after 2/3 years. to uplift them from the only stable home they have known is wrong and will cause further long term damage.

This is too fearful to even contemplate all we can do for them is make their world safer, kinder, loving and better than it was.

### **Mandatory reporting:**

To stop the children of new Zealand being abused by families, it is essential mandatory reporting is legislated in Parliament, but the impact burdens on grandparents is going to be huge and it is essential that we get more help from those in power. We will be the first agencies turn to for help with these children. It is an extremely hard decision to turn your back on kin.

"Would be good as long as it is true and not someone being vicious.- each case taken on an individual basis do not handle all cases the same way.

This could lead to an influx of children being placed with grand's. It is an essential need but I can see problems ahead for all Grandparents. Innocent people could quite easily be persecuted and this concerns me.

Seems justified but needs to go hand in hand with other ideas spoken about at "Family at Risk" meeting held in Auckland.

## FIRST SUBMISSION TO THE REVIEW OF:

### 1. PROCEDURES FOR REFERRAL AND NOTIFICATION

#### 1.1 Using Community Placements when a Care and Protection Referral is more Appropriate

Referrals for a community placement for respite care are being made that would more appropriately be classed as care and protection referrals because of high levels of dysfunction in the family and/or child or young person. The problems with this are:

- the intervention and support for community referrals are not adequate to deal with complexity and demands of these children and families
- demands are made that respite care foster parents may be unable or unwilling to meet
- the placements for respite care become longer, which block places for other families needing respite care.

#### 1.2 Forward Planning for a Referral

It is sometimes the case that Child Youth and Family social workers know a child is to be moved but do not alert the placement agency until the last minute. The problems with this are:

- planning and preparation will then take place in crisis mode
- the chance of a successful placement are decreased.

#### 1.3 Time taken to accept a Notification

When a notification is made to Child Youth and Family, an indication is not given when or whether the notification may be actioned.. There are delays in accepting a notification. The problems with this are:

- the notifying agency does not know if the concerns are being addressed and what plans are to be made for working with the child and family
- an urgent situation may escalate to a critical situation.

#### 1.4 Threshold for Accepting Notifications has Risen

It has been observed that only more serious cases are now being accepted as notifications. The problem with this is:

- 'low level' abuse, including emotional abuse, over time increases the trauma to the child. Addressing this later will take more resources than when an earlier intervention is made.

#### 1.5 Reporting Back on Investigations

Reporting back about the outcome of an investigation to the agency making a notification is not always happening, although this is a legislative requirement. The problems with this are:

- it is a practice which impedes maintaining positive relationships with

- community-based organisations
- without the proper advice, the referring agency is not able to take appropriate action.

#### 1.6 Availability of staff

Contact with the Child Youth and Family social workers dealing with the case is often difficult. They may be unavailable because of heavy caseloads, staff shortages and/or staff turnover. The problem with this is:

- an agency working with the child and/or family is unable to have information or give information which hinders liaison or coordination on a case.

#### 1.7 Delays in Assessment of Children

A lack of trained interviewers or psychologists able to accept referrals from Child Youth and Family means diagnostic assessments and psychological and parental assessments are being delayed. The problem with this is:

- delays in decisions being made.

### 2. PROCEDURES FOR PLACEMENT

#### 2.1 Bednight Contracts

Contracts place caps on the number of bednights a child and family support service will provide. The contract does not recognise the demand-driven nature of the service. Problems with this are:

- it depends on a prediction about demand which may or may not eventuate
- out-of-family care may be avoided for fiscal reasons
- a child-centred case-work process then is replaced by a fiscally-driven process
- the contract is based on a misplaced and inappropriate assumption that child and family support service agencies would otherwise fill placements to maintain an income flow instead of using a child-centred approach to placements. This assumption questions the integrity of the agency and its staff - a proposition most agencies would find offensive.

Problems arising from this also vary with the type of bednight:

##### (a) *Care in Foster Care Families*

Once the cap for foster care is reached (usually around February or March each year) Child Youth and Family:

- become reluctant to place children who should be placed in out-of-family care
- remove children from care before the proper plan is followed through and possibly returned to circumstances that are neither appropriate nor ideal
- a child who is not placed because no contracted bednights are available, may later come in to care with more serious issues than was previously the case.

(b) *Care in Family Group Homes*

- a family group home will keep a vacancy so that urgent referrals can be accepted
- Child Youth and Family withdraw financial support because the family group home is not full.

**2.2 Making Placement Decisions**

Out-of-family placements are sometimes viewed by Child Youth and Family social workers as a negative intervention. The problem with this is:

- the principle of paramountcy of the child may be displaced by this negative view of foster care
- out-of-family care may be more appropriate as an intervention, providing time-out for the child
- the full range of intervention possibilities provided for in the Act are not considered when making the best decision in the interests of the child
- social work supervisors need to be able to guide social workers through the decision-making process for children and help sort out the complexities of difficult cases.

Sometimes attachment issues are overriding other issues in a placement decision. The problem with this is:

- a broader view will take safety, environmental, schooling and social issues into account and give a more balanced decision.

**2.3 The Placement Needs of Children or Young People with Difficult to Manage Behaviours**

There are increasing difficulties in meeting requests from Child Youth and Family for placements within foster families for children or young people with very difficult to manage behaviour. The problems with this are:

- the child or young person is being moved too often as successive foster families find their behaviours unacceptable in the family setting.
- there are too few places available in family group homes or residential places which are more appropriate for this group.
- the requests do not recognise the demands made on resources for caregiver support of four to six young people within one home, all with needy and disturbed behaviour.

**2.4 Support for Whanau Placements**

The training, assessment and support given to foster parents is not applied to whanau placements. There is inadequate support given to whanau placements. The problem with this is:

- these placements fail as the child or young person moves around whanau members until he or she comes into a care and protection programme.

## **2.5 Balance of Focus on 'Care' and 'Protection'**

Social workers with Child Youth and Family are often more knowledgeable about protection of children from abuse and neglect than care issues. This sometimes leads to an overriding focus on the family and less on the care planning and maintenance for the child. The problem with this is:

- less child-centred planning
- lack of clear direction in care plans.

## **2.6 The Placement of Children who are likely to Need Long-term Care**

There are difficulties for some children or young people for whom long-term placement is required as they are unlikely to be able to return to their family/whanau but for whom long-term placement under the Guardianship Act is not appropriate. The problems with this are:

- permanency under the Guardianship Act will mean that social work and financial support are withdrawn when they may still be required
- children are moved from foster parents who may be committed to the child but do not want guardianship because placement support is withdrawn.

## **2.7 Realistic Placement Goals in Care Plans**

Older children (over 10 years old) are sometimes referred for permanent placement when they have been known to Child Youth and Family from an early age. Skilled interpretation of information about the family and its context at an early stage allows more realistic goals to be set in regard to access or contact for the parent/child relationship. Often plans are not specific enough and measurement of progress against the plan is not always taking place. A result is that the child "drifts" in care. The problems with this are:

- better planning and goal setting allows more settled long term foster relationships to develop while the plan is being carried out
- there are benefits in earlier planning for permanent placement if this is identified as a likely outcome.

## **2.8 Support for Children or Young People in Transition**

The transition of young people from care to independent living once they reach 17 years old has some difficulties. It is a problem when:

- there are still on-going issues that the placement sought to address in the first place
- if the young person is not 'ready' in that they still require support, there is greater risk they will drift and end up in the justice system.
- the early withdrawal of financial resources given to deal with special problems such as inappropriate sexual behaviour may 'undo' the progress and investment to date.





## SECOND SUBMISSION TO THE REVIEW OF:

### 1. PROCEDURES FOR PLACEMENT

#### 1.1 Background

This submission is in respect of Te Poutama Ārahi Rangatahi, a departmental residence for the treatment of male adolescents who have sexually abused children. It is managed by Barnardos under contract to Child, Youth & Family Services.

It is located in Christchurch and receives adolescents from throughout New Zealand who are at "high risk" of sexually abusing children. It provides care and education for up to 12 young people aged 12-16 years who are in the care of Child, Youth & Family Services. It does not offer "secure care" as defined in the Act, and does not take young persons who exhibit a very high level of violent behaviour.

The Centre opened in August 1999.

#### 1.2 Admissions

During the first year to 30 June 2000 when referrals were able to be accepted, Te Poutama Ārahi Rangatahi accepted 11 referrals of whom 9 were admitted with 2 pending admissions (as at 30 June 2000). Two were discharged subsequent to admission resulting in 7 residents at year end.

Fig (i)	Referrals admitted	9
	Referrals pending admission	<u>2</u>
	<b>Total referrals accepted</b>	<b>11</b>
Fig (ii)	Referrals admitted	9
	Referrals discharged	<u>-2</u>
	<b>Current residents</b>	<b>7</b>

#### 1.3 Referral Process

The process of making referrals depends on a number of people and organisations, and the young person must be in the care of Child, Youth & Family Services.

The CYFS Social Worker must refer the young person to a Community-based Treatment Provider (CBT) for assessment as to the level of risk for sexual

abuse (CBTs are SAFE Auckland, Wellington STOP, and STOP Christchurch).

Alternatively, the CBT will refer a young person to the CYFS Social Worker with a recommendation that he be referred to Te Poutama Ārahi Rangatahi.

If assessed as being at a high level of risk whereby ongoing placement in the community puts children at risk of being abused then a referral can be made. The CYFS Social Worker then refers to the National Office of CYFS who ensures that a referral is made to Te Poutama Ārahi Rangatahi. This referral must include all the file information relevant to the placement and treatment of the young person.

The Clinical Director of Te Poutama Ārahi Rangatahi assesses the young person, and if he meets the criteria he is accepted for admission.

Thus, acceptance onto the programme is subject to assessment by the CBT, agreement of CYFS Social Worker, suitability confirmed by CYFS Head Office, and acceptance by Te Poutama Ārahi Rangatahi.

#### 1.4 Unsuccessful Referrals

There were 18 referrals made that were not successful in being accepted.

Of these 8 were not assessed by CBTs as being suitable,. A further 3 referrals by CBTs were not supported by CYFS. There were 7 referrals made that were rejected by Te Poutama Ārahi Rangatahi as they did not meet the criteria by reason of age or intellectual disability (5 referrals), or behavioural problems (2 referrals).

Fig (iii)	Referrals not supported by CBTs	8
	Referrals not supported by CYFS	3
	Referrals outside criteria	<u>7</u>
	<b>Other referrals total</b>	<b>18</b>

#### 1.5 Other Enquiries

There were a further 6 other enquiries made that had not proceeded to a referral.

#### 1.6 Summary

Fig (iv)	Referrals accepted	11
	Referrals outside criteria	7
	Referrals not supported	11
	Other enquiries	<u>6</u>

## 2. TIME FOR REFERRALS/ADMISSIONS

The time (in days) between the initial enquiry and receipt of formal CYFS referral for cases where referral to Te Poutama Ārahi Rangatahi was intended by CYFS averaged 57 days (median 44/50, range 0-156 days).

The time (in days) between initial enquiry and receipt of full clinical information from CBTs averaged 27 days (median 4/16, range 0-83 days).

The time (in days) between receipt of formal referral and admission determination by Te Poutama Ārahi Rangatahi averaged 1 day (median 1, range 0-6 days).

The time (in days) between successful admission determination and admission date was 25 days (excluding 2 youth who absconded, median 24, range 15-60 days).

## 3. DISCUSSION ON TIME

From the above it is clear that there is a very long time between the initial enquiry and the referral. This is a matter that CYFS should be reviewing.

Referrals made by CBTs generally took less time but often there were delays by the CYFS Social Workers.

During the initial 11 months the Centre was opened there were some delays in placing young people but this was so that the first intake would be of 4 persons. This would have led to a higher placement time than would normally be expected.

## 4. SUMMARY COMMENTS

About two-thirds of the initial referral enquiries came from CBTs (22 cases), compared with 13 cases from CYFS. The CBTs appeared more in touch with cases needing to be referred to Te Poutama Ārahi Rangatahi compared with CYFS.

The CYFS Social Workers struggled with knowledge of Te Poutama Ārahi Rangatahi and the referral process.

The CYFS process at National Office was also problematic. There appeared to be no systematic means of tracking referrals centrally, and there were unacceptable time delays with referrals not being followed through on by CYFS Social Workers.

The whole process of referring young people who are at "high risk" of sexually abusing children seems complex, ponderously slow and inefficient, and is in need of overhaul. No one party involved in the process can, on their own, make all the changes that are required to ensure young people in need of treatment receive it in a

timely manner.

The lack of access to "secure care" facilities was also a problem impacting on referrals, assessments, and temporary placements of young people prior to placement in Te Poutama Ārahi Rangatahi.

**Recommendations:**

- 1) That the primary referral agent be Community-based Teams.
- 2) That the role of CYFS Social Workers be to support the referrals made by CBTs.
- 3) That CYFS National Office ensures that Community-based Teams and Social Workers are able to easily access relevant information on the criteria for admission, and the admission process.
- 4) That CYFS National Office establishes performance standards for referrals, and that these include timeliness, risk assessment, and information requirements.
- 5) That provision be made at Kingslea in Christchurch for short-term placements for some assessments prior to admission to Te Poutama Ārahi Rangatahi, and for short stays (in "secure care" if necessary) for young people whose behaviour has become violent while further work by Te Poutama Ārahi Rangatahi staff is undertaken to return them to Te Poutama Ārahi Rangatahi.

Yours sincerely



Ian Calder  
**Chief Executive**  
1 August 2000



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Submission to Mr Mick Brown relating to the Review of Child Referral,  
Notification and Placement Procedures.

This submission is made on behalf of ACROSS - Te Kotahitanga O te Wairua an autonomous Child and Family Support Service (CFSS) established under the Anglican and Catholic Churches and approved under S396 of the Children, Young Persons and their Families Act 1989 (CYP&F Act).

The agency has operated for 10 years in Palmerston North and its rural environs.

Currently the agency has no Maori practicing social workers although the clientele ranges between 33% - 25% Maori identity.

Information and comment contained herein was drawn together in discussion between the agency's social work practitioners, all of whom hold tertiary social work qualifications, most at an advanced level. Two have previously worked for the now Child, Youth and Family Service (CY&F).

Management of Placement of 'at risk' Children

ACROSS' principal responsibility for legally mandated care of children (at present 11) comes through S19 (CYP&F Act) when its usual programmes for support to self-referring families/whanau fail to secure sufficient levels of family functioning and children are deemed at risk.

In providing out of family/whanau care ACROSS shares with CY&F and the one other local CFSS a serious shortage of foster homes. In spite of several requests for placements of CY&F children with ACROSS foster families over the past year, in only two cases could appropriate matches be made to the requests. Both were short term. Both had minimal social work introduction of child to family or case work background information. That one child was 'special needs' was not advised. Payment was excessively delayed in one instance and has never been paid in the other. In a third case ACROSS has assumed a custody transfer of a 14 year old boy from CY&F for case work reasons. CY&F have chosen (for budget management) to maintain responsibility for payment to caregivers when

the young person's mother's health necessitates care away from home. However, payments were excessively delayed for five months. The delay has damaged good relations and the reliability of the placement.

ACROSS believes the shortage of quality caregivers nationally is a foremost childcare concern. This applies whether the caregiver is family/whanau or out-of-family. Children are being knowingly placed with less than adequate foster families both within and without their families/whanau. Examples could be given from CY&F and ACROSS' own work.

While recognizing a significant importance lying in the cultural aspects of placement (including family/whanau; ethnic and life-style matching) ACROSS recognizes the greater importance of attachment. It also promotes the use of interim 'nursery' placements during a process of vetting and preparing a proposed family/whanau placement and gradually introducing a child to the changes imposed and responding to the losses it is suffering. Some moves can be likened to amputation without anaesthetic.

ACROSS welcomes the registration of Caregivers but given the paucity of the existing resource serious practical questions arise, eg how does an agency hold to requiring the participation in training of all residents over age 18 and how enforceable is it in family/whanau care?

The proposed basic training programme is good. A 12 month apprenticeship is good.

Supports, both financial and personal, to foster families are inadequate. ACROSS has been running a support group for grand-parents who are primary caregivers of their grandchildren, often through the Family Group Conference procedure. Here and elsewhere the agency has first hand accounts of families struggling to manage financially and emotionally, all that is encompassed in becoming parents 'second time round' and with little or no help. Recourse to WINZ is often fraught. Unsupported Child Allowance (UCA) can be slow, demeaning and difficult to obtain. It can take a disproportionate time to negotiate for people already under pressure. Payment is low - beneath CY&F board reimbursement. One whanau caregiver was told by WINZ 'Put the child with CY&F then you can be paid fostering.' CY&F on their part actively push families/whanau to move to UCA.

### Notification

Notification poses a dilemma. There is an unclear time frame to responses with up to 2 months' delay. The proposed action may not be communicated to other services involved including the referring service. Do they initiate or maintain supportive work after the notification? Two sisters have been receiving respite care in excess of 56 (intermittant) days while awaiting action on their behalf regarding their potentially abusing teenage brother. Should this intervention have been put in place or should action have waited on investigation with a

consequent risk? One CY&F site has spent over a year seeking placement for the boy with prolonged exposure of the girls to an unsafe home environment.

In two instances notifications of young people well known to ACROSS who moved away, one to Auckland, one to Porirua, were not followed up by any intervention. The subsequent history for both young people has brought no improvement to their at-risk circumstances.

In a further example a notification was made to CY&F by the hospital's child mental health unit, in early December. ACROSS became involved in early January and in mid February took its concerns of a child at risk to the local Resource Panel. CY&F became active in the case only when called to a family meeting prior to ACROSS taking ex-parte custody.

At risk births are a special case in point. There is a need for close, open, inter-agency liaison - CY&F, Health and Community. In a recent example the hospital's response was 'What's the use of contacting CY&F if all we get is an answerphone.' (ACROSS' own experience of the callcentre, while sometimes excellent, has also entailed waits of 5, 10 and 20 minutes before meaningful contact could be made.)

#### Child Youth and Family Culture and Practice

The experience of social workers who have worked within CY&F in recent years is that social work standards and principles are subverted by budget and bureaucratic requirements. Even if the business ideology is accepted, as a business, CY&F is not effective or efficient. This experience is demoralizing to staff trained in caring values and in many cases has created a culture of helplessness. The service is systems heavy. There is continuous training for systems which are soon superseded. To obtain supportive interventions (eg counselling) for child clients is immensely difficult and from local example easier to access for community agencies.



Lesley Read

Director  
11th September 2000

SUBMISSION FROM THE OPEN HOME FOUNDATION OF NEW ZEALAND  
TO JUDGE MICK BROWN RE REVIEW OF PLACEMENT OF CHILDREN AT RISK

## Introduction

The Open Home Foundation is a Christian Child and Family Support Service operating out of fourteen centres around New Zealand. As a Child and Family Support Service the Open Home Foundation provides social work, foster care, parenting education, counselling and youth services to children, young people and their families where there are care and protection concerns.

In the last year the Open Home Foundation received 2,509 new referrals from a wide range of agencies including statutory agencies. During this same period 2,712 cases were completed and closed.

As a response to the new referrals and ongoing cases the Open home Foundation provided –

- 55,172 hours of social work to 2,134 families
- 74,725 nights of foster care on behalf of Child, Youth and Family
- 18,654 nights of foster care on behalf of the community.

On an average day the Open Home Foundation had 256 children or young people in its care.

To deliver this service the Open Home Foundation employs 120 staff including social workers, and uses 740 foster carer families. Numerous prayer partners, volunteers and financial sponsors also support the work.

The above statistics reflect that the Open Home Foundation is a significant provider of services within the care and protection sector, and in particular has considerable knowledge and expertise in the placement of children and young people in foster care and kinship, both on behalf of the State and the Community. It is out of this experience and involvement that the following submission is made.

### 1. The Nature and Vision of the Care and Protection Sector

The Care and Protection Sector is not structured, or resourced, to deliver the service expected of it and to the standard required.

The sector does not have a common vision and mission, nor are the roles of the various agencies which make up the sector defined and agreed upon. As a consequence the sector is a haphazard collection of services unsure of future directions and roles.



For some years in the sector, particularly during times of restructure of the Department of Child, Youth and Family Services there has been discussion around Child, Youth and Family focussing on its core activity of abuse investigation and contracting out to community groups services which are required as a consequence of their investigations.

Some moves have been made in this area of devolution but they have not been consistent. For example currently there is a move by Child, Youth and Family to revamp their foster care services. This is being done on the basis it is cheaper for them to do so because, unlike voluntary agencies, they do not have to build overhead costs into their calculations.

Government and Child, Youth and Family attitudes have tended to be ambivalent as regards devolution of services. The consequence is that community agencies go from financial year to financial year uncertain of their future and contract funding.

Currently Iwi Social Services are being developed. There is no clear plan as to what their role is to be in the Care and Protection Sector, alongside Child, Youth and Family, Child and Family Support Services, Cultural Social Services and other community agencies.

The Care and Protection Sector does not have an agreed vision, nor an agreed strategy as to how the vision can be made a reality. As a matter of survival Agencies tend to look out for themselves leaving the sector confused and inefficient.

The Open Home Foundation has argued for some years that there needs to be a full review of the Care and Protection Sector with the aim of Agencies networking together to provide comprehensive services to at risk children, young people and their families. There is an urgent need for agreement from providers how together they will provide a quality service to clients. Uncertainty of direction, uncertainty of funding is not conducive to the provision of a quality service. We need a clearly defined blueprint for the future, and one which the Government will commit itself to fully resource.

## 2. Resourcing

The sector is not resourced to deliver quality services. There are insufficient programmes, well trained and supported social workers and foster carers to cope with an ever increasing demand on services.

Good placements for children and young people are dependent upon social workers being well trained as to how to set up and maintain stable and nurturing kin and foster placements. Training, realistic case loads, regular support and supervision, are essential if social workers are to go about their task in a confident and competent manner. Too often this combination of circumstances for social workers does not exist with the result staff are poorly trained and overloaded with cases.

Good placements for children and young people are also dependent upon a ready supply of foster carers trained and supported to undertake the kind of caring required.

The current demand for care is such that there needs to be a wide range of available foster carers, carers who can provide relief care, emergency care, short term care, long term and permanent care, for a range in age from babyhood to mid to late adolescents, and for children and young people with a range of behaviours and disabilities.

Moreover this supply of foster carers needs to reflect the ethnic diversity of our community, and be able to build positive working relationships with social workers, professionals and the families of the children and young people in care.

It is difficult to recruit, train and have available the number of foster carers required. There are a number of factors which contribute to this circumstance. There is a growing number of families where both parents work, there is a growing number of sole parents, the increasing complexity and difficulty of children and young people requiring foster care compounded by the closure of residential facilities, the generally poor reputation of the foster care system, the risk of abuse allegations, the general lack of training and support offered to foster carers.

People will commit to a service when they perceive it is valued by the community and they are equipped to do the task required. The public generally do not have this perception about foster care with the result that foster carers are difficult to recruit and retain. The consequence for children and young people is often traumatic. Heavy case load demands, and the shortage of foster carers means that too often placements are made on the basis of expediency, with unacceptable risks. This can result in unsatisfactory placements, with outcomes traumatic for the child concerned, the foster carer and the social worker.

There is a considerable body of research knowledge which gives clear guidelines as to how to operate a foster care system which is in the best interests of children and young people. It is not possible to operate such a system when there is lack of vision, of certainty of agency position and role, of inadequately trained and overloaded social workers, and an insufficient pool of well trained prepared and resourced foster carers.

In a nutshell the Care and Protection Sector is under resourced, and under valued. Personnel within the Sector work long and hard to meet the needs of children, young people and their families, but too often the task is overwhelming. It is a situation which would not be tolerated in the Health and Education Sectors, yet somehow it is acceptable in the Welfare Sector. This is probably because an improvement to Welfare Services is not a vote catcher.

Every child has the inalienable right to grow up in a stable, safe and loving family, and there is much yet to be done to ensure this happens for every child in New Zealand. If New Zealand had the same commitment to ensuring every child grew up safe and loved in a family to which they belong, as we do to keeping the inflation rate beneath 2% we would not be confronted with the current inadequate Care and Protection system we have at present.

### 3. Kinship Care

Much emphasis is given today to children and young people requiring care to be placed within wider family. This is a priority and is acknowledged good practice.

Sadly the provision of kinship care in New Zealand often leaves much to be desired. There has been a prevailing attitude that the essential work is to find a kinship placement and that the provision of such a home is all that is required for a child or young person in need of care and protection. One consequence of this attitude is that kinship placements are made on the basis of little family preparation and ongoing support and with the minimum of financial resourcing.

Good foster care provision is dependent upon quality assessment, preparation, training, social work team work and support, and resourcing. Good kinship care provision is no different. Relatives too need to be assessed for their suitability; they too need preparation for the caring they are being asked to do; they too will need ongoing social work and other support, especially if there are difficult family dynamics to cope with, and/or the child they are caring for has special needs, or has demanding behaviour; they too will need adequate financial resourcing, especially as is so often the case they come from a lower socio-economic background and may have only a limited income, accommodation and transport.

Kinship care for children and young people who have been identified as in need of care and protection is not a cheap option. It is a desirable option but it still requires the same knowledge and skill, time and resources to set it up and maintain it as does conventional foster care. Too many kinship placements come under stress and break because the required preparation, support and resourcing is not given. Children and young people as a consequence can drift within the wider family of whanau, or outside of it with all the attendant problems this lack of security and commitment brings with it. It is more traumatic to be rejected by a relative than it is by a stranger foster family, and it is well known what negative effects changing foster placements do to a child or young person.

There is a growing awareness within new Zealand that quality kinship care does not just happen, it has to be made to happen. In thinking about quality placements for children and young people in need of care and protection kinship care must be accorded the same priority as foster care and residential care. It is our belief there needs to be specific programmes set up which will ensure care and protection kinship placements are well prepared, supported and resourced.

### 4. Bednight Contracts

The Open Home Foundation is contracted through its various branches to provide an agreed amount of nights of care with associated social work for children and young people on behalf of the State. Although this seems a straight forward concept it is a complex issue as outlined below –

a) **Capped Bednights**

Bednight Contracts with Community Agencies are capped contracts. The quantity and price of bednights to be purchased are negotiated at the beginning of the financial year, and generally these figures are more dictated by budgetary considerations than by perceived need.

Practitioners in the field do not have any control over the demand for care. One family with several children needing placement can blow out the contracted figures; so too can a run of families needing placements, or a build up of children and young people requiring placement on a long term basis.

One consequence of a blow out is that social workers in Child, Youth and Family can no longer refer to an agency who have gone over their contract limits. This can cause frustration on their part as they seek other solutions which may be second or third best, and have an element of expediency about them.

This frustration also can cause social workers to have their own direct, but backdoor access to agency foster care families, with a consequent deterioration in relationships between Child, Youth and Family and the Agency concerned.

The issue at stake in all this is the capping of bednights. We do not believe bednights should be capped. If a family has gone through a professional assessment, and through the recognised care and protection process as outlined in the CYPF Act 1989, properly set up, supported and resourced care should be freely provided, if this is the decision arrived at. The Government does not cap the admission of 5 year olds going to school, or sick children being admitted to hospital but the number of children needing care in the Welfare Sector is capped even though they have been professionally assessed as being in need of care and protection. This is wrong.

b) **Children in long term, or permanent care**

Permanent placements engender a lot of discussion within the Care and Protection Sector. There has been, for some years now, a strong direction from Child, Youth and Family to get foster care families to take Custody and Guardianship Orders in their own right and receive the Unsupported Child Allowance for children in their care who are unlikely to return to family.

The principles of the CYPF Act 1989 are used as the basis of this direction, but it is our perception that the dominant driving force is the need to get such long term placements out of the budget of Child, Youth and Family Site Managers and to free up Bednight Contracts for new referrals.

This push towards foster carer families taking Orders in their own right can have major effects upon them. These families can feel pressurised into taking these Orders, and in the process becoming vulnerable to contested actions in the

Family Court from natural guardians, to receiving reduced financial payments and social work support. In effect these families can be given the message that now they have made the extraordinary commitment to care for a child not their own through to independence, they will be rewarded through less resourcing and little or no social work support. This is wrong in principle. Rather the attitude ought to be what can the community and the Government do to support families who make this commitment, so they are able to maintain the commitment long term. This applies to both kinship families and foster care families, and is critical for the wellbeing of children and young people in their care.

The Open Home Foundation and Child, Youth and Family have met on several occasions to discuss the vexed question of permanency, and bednight provision. The attached paper headed "A Permanent Home for Every Child" is the agreed position arrived at between the two agencies. The paper acknowledges every child is entitled to a permanent and committed family but stresses that a foster carer or kinship carer taking Custody and Guardianship Orders is only one way of achieving permanency. Many factors affecting the best interest of a child have to be taken into account into arriving at how best to ensure a permanent placement for a child.

An important underlying issue is how to resource a permanent placement regardless of whether it is the family or an agency who holds the Custody and additional Guardianship Orders. While Child, Youth and Family and the Open Home Foundation have reached agreement on the principles underlying the provision of a permanent placement, it was acknowledged funding can be a block to the implementation of these principles.

There is an understanding that permanent placements require support and resourcing which is relevant to their circumstances, but that such resourcing can consume 'bednights' to the detriment of new referrals. In effect the concept of ongoing and relevant support for permanent placements and the need to free bednights are in conflict, and it is this issue which needs to be resolved.

It is the recommendation of the Open Home Foundation that Government allocate separate funding for permanent placements (regardless of who holds the Orders) which does not reduce the level of support received by a foster family, but which frees the bednight allocation to respond to current care and protection issues.

c) **Section 19 Applications**

As an approved Child and Family Support Service acting under the provisions of the 1989 CYPF Act the Open Home Foundation is able to make referrals of children and young people in need of care and protection to Care and Protection Co-ordinators. This power is authorised under Section 19 of the Act.

The Open Home Foundation receives referrals from a wide range of community agencies, as well as family self referral. Open Home Foundation social work staff are trained to make family assessments to determine the issues with which a family may be struggling, with an emphasis on the safety and wellbeing of children.

Out of this assessment care and protection issues (often neglect issues) can be identified which need to be brought to the attention of the Care and Protection Co-ordinator with a view to calling a Family Group Conference.

As a consequence of this action the Open Home Foundation can be asked to provide social work and foster care services by the Family Group Conference or by the Family Court if an application is taken to the Court by the Conference. This foster care provision is seen to be as a consequence of a formal care and protection process which the State is obliged to fund. Funding for this care comes out of the Bednight Contract, and ultimately out of the Child, Youth and Family Site Managers budget.

This method of funding Section 19 placements can be a source of tension between the Site Manager and the Director of an Open Home Foundation Branch. Whereas the Site Manager can control the number of referrals made to the Open Home Foundation under the Bednight Contract, they have no control over applications which the Open Home Foundation may make under Section 19. This means a Site Manager's Bednight Contract can be taken up with children and young people for whom Child, Youth and Family have no responsibility, leaving little or no room for their own referrals, but at the same time using money which has been allocated for this purpose.

In a time of tight budgets, and a high degree of financial accountability this Section 19 issue has caused more tension between the Open Home Foundation and Child, Youth and Family than any other factor. Understandably Child, Youth and Family Managers need to know they are in control of their own budgets, while Open Home Foundation Directors have a responsibility to ensure the safety and wellbeing of children and young people with whom they are working.

The issue has been well discussed with Child, Youth and Family, and as an outcome the Open Home Foundation Branches of Nelson and Manawatu have been "bulk" funded so they can provide a range of social work and foster care services within the financial year, on the understanding they have to manage all service requirements flowing out of the Family Group Conference process out of this funding. All of Nelson and Manawatu Bednight placements are as a consequence of Section 19 Applications. Child, Youth and Family do not make any direct referrals to these Branches.

The "Bulk" funding is being carried out on a pilot basis, but after two years it is proving to be a successful way of financing Section 19 initiatives without causing unexpected inroads into Child, youth and Family budgets.

Whereas efforts have been made to find alternative means of funding Section 19 work in Nelson and Manawatu other Open Home Foundation Branches are still paid for any Section 19 placements out of the traditional Bednight Contract. This is far from an ideal situation for either Child, Youth and Family or the Open Home Foundation. Our strong recommendation is that this matter be addressed nationwide so that Section 19 placements are paid for in a way which does not make inroads into the Site Managers budget.

The Open Home Foundation would welcome the extension of the Bulk funding scheme to all its branches, but at the same time leaving a capacity for Child, Youth and Family to make their own referrals where this is desirable.

Given all the above it needs to be restated that capped bednights adds to the difficulties outlined. The fiscal restraints mean that there is little give or take regardless of whether or not it is Child, Youth and Family or the Open Home Foundation who initiate Care and Protection proceedings. Both agencies are constrained and this can be at the cost of the best solution being offered to children and young people in need.

## 5. Specialised Services

There is a general attitude that when children or young people with care and protection needs are unable to live with their own immediate family placement for them should be found with the kinship foster care system. For the majority of children and young people this is fine, but there are some whose behaviour and degree of difficulty is such that it is a huge ask to expect an ordinary family, no matter how well trained and supported and resourced, to provide the care needed.

For the Care and Protection Sector to be able to work in the best interests of children and young people there must be a range of care services to compliment that provided by typical kinship and foster carers. There is a growing development of professional foster care for hard to place teenagers, as well as family home and residential placements. It is essential these developments continue because it is unrealistic to expect foster carers to provide all the placements required. The Open Home Foundation believes a major lack in the care services available are assessment centres where children or young people with demanding behaviours can go to be in a place of safety, where their needs can be assessed and quality time taken to find them the right home in the community whether this be with family, with wider family, or with out of family foster care. Careful assessment and time taken over placement with an emphasis on team work can be a significant factor in bringing the right care for difficult children or young people.

There is also an urgent need in our communities for safe emergency care facilities so agencies can provide care at short notice for young people for whom there is no obvious care available and yet they need somewhere to live. Such facilities would take a huge burden off social workers, and cut down on the number of placements made on the basis of expediency with all the attendant risks involved.

## Summary

The Open Home Foundation welcomes the current review of how children and young people in need of care and protection are placed. The following are a summary of our recommendations –

1. A full and independent review be held of the Care and Protection Sector.
2. Government commit itself to fully fund the Care and Protection Sector to ensure the safety and wellbeing of all children and young people.
3. Social workers be well trained in kinship care – foster care provision.
4. Agencies be so resourced that social workers carry realistic caseloads.
5. Agencies be so resourced so that all foster carers are well recruited, assessed, trained, supported and resourced.
6. Programmes be put in place to ensure kinship carers are well assessed, prepared, supported and resourced.
7. Kinship care – foster care provision out of the 'bednight' contract be funded according to demand, and not be capped.
8. Permanent and long term placements be funded in such a way that 'bednights' can be freed for current Care and Protection cases, but not to the detriment of the permanent or long term placement.
9. All decisions relating to the permanent care of children and young people arise out of a quality assessment – planning process that involves all the significant people in a child's life.
10. The bulk funding pilots of Open Home Foundation become the normal way of funding Care and Protection Services offered by voluntary agencies, with special emphasis on removing the cost of Section 19 care out of the day to day workings of Child, Youth and Family site budgets.
11. Government continue to develop a range of specialised and residential services to compliment the care offered by kinship and foster carer families.
12. In particular the Government provide regional emergency and assessment centres so as to meet immediate needs, discern care issues, and avoid expedient and hasty placements made with little information.



## A PERMANENT HOME FOR EVERY CHILD

In the context of this paper a permanent home means a home where a child can live in a committed, safe, and nurturing environment until he or she is independent and the care givers along with any other guardians and other significant people who may be involved can make the important life decisions for the child or young person.

Child, Youth and Family and the Open Home Foundation both have a commitment to ensure that every child and young person grows up in a permanent, stable and nurturing family environment. Wherever possible this will be with the immediate or wider family and the two agencies have a serious obligation to explore this option first when a child is in need of care and protection.

When it is not possible to provide a permanent, safe and nurturing home within a child's or young person's immediate or wider family the agencies then have the responsibility to provide such a home within the wider community. Where appropriate this family will be in the child's or young person's familiar locality so that links with the natural family can be maintained or enhanced. Any new family group must allow development of a sense of belonging, an opportunity to develop a significant psychological attachment to the care giver/s and maintain his or her sense of continuity, personal and cultural identity.

The basis of securing permanent family placements for children and young people lies in the quality of the social work undertaken on their behalf. In particular assessments must be thorough and involve wider family and community.

Thorough assessments lead on to a thorough planning process, a process which involves all the people who are significant in a child or young person's life. It is only when time is taken to gather together the important people in a child's life, including immediate and wider family, current foster carers, professionals and other members of the community, to identify and discuss issues and plan together that good decision making for a child or young person happens.

A decision on the nature and the whereabouts of a family who will commit themselves to provide a lasting, safe and nurturing environment for a child or young person must arise out of this quality assessment planning process. It is this process which will give direction as to whether or not care can be provided within the wider family or whether a non related family is necessary. Where a non-related family is deemed necessary, urgency needs to be given to identify and appropriately prepare/train a family that can meet the permanent needs of the child/young person as described above.

This quality assessment – planning process will also give insights and direction into what is needed in terms of support to empower the care family to maintain their long term commitment to the child or young person. The support the care family will need will be unique to their particular situation and must be considered within this context.

The chances are high a child or young person will experience a permanent home where the family has been well prepared for the task of caring, where the relationship between the child and family is based on commitment and bonding, where other important relationships for the child are continued and developed, and where there is appropriate financial, social work and other support.

There is no hard and fast rule which can be applied in determining the nature of permanency options for children and young people. How a permanent placement is secured depends upon

the wide range of circumstances which impact upon each child's or young person's life, and which must be taken into account during the process of decision making.

The overriding principle to be taken into account is as outlined under Section 6 of the 1989 CYPF Act ie. *"The welfare and interest of the child shall be the first and paramount consideration."*

The welfare and interests of a child or young person can only be arrived at after a thorough assessment – planning process has been followed, issues identified and various options explored.

Whatever is the care family option considered to be in the child's or young person's best interest this option will only succeed in practice if the family concerned receives support relevant to the nature of the care required and its own particular circumstances. For some high need situations this will mean the agency must remain involved providing social work and other support. This is particularly so for children who have been abused and neglected and come from at risk and volatile families. In these situations it is not appropriate to withdraw resources on the basis that a care family has made a long term commitment.

It is acknowledged by both Child, Youth and Family and the Open home Foundation that the permanent placement of children and young people under the provisions of the 1989 CYPF Act means they use up "bednights" which could be allocated to at risk children and young people newly referred to the agencies i.e. permanent placements consume capped bednights which are not then available for those children who have immediate care and protection needs.

While the most obvious solution to this problem is to allocate sufficient bednights to cater for the needs of both categories of children and young people in care this is not the reality with which we are currently dealing. Given this it is critical if permanent placements are to be officially moved out of the "bednight" system it is done in a way which does not penalise the child and care family concerned and put the placement at risk.

The preferred option for moving permanent placements officially out of care is for the care family concerned to take Custody and Guardianship Orders under the Guardianship Act and to receive the Unsupported Child Benefit.

While a Court Order in favour of the care family can be seen to underpin a permanent placement the Order in itself will not secure permanency. What is equally crucial is the commitment, the preparation, the ongoing support networks which may include social work support, and the financial resourcing of the placement. The purpose of Guardianship and Custody Orders is to formalise the relationship and give legal sanction and security to the placement.

Given the above the Child, Youth and Family and the Open Home Foundation agree to the following principles underlying the provision of permanent placements.

- a) Every child has the right to grow up in a permanent, safe and nurturing family environment.
- b) Social workers must give priority to ensuring children and young people have the opportunity to grow in a secure, safe and loving family.
- c) In their part in determining the nature of a permanent placement social workers reflect a commitment to Section 6 of the 1989 CYPF Act. ie. *"The welfare and interests of the child shall be the first and paramount consideration."*

- d) Decisions which give rise to permanent placements arise out of a quality assessment – planning process which considers all possible options.
- e) Wherever possible a permanent placement is considered within the wider family, before consideration is given to non related family placements.
- f) Permanency Placements are based on commitment, bonding, good preparation, training and information, relevant social work and other support, and adequate financial resourcing.
- g) Care families are not coerced into taking Custody and Guardianship Orders, but rather it is a choice freely made on the basis of quality social work information, independent legal advice and appropriate training.
- h) It is recognised that it is not appropriate for some care families to initially take Custody and Guardianship Orders given the nature of the care required, and natural family circumstances – eg. a child with difficult behaviour and/or major disability; aggressive, natural family with the likelihood of instigating contestable actions in Court. However, it is acknowledged that circumstances change, eg. a child's behaviour or disability becomes manageable, the natural families attitude changes and it may then be appropriate for these families to reconsider taking Orders. This regular review of permanency situations is warranted.
- i) Care families who do agree to take Custody and Guardianship Orders receive financial support through the UCB paid at current board rates and relevant social work and other support funded through Services Order under the CYPF Act, so they receive all the support and resources they need to maintain their commitment. (Currently for non Child, Youth and Family permanent placements the enhanced UCB board equivalent rate does not apply. For the Open Home Foundation this is a major issue which must be addressed).
- j) Foster carer families who take Custody and Guardianship Orders are given full information, and are empowered on how to access and use appropriate family/whanau, community and agency support and resources so as to be best able to maintain their commitment to the child or young person in their care.

## Conclusion

In discussing the issues surrounding the provision of permanent homes for children and young people Child, Youth and Family and the Open Home Foundation acknowledged that we have a basic agreement on the principles underlying permanency but funding can be a block to the implementation of these principles.

There is a common understanding that permanent placements require relevant support and resourcing, but at the same time "capped" bednights need to be freed to allow for response to current need.

The concepts of ongoing support and freeing bednights are in conflict and this is the essence of the difference between the two agencies over permanency issues.

We agreed that together we need to continue to advocate for funding that enables permanent care families to receive the support and resourcing they need without using up bednight allocation.

Permanent placements require funding regardless of who holds the Orders, and regardless of whether the Orders are made under the CYPF Act or the Guardianship Act.

This issue of alternative funding for all permanent placements regardless of who holds the Orders needs to be seriously explored further, so that bednight allocation is left to deal with current care and protection issues.

The two agencies also agreed that much could be gained in knowledge, skill and understanding by sharing training opportunities concerning the provision of permanent homes for children and young people. It was acknowledged that care givers willing to provide new permanent homes for children and young persons unable to live with their family group require separate and specialised training from usual foster care training.

Joint training, and joint advocacy on alternative funding for permanent placements are considered to be worthwhile activities for the two agencies to pursue together.

## 5TH DIMENSION RESOURCES TRUST

September 7, 2000

The Ministry Of Social Policy  
For the attention of Mrs. Juliet Elworthy,  
Private Bag 39993,  
Wellington.

Dear Madam,

I understand from the Office of Hon' Steve Maharey that you are assembling constructive suggestions re the operations of the CYPF Service, for perusal by Hon' Judge Brown.

We outline below some shortcomings which we have experienced.

- The Act should be applied by all CYPFs staff as in the true sense it is written. Effective and rapid recourse for children and parents to an authority outside of CYPFs must be made available to cater for times when the Act is not applied diligently or is abused while a child is under care and protection.
- More time could be spent by Social Workers understanding the child's home environment holistically, and greater effort should be made where possible, to prevent disruption of the child's familiar routine. Eg. local schools, sports, clubs, etc.
- More training in public and cultural relations should be applied to social workers and supervisors, and a mechanism should be put in place to guard against those people abusing or over-emphasizing power and authority which often results in needless division of family unity.
- The current provision of Section 430 of the Act lends itself to exploitation and covert application of ulterior motives, / hidden agendas. The panel should be accessible to Whanau members and / or parents, and should not be permitted to regulate it's own procedure to the extent of permitting conflicts of interest.
- Every guardian / caregiver should be thoroughly investigated for signs of bias or hidden traits / tendencies to inflict mental / emotional abuse before having children placed in their care.
- Children should be given every opportunity to speak to Whanau members before being uplifted without explanation or understanding.

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September 7, 2001

- Any mental assessments and medical examinations should be carried out immediately after uplifting in the first instance, before declarations or plans are formulated, and not in the current order which often causes delays of six months or more.
- Counsel for children should be introduced to the children within 48 hours, not 180 days or seven years after uplifting, as in some cases.
- Weekly communication sessions should be encouraged involving: the Social Worker appointed to the child, the parents, and the child, to develop trust and understanding.
- Family Group Conferences are often not reported according to Form 4 of the Family Court Rules, thereby often misleading the Care & Protection Panel and ultimately the Court. **The options in the format of Form 4 should be enforced for the benefit of the children.**
- Whanau should be informed in writing in advance, of the issues to be raised at the FGC concerning care and protection, and the FGC should strictly adhere to that written agenda.
- The Act and Family Court Rules should be available at each FGC, and an experienced independent adviser, familiar with the Act should chair each FGC. Such a person may be recruited from the Maori Women's Welfare League in each area and given adequate training by an authority outside of CYPFs.
- The CYPFs Act and Family Court Rules should be available at every CYPFs office for public scrutiny and understanding, and in the homes where children are placed.
- Currently, if the Social Worker's investigation is lacking, the Management will be misled, the Resource Panel will be misled, and Community Service Providers will be misled. Currently the parents or whanau have no opportunity to correct a social worker's misunderstandings where the Panel remains inaccessible to the public, because of the provision of Section 430 of the Act. A child's trauma / confusion increases unnecessarily a Manager / Supervisor fails to respond to letters of complaint and no independent local investigation can be mounted quickly.
- The Whanau should have access to the Resource Panel and the Panel should be held accountable for ensuring no conflict of interest through

September 7, 2000

any of it's members having ulterior agendas, at the expense of children and family units.

- Psychologist's interviews should be duplicated, one from within CYPFs and one from mainstream. They should be absolutely independent and should focus on the interests of the child. The interviewers should not be used to gather presumptuous evidence for supposedly strengthening a case for prosecution. The interviewers should be protected from the influences of a relatively inexperienced social worker's statement of first impression. Psychologist's reports should be made immediately available to Whanau, and if disagreement is apparent a further independent opinion should be sought. 20 minute interviews should be totally banned as they are frequently totally unrealistic.
- To reduce The Resource Panel's workload of scanning multiple files in restricted timeframes, perhaps the independent FGC Chairperson could be the trouble shooter / liaison person between child, whanau, caregiver, CYPFs and other services, but ultimately reporting to the Panel and ensuring all parties are performing.
- Progress / shortfall conferences among caregivers, schools, whanau, and counselors should be arranged periodically by the "professional" FGC Chairperson allotted to that case, who would be supported by the Panel in cases of non-cooperation.

Thank you for the opportunity to offer our observations.

Yours Sincerely



Maureen Reti (Trustee)



Hugh Smith (Trustee)

24 July 2000

Judge Brown  
CYF Review  
District Court  
Private Bag 92020  
Auckland

  
Website: [www.psa.org.nz](http://www.psa.org.nz) email: [enquiries@psa.org.nz](mailto:enquiries@psa.org.nz)  
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Dear Mick

Thank you for the opportunity to meet with you last Tuesday. Delegates certainly appreciated your willingness to listen and to engage in discussion over their concerns. We trust that you have recovered from any depressive tendencies this 'therapy' may have brought on.

What is most important is finding solutions to problems experienced in the Department. We summarise below the central areas for improvement as we see them. We will provide you additional comments on 'Placement' procedures and practices within the next two weeks.

To improve the quality of service when handling 'notifications' and 'placements' we propose that the Department:

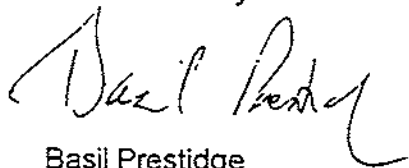
1. Introduce the 'workload management tool', to ensure that staff have the time to follow 'safe' practices and procedures, and are not over stressed when dealing with clients
2. Increase staffing levels to ensure that cases are addressed within appropriate timeframes
3. Provide training and enable staff to attend the training. For new staff this includes the induction training, on site practice, and ongoing training. For experienced staff it means providing career development opportunities, through outside training, conferences, courses, clinical supervision and the opportunity to apply skills and training
4. Demonstrate greater recognition of staff, through improved pay; additional pay for specific tasks, skills or responsibilities (eg coach; cultural adviser, senior practitioner); and non monetary benefits like sabbaticals
5. Foster quality management practices, which are participative and utilise the skills and experience of staff
6. Reorganise data collection, to ensure social workers are able to concentrate on 'social work' rather than filling in forms.

As mentioned, we will provide additional comments on 'Placement' procedures and practices. Meanwhile, do not hesitate to contact me if you wish to discuss any matter.



Once again, thank you for meeting with us, and we wish you well in writing your report.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Basil Prestidge', written in a cursive style.

Basil Prestidge  
PSA Organiser  
for the National Delegates

## Information received from members on the Mick Brown Review

This is a summary of the information received from members. We have categorised it in a way that reflects the issues raised by the review.

**Definitions.** For the purposes of this work we are using the terminology of "referrals" and "notifications" and "referrals and notifications" interchangeably to describe the beginning of the process of the department receiving information about care and protection concerns about children and young people.

### Current procedures for notifications and referrals:

(feedback received site by site)

- Clear procedures and guidelines are in place as per legislation;
- Practice of implementing procedures and guidelines varies among areas and among sites;
- There is a perception amongst members that managers are free to make decisions on how to implement the procedures and guidelines on an area and site basis. These decisions are made depending on:
  - Office structure;
  - Staff levels
  - Training of staff
  - Knowledge of staff
  - Workloads
  - Caseload management
  - Staff turnover
- Problems arise in how care and protection concerns are addressed once notifications are received;
- Tension between recording data and following procedures as opposed to undertaking the face to face social work task.
- Existing processes are generally good;
- The extension of call centre coverage has had a positive impact on standardising response timeframes;
- Problem is that cases are left on an unallocated list or allocated and activated list but without substantial investigation;

### Casework Practice Issues

- About a year ago the practice requirement to sight a child if possible was changed and the KPI measuring "case activated" was introduced. This means that this KPI can be met without necessarily ensuring that the child is safe.
- The "case activated" KPI encourages a timely response but does not ensure that the casework meets quality standards.
- The quality of casework is measured by the PQA system randomly selecting cases for review of casework practices. We do not have information on how well PQA achieves this end.

### Instruments and tools

- Learning about new tools and instruments detracts from the time spent with clients;
- RES process is cumbersome and complicated;
- RES needs to be streamlined
- 
- Need training in CARES and CKS

- Some of the tools are excellent;
- More time is needed for training before new procedures;
- Assessment tools are better than any that have used before;

#### Supervision

- Outside clinical supervision needs to be available;
- Not enough supervision is provided;
- Teams are too big, supervisors have too many staff to manage;
- Administrative tasks around data recording have increased for supervisors at the expense of providing supervision for staff;
- Lack of support for staff who are constantly dealing with families and children who are in crisis;
- Department mirrors the clients crisis and is as dysfunctional as its clients

#### Training

- Workloads are too high to allow for training;
- Insufficient training and induction;
- Training needs to be put into practice;
- Practice training needed on site;
- Cultural training required on practical behaviour level;
- Developmental training is needed for experienced staff
- Social work tertiary education fails to address theories and practice that are important to social work, eg crisis intervention;
- Training and development for new staff is good;
- Development opportunities for more experienced staff would assist retention and prevent loss through burnout;
- Supervisors do not get induction training at office level
- Good quality induction training is offered;
- Some staff are prevented from attending because of the costs of travelling and accommodation;
- Decisions on staff receiving training are made by managers and too much emphasis is placed on the budget available;
- Non-mandatory training is seen as non-essential
- Training is not followed up on the job;

#### Capacity

- One site does not have the capacity to safely do any more meet than demands of the case activated KPI;
- The department does not have the capacity to meet demand. This is shows up as:
  - Inadequate staffing levels;
  - Inadequate levels of experienced staff;
  - Difficulty in retaining experienced staff;

- This leads to insufficient experienced staff to train new staff;
- Young and inexperienced staff have difficulty establishing credibility with families
- The lack of capacity to meet demand is illustrated by:
  - Cases being put on unallocated lists;
  - Unallocated cases being activated and then sat out without proper investigation;
  - Activation of cases being used as a device to remove cases from the unallocated list;

#### **Principles and factors influencing decisions on notifications and referrals (internally)**

- There is a perception amongst members that managers are free to make decisions on how to implement the procedures and guidelines on an area and site basis. These decisions are made depending on:
  - Office structure;
  - Staff levels
  - Training of staff
  - Knowledge of staff
  - Workloads
  - Caseload management
  - Staff turnover
- Knowledge base and experience of the intake social worker and supervisor determines the quality of information taken, the decisions on the response including whether or not any response is made. Poor information gathering results in poor decisions being made.

#### **(externally)**

- The department is seen as not being able to deal with notifications made.
- Department is seen as a white middle-class organisation so some notifications are not made.
- This contributes to few notifications being received from:
  - Kura kaupapa;
  - Kohanga and kindergarten;
  - Doctors (GPs)
  - School counsellors
  - Primary schools
  - Youth Aid
- community and other agencies' perceptions of the of the department, eg:
  - not knowing what the department does and why they do it;
  - "the department just takes away children";
- people are afraid of getting involved;
- value of maintaining the family unit even if it is at the expense of the child's interests, eg Plunket, schools;
- fear of retribution

#### **what gets in the way of good social work**

- Inadequate resources available to support children and their families:
  - Contract bednight agencies cannot meet the department's needs for placements;
  - Contract bednight agencies do not always have appropriately trained caregivers;
  - It is not understood what services agencies are contracted to provide;
  - Lack of secure placements;
  - Difficult to find placement for difficult teenagers;
  - No facilities for teenagers with mental health problems who need to be placed;
  - No family home in the area;
  - Lack of a national residence in the area;
  - Lack of beds in out of area residences;
- Too many social workers who lack social work knowledge and/or practical experience
- Long-term care teams perpetuate practice of keeping children in care, generic teams would prevent this;
- Insufficient social workers to enable culturally appropriate social workers to work with clients;
- Inadequate support within the department to support changes to achieve this
- Few culturally appropriate caregivers

#### **New developments to build capacity for Maori**

- Enable social workers to network with Maori groups;
- Resource iwi or other agencies to provide whakapapa for Maori children and young people;
- Have this information available to assist social workers to identify whanau support for children and young people
- Ensure that the objectives of puao te ata tu are met
- Iwi social services have only been marginally successful, genuine sharing of resources has not resulted from the initiative
- Department needs to utilise skills and knowledge of staff within the department for this

#### **Child abuse referral protocols**

- Lack of training for both social workers and Police;
- Protocols are not complied with frequently because meetings between the department and Police child abuse teams don't occur until after an investigation or, sometimes, completed;
- Police child abuse teams often have no training and are used on other tasks and are unavailable.
- Satisfied with current procedures.

- Where there are joint Police/Department teams to do this work these seem to be satisfactory.

#### **Community education initiatives**

- Neglect campaign misleads the public over the department's capacity to respond to notifications arising out of the campaign.

#### **Process for dealing with Maori child abuse victims in Maori communities**

#### **Recommendations for improving existing processes**

- More staff, time and resources
- Refer behaviour problems to community organisations
- Mandatory reporting
- Enable the public to make notifications in person rather than just over the phone

#### **Recommendations for improving service delivery**

- More support staff who are multi-trained and multi-skilled to take over many tasks that prevent social workers from doing social work, eg data entry.
- Ensure services are delivered by culturally appropriate staff or staff trained to work effectively cross-culturally.

#### **Recommendations for improving existing management**

- 

#### **Recommendations for improving capacity**

- 

#### **Funding model**

Population-based funding disadvantages some communities because it does not take into account the socio-economic make up of communities



19 June 2000

Juliette Elworthy  
Ministry of Social Policy  
Private Bag 39993  
Wellington

Dear Ms Elworthy

**RE: REVIEW, DEPARTMENT OF CHILD, YOUTH & FAMILY SERVICES**

The Christchurch Methodist Mission's history dates back to 1939. We work in the upper half of the South Island; and in partnership with the Dunedin Methodist Mission (which began in 1890), have networks and involvement with parishes and community groups throughout the South Island. We work predominantly in the areas of child and family services, early childhood education, aged care, advocacy for older persons' rights, community development, and emergency relief and advocacy.

Out of our work with children and their families, we have identified the following set of concerns in relation to CYFS here in Canterbury:

1. Lengthy and unacceptable delays in arranging Family Group Conferences.
2. Police policy of "zero tolerance" for recidivist offenders is contributing to one of the highest arrest rates for young offenders in NZ. This in turn has created an unacceptable backlog in arranging youth justice Family Group Conferences, and in the Youth Court. We suggest that police and other agencies working with youth concentrate attention on the prevention of offending amongst younger children.
3. Some 500 children are in CYFS' care in Canterbury. We are concerned that social work resources are outstripped by the demands of this level of children in care. Insufficient time can be allocated to researching safe placement options with extended family. There is also insufficient focus on permanency planning for children in the foster care system—as evidenced by the unacceptable number of placement breakdowns.
4. A growing group of children is difficult to place within the existing foster care system, particularly children who display sex offending and violent behaviours. Adolescents are typically more difficult to place.
5. NZ's rate of youth suicide continues to be one of the highest in the developed world. We affirm the need for all social service agencies to include suicide risk assessment as part of routine assessment procedures, and for staff to be fully trained in suicide risk assessment and intervention.
6. Outcomes for Maori and Pacific Island children, youth and families continue to be of concern in all areas—health, welfare, education and justice.
7. We share a collegial concern for the workload, and stress load, of CYFS social work staff, as evidenced by the high rate of "turn over" of staff.

**CHRISTCHURCH METHODIST MISSION**

309 Durham Street • PO Box 1449 Christchurch New Zealand • Ph (03) 366-6745 • Fax (03) 366-6650

8. We welcome the development by Healthlink South of a new, in-patient service for adolescents with mental health issues.

If Judge Brown should be visiting Christchurch in the course of conducting his review, I would be delighted to arrange an opportunity for him to meet with our social work team to discuss our experience and concerns in relation to CYFS.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David Bromell', with a long horizontal stroke extending to the right.

Rev. Dr David Bromell  
Superintendent





NATIONAL COUNCIL OF WOMEN  
OF NEW ZEALAND  
TE KAUNIHERA WAHINE  
O AOTEAROA

*Affiliated to the International  
Council of Women*

## **Review of Procedures for Referral and Notification and Casement Child Youth and Family Services**

19 October 2000

S00.60

The National Council of Women (NCWNZ) forms an umbrella group for 44 women's nationally organised societies. Its purpose is to work for the good of women, families and societies through study, discussion and action. Branches of the national societies, together with many local organisations are represented at the 34 NCWNZ Branches throughout New Zealand. It forms a widespread and effective network, especially through its monthly publication known as *The Circular*. Submissions are prepared on the basis of policies set at national meetings and, when time permits, from answers to questions published in *The Circular*. This submission to the Review of CYF was prepared by the Family Affairs Standing Committee of NCWNZ based on its experience with the service.

### **Review of Procedures for Referral and Notification**

#### **Operation of the current referral and notification procedures, with particular attention to Maori:**

- (a) Section 17 of the Children, Young Persons and their Families Act 1989 does not give social workers a discretion whether to investigate a report or not. However, most sites "gatekeep" what cases they will accept. Therefore the new Call Centre is good in that it no longer lets sites gatekeep which cases are accepted into Child, Youth and Family (hereinafter referred to as CYF)
- (b) NCWNZ has policy supporting the mandatory reporting of child abuse. However, with the current level of unallocated cases, CYF would need a significant increase in funding in order to be able to deal with mandatory reporting.
- (c) The unallocated cases are exceptionally high in many areas. The NCWNZ Family Affairs Standing Committee is based in Hamilton and is aware of the situation in Hamilton CYF, where the unallocated caseload is over 600 cases. Despite reassurances from senior CYF management in Wellington, many cases are not being monitored at all or inadequately monitored. There are some cases that were reported to CYF over a year ago.  
If the statistics are correct, that Maori make up a large part of CYF clients, then Maori must also be represented in the unallocated cases that are not being dealt with.
- (d) Many agencies, schools, the Police, and professionals are frustrated at the lack of response from within CYF and therefore are not reporting, or if they are, are expecting no response from CYF.
- (e) In sexual abuse notifications, often all that is needed is a referral to CYF Specialist Services for the child or young person to be interviewed. From the interview, appropriate therapeutic treatment is recommended. Often there are no staff to make the referrals to Specialist Services. Obviously this delay is detrimental from an evidential point of view and for the child or young person who is prevented from dealing with the abuse and moving on.
- (f) Social workers are obliged to consult with Care and Protection Panels (hereinafter referred to as Panels), in relation to their investigation of notifications. Panels have regular "bring ups" of unallocated cases in order to monitor them as they are being monitored by social workers. Often cases come before the Panel that have no up to date case notes, only the Panel's advice is there. It makes a mockery of the Panel's role to provide independent, community based advice if that advice cannot be actioned due to insufficient staff.
- (g) Panels are funded by CYF. If Panels are meant to be an independent watchdog providing advice to social workers, then they need to be funded and appointed independently of CYF.

- (h) Key performance objectives are the means by which a social worker's work is assessed and by which CYF receives funding. Previously to meet the allocated response time (very urgent, urgent, 7 day or 28 day) a social worker needed to sight the child. Now, they only need to speak to someone who has sighted the child. That is dangerous practice if the person they are speaking to is not trained in the area of child abuse.

**Departmental Case Work, Processes, Practices & Support Systems and their capacity to meet demand, particularly Maori demand:**

- (a) As outlined above there is a concern about the lack of social workers. Firstly money needs to be committed by government to adequately funding CYF and this money needs to be ringfenced to provide more frontline social workers.

Secondly, the care and protection area needs to be made more appealing to work in. The pay needs to reflect the difficult job the social workers do. Mostly social workers in this area are not welcomed by the families they are working with; as opposed to social workers working with the ill or infirm. CYF needs to publicly accept the difficulties they face in resourcing and not hide them. If CYF, through the neglect advertisements, ask the public to speak out about child abuse and not hide it within the family, then CYF as an organisation needs to do the same. If social workers are consistently working on stressful cases and are given no support from CYF as a whole, they will leave the care and protection area. The latest statistics for the Hamilton office are a 31% turnover of staff in this year alone.

- (b) The social workers caseloads are too high. They are under pressure from both ends. Often there is insufficient slack in the next step in the process to move a client to another team, yet they are still receiving new cases.
- (c) The categorisation of cases into very urgent, urgent, 7 day and 28 days is good. However those 7-day and 28 days responses are simply not being met.
- (d) With the high unallocated case rate in main centres we assume that isolated communities are not having access to social work. This puts undue pressure on those professionals reporting cases when they know CYF cannot respond.
- (e) With the high turnover in staff, there are often very inexperienced social workers dealing with very difficult cases; which are very stressful. Also there is a lack of culturally appropriate social workers to deal with cases.

**Principles and Factors that influence decision-making in relation to referrals and notifications internally and externally:**

**Internally**

- Previous good or bad experiences with parts of the same family
- Previous bad experiences with difficult professionals
- The assumption that if anything worse happens to the child or young person, the notifier will report again
- Age of the child or young person. Teenagers are routinely not dealt with as they take a lot of casework and are often not willing to be worked with.

**Externally**

- Lack of education about the different agencies in the community who might be better able to deal with the issue than CYF.
- Perception of non-availability of social workers to deal with cases in a timely manner
- Social workers workload
- Previous bad experience with CYF as a professional or as a family
- The time it takes to get through to the Call Centre to report a case

## **Effective response and service delivery with particular reference to Maori:**

- (a) Sometimes families who willingly involve CYF to help them and the child or young person end up being worse off under CYF than if they had stayed within the family.
- (b) Under funding has a huge part to play in a number of areas. If there are no adequate resources then a social worker can't be allocated to a case. If there is no social worker, then no support services such as counselling, parenting courses etc can be applied for. Even if the case is allocated then they may not be given financial approval to put the right supports in place for the family.
- (c) Although the Children, Young Persons and Their Families Act 1989 expressly wants children or young people to be cared for within their families, often at a Family Group Conference the extended family are heavily leaned on to take a child or young person. The problem of the child or young person is often minimised by CYF in order to get the family to agree to take the child. Not enough adequate supports are put in place to help the extended family with the new member.
- (d) As more and more culturally appropriate services become available to deal with children, young persons and their families, these services can form part of the Family Group Conference decisions. However, as with any culture, CYF needs to commit adequate resourcing to ensure that the child, young person or their family can attend these services.
- (e) Often immediate family of the child or young person can attempt to frustrate the Family Group Conference process by refusing to have whanau, hapu or iwi present. Therefore it is imperative that the Care and Protection Co-ordinators have good contacts within the Maori community in order to identify potential participants for the Family Group Conference.

## **Child Abuse referral Protocols and Community Education initiatives:**

- (a) It is important that CYF understand referral protocols for various organisations in order to be able to get the information that they require quickly. Often there is a belief that an organisation is unwilling to supply information on a particular child or young person when in reality they are bound by an institutional protocol. For example in Hamilton any information from a public kindergarten needs to be a written request to the Waikato Kindergarten Association.
- (b) There needs to be more education about the Privacy Act and also Section 66 of the Children, Young Persons and Their Families Act 1989 that gives social workers power to request information from government departments.
- (c) The community liaison social worker is an essential role but it is a full time role and there needs to be more Maori in this position. However, the better the community social worker is at their job the more referrals will come into CYF and the more need there is for adequate staffing.
- (d) Mandatory reporting needs to be legislated for as referred to above.
- (e) Another NCWNZ policy is a national child health register so that if a number of medical professionals deal with a child the information is centrally available. The Commissioner for Children's Office refers to the need for this in the James Whakaruru report.

## **Strengths and Weaknesses of the current procedures and their capacity:**

### **Strengths**

- The Call Centre logging all calls as opposed to sites gatekeeping

### **Weaknesses**

- Lack of adequate resourcing
- As social workers become overloaded, so do the supervisors so adequate supervision becomes more difficult. Constantly having to reprioritise cases takes up valuable time that would be better spent on supervision or active casework.
- Delays in answering calls by the Call Centre

- No mandatory reporting

**Recommendation for improvements to existing process, service delivery, management and capacity in relation to referrals and notifications, and new processes of building the capacity of Maori communities:**

- (a) Increased funding across all areas of Care and Protection – investigation, informal resolution teams, children in CYF care, Family Group Conferences.
- (b) More social workers in all areas of Care and Protection
- (c) Adhering to accepted case levels
- (d) Ownership by CYF that there is a problem with resourcing and not keeping quiet.
- (e) Commitment to the education of the community by the community liaison social workers so that mandatory reporting would be viable.
- (f) Mandatory reporting (NCWNZ policy)
- (g) Commitment to ongoing training for social workers. With such huge caseloads training is the first thing to stop.
- (h) More consultation with Maori to attract Maori social workers.
- (i) Repeal Section 59 of the Crimes Act (NCWNZ policy)
- (j) Education of the community with regards to the Privacy Act, the exceptions and operating in a child focused way.
- (k) Establish a national child health register (NCWNZ policy)
- (l) Working with Maori leaders to expose abuse and support families in being able to do so.

### **Review of Procedures for Placement**

#### **Identify the Principals and Factors which Influence Decisions about Placement**

- Child safety
- Keeping siblings together
- Keeping children in family group
- Availability of caregivers
- Need to inform children about what is happening to them when they are removed from the family group
- Need to facilitate close contact between children and previous carers
- Willingness of caregivers to facilitate contact between children and their families at a very stressful time for all involved
- Access to suitable counselling
- Access to children's schools and friends
- Parents wishes
- Families wishes
- Need for the child to develop a bond with the caregiver
- Children's wishes (weighed up by age)
- Supporting caregivers

#### **Rationale for the placement of Maori in stranger care outside Whanau, Hapu and Iwi.**

- The child cannot be protected from harm within the whanau
- Unavailability of whanau
- If whanau can't care long term (if that's what is needed)
- Isolation from other supports needed for the child or young person
- Whanau can't afford to look after them and CYF won't resource them

### **Barriers to Effective Placement including Funding**

- Quick turnover of CYF staff
- Care plans are not always with the child
- CYF don't listen to the foster parents opinion in identifying problems
- CYF don't follow through on their own procedures because inadequate staffing i.e. natural justice when the foster parent is being investigated
- Adequate funding should be given depending on the problems of the particular child. One foster parents comment was that they should not have to fight for increased funding if they have a difficult child.
- Increased funding for all children
- If in family/whanau placement collusion of family in the care and protection concerns
- See "Ordinary people Doing Something Special: an article by Mary Brundenell and Ann Savage in August 2000 Social Work Now (The Practice Journal of CYF)

### **Strengths and Weaknesses of Procedures for Placement and their capacity :**

#### **Strengths**

- Attempts to find family first

#### **Weaknesses**

- Lack of CYF approved caregivers
- Lack of support for caregivers
- Lack of adequate time out
- Lack of information given to caregivers
- Inadequate funding

### **Recommendations for Improvement to Procedures for Placement including Service Delivery, Management and Funding:**

- Increased funding as of right for carers of difficult children
- Regular contact between the social worker and the carer
- Responding to carer's concerns about the children they care for
- Ensure that care plans are given to the foster parent so they know what is expected of them with a child
- Adequate funding to address the children's problems while they are in care so that if they return to their families they have begun to address their difficulties

### **Obtain Information on the Operation of Placement outside Family including the Department's Capacity in Availability of Placement Resources**

- There are insufficient foster placements. Children or young people with specific needs are harder to find foster placements i.e. when they have abused other younger children.
- We believe that CYF regularly advertise but are unable to find suitable people as foster parents

# Child, Youth and Family Submission to the Government Reviews of Referrals and Notifications and Placement Services

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## INTRODUCTION

This paper is Child, Youth and Family's submission to the Referrals, Notifications and Placement Procedures Reviews being carried out April – June 2000 [Reference: SPH (00) 17].

### Terms of reference for the reviews

The review of procedures for referrals and notifications is to:

1. obtain information, including stakeholder perceptions, on the operation of the current referral and notification procedures, including current referral and notification patterns and sources, and Child, Youth and Family's responses
2. obtain information on departmental casework processes, practices and support systems (procedures, guidelines, instruments, supervision, training), and Child, Youth and Family's capacity to meet demand in relation to referrals and notifications
3. identify the principles and factors that influence decision-making in relation to referrals and notifications, internally and externally
4. obtain information on barriers to effective response and service delivery in relation to referrals and notifications
5. obtain information on the child abuse referral protocols and community education initiatives
6. assess the strengths and weaknesses of the current procedures and their capacity
7. make recommendations for improvements to existing processes, service delivery, management and capacity in relation to referrals and notifications
8. report to the Minister of Social Services and Employment on findings and assessments of referral and notification procedures, and the recommendations based on these.

The review of procedures for placement is to:

1. obtain information, including stakeholder perceptions, on the operation of the current procedures for placing children outside their immediate family, including Child, Youth and Family's capacity and the availability of placement resources
2. identify the principles and factors that influence decisions about placement
3. obtain information on barriers to effective placement, including funding barriers
4. assess the strengths and weaknesses of procedures for placement, and their capacity
5. make recommendations for improvements to procedures for placement, including the areas of service delivery, management and funding
6. report to the Minister of Social Services and Employment on findings and assessments of procedures for placement, and the recommendations based on these.

Consultation will take place between the reviewer and both Child, Youth and Family and significant stakeholders external to Child, Youth and Family, including Māori, Pacific Peoples, community-based professionals, non-government organisations, Police, and relevant health and education services.

Child, Youth and Family notes in each Review's Terms of Reference that, as well as examining its referral and notification procedures, and placement processes, the capability and capacity issues that create the context in which Child, Youth and Family's activities (purchased and delivered) occur also need to be reviewed.

This paper provides information on key issues to do with legislation, social work and contracting procedures, and overall sector capability and capacity. It consists of three parts:

- Part A: Context
- Part B: Referrals and Notifications
- Part C: Placement Services

In addition, there are three appendices that provide more detailed information to the reviews on legislation, policy and practice in relation to each of the Reviews:

- Appendix 1: Referrals and Notifications
- Appendix 2: Placement Procedures
- Appendix 3: Organisational Supports to Promote Good Practice

## PART A: CONTEXT

### Introduction

The Department of Child, Youth and Family Services (Child, Youth and Family) brings a family preservation approach to its statutory services. This approach is based on a child-focused, family/whanau-centred practice paradigm and is underpinned by the objects and principles of the Children, Young Persons, and Their Families Act 1989 (CYP&F Act). These principles emphasise that the best interests of the child are paramount and are most often served by supporting the child within their family or family group.

Responding to notifications of abuse or offending and making placements of children in care are central elements in the process of statutory social work. These processes must be done well if children are to be kept safe and families and whanau supported to look after their children.

Our submission focuses on the processes of notification and placement. The first part of this paper provides a context for the later focus on these processes. The context section covers:

- The role of Child, Youth and Family: sets out the statutory role of Child, Youth and Family, comments on working at the 'hard end' of social problems in our communities, looks at changes in the communities we serve, and reflects on the public and media scrutiny we operate under.
- Services by Maori and for Maori: considers who the children are that the Department deals with, asks how we can give effect to the Treaty of Waitangi, considers the devolution of services to iwi and Maori, looks at the context of Government's Closing the Gaps strategy and reflects on work force improvement.
- Funding, accountability and outcomes: looks at public versus Government expectations of the Department, considers resourcing in light of demand driven services, comments on the responsibilities of the Chief Executive and increased investment in infrastructure, and outlines the review of the Department's output classes.
- Organisational issues: reviews a decade of restructuring, identifies increased accountability for the Department, discusses how we can achieve better integration as a new Department, and comments on problems of recruitment, retention, and staff morale.

## Role of Child, Youth and Family

### KEY POINTS:

- Child, Youth and Family delivers and purchases a range of social services to achieve government's key goals
- We are the state agency with responsibility for statutory social services
- Our work is challenging and stressful:
  - ◆ working with the most disadvantaged
  - ◆ exercising coercive powers in a 'helping' relationship
  - ◆ managing complex inter-agency relationships
  - ◆ facing public and media scrutiny
- Together with work volumes and resourcing issues these factors damage staff morale
- Our changing community will make the work more difficult

Child, Youth and Family is responsible for the delivery of social services that contribute to achieving the Government's key strategic social goals to:

- provide strong social services
- *close the gaps* – improving the life outcomes for Māori and Pacific people
- build stronger communities.

We deliver services in five broad areas or 'output classes':

- prevention services to promote the well-being of children, young people and their families
- approval and contracting of not-for-profit community social service providers
- statutory care and protection and youth justice social work services
- family group conference services
- adoption services.

In the year 1999/00, our Purchase Agreement with the Government requires us to deliver social work services for 24,500 notifications and 7000 youth justice referrals, manage more than 17,000 plans and orders, and look after more than 7,000 children and young people needing alternative care. We also fund over 1000 community social service agencies, including women's refuges, Family Start, counselling and family support services and youth programmes.

## **Working at the 'hard end'**

Statutory social workers deal with the most extreme situations affecting the wellbeing of children, young people and their families. They make judgements that no other agency or professional is called upon to make, within a system that requires them to constantly reassess priorities and risks. They are in the business of predicting human behaviour, when it is beyond the ability of any social work system to accurately and consistently anticipate how people will act.

The issues confronting our staff are among the most difficult that any social workers deal with. The work is complex and there are few absolutes. Staff members deal with ambiguous information, operate in grey areas and find solutions among options that are often less than ideal. The work is high risk. Mistakes are dangerous and costly, in both human and financial terms. Results are difficult to observe; it is difficult to measure the effectiveness of interventions or to link outcomes for clients to the services provided. There are few valid and reliable measures of either the negative impact or the positive outcomes of social work interventions.<sup>1</sup>

Despite these difficulties, we manage in excess of 26,000 notifications and 20,000 plans and orders every year. Collectively, social workers make more than 15,000 placement decisions in any single year.

## **The changing nature of our communities**

### **Increasing numbers of Māori and Pacific young people**

The changing nature of family structures and communities adds to the complexity of our work and has significant implications for service delivery over the next few years.

The number of children aged between 10 and 13 years will increase by 20,000 between 1998 and 2002. This 'bulge' will flow into the 14 to 16 year age group over the three subsequent years to 2005. As a consequence, between 2002 and 2005 we will experience increased demand for youth and youth justice services.

An increasing proportion of children under the age of 15 will be Māori and Pacific. In 1996, 24% of children were Māori, 10% were Pacific Peoples, and 6% Asian. By the year 2016, these proportions are projected to grow to 28%, 13%, and 11% respectively. This shift will create a need for increased iwi/Māori social service provision and appropriate services for Pacific Peoples and Asian groups.

Given resident population increases, Northland, Auckland, Hamilton, Tauranga, and Wellington areas are expected to experience the most pronounced need for service level increases over the next 20 years.

### **Children in sole parent families**

In 1996, 24% of children under 17 lived with one parent. Eighty-five percent of one-parent families are headed by a sole mother, of which 43% are Māori and 30% are Pacific Peoples.

Sole mothers have relatively low rates of employment, with 36% of sole mothers employed in 1996. The gap between employment rates of sole and partnered mothers grew from 13% to 19% between 1981 and 1996. In 1996, 25% of Māori and 28% of Pacific Peoples sole mothers were employed, compared with 44% of European sole mothers.

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<sup>1</sup> Report from the Social Policy Agency on Re-notifications, 1998.

In 1996, 38,500 children were not living with either of their parents. Most of these children lived with other relatives or siblings.

New-born children with no resident father made up 24% of all births in 1996. They made up 70% of children born to women under 20 and 43% of children born to women aged 20 to 24. Fifty-three percent of births to Māori women and 31% of births to Pacific Peoples women have no registered resident father.

New Zealand has a high rate of teenage fertility compared to other countries. Māori women under 20 are four times more likely, and Māori women under 18 years are six times more likely, to have a baby than non-Māori women of the same age. Teenage mothers are often subject to adverse socio-economic circumstances, have limited educational attainment and experience poor employment and earnings potential.

### **Children in crowded housing**

In 1996, 49% of Pacific Peoples babies under one year lived in households with more than one family, as did 35% of Māori babies and 14% of babies from European or 'other' ethnic groups. Eighteen percent of Pacific Islands and 14% of Māori families with children shared their accommodation with others.

Children in one-parent families are more likely to live in extended families. Extended family living is associated with higher levels of crowding. One in five people living in extended family households experienced overcrowding in 1996. Forty-one percent of Pacific Islands people were likely to live in extended families.

In NZ, 50,000 children (5.3% of all children) under 18 live in crowded households. Crowded housing tends to be associated with experiencing social disadvantage. Māori and Pacific Peoples are highly over-represented among those identified as living in crowded households. Overcrowding tends to be concentrated in South Auckland, Porirua, Central Auckland and the Gisborne region.

### **Children and low income**

The income gap (ratio of mean equivalent disposable income) between one-parent and two-parent households has widened from 1:1.4 in 1989 to 1:1.7 by 1999. Between 1990 and 1992, one-parent households increased from 10% to 22% of households in the lowest income quintile. In 1996, one-parent households made up 7% of all households, but 19% of households in the lowest income quintile.

The number in the lowest income quintile of all households with dependent children rose from 38% in 1990 to a peak of 61% in 1994, before decreasing to 48% by 1996.

Over the past two decades, Māori and Pacific Peoples households have had an increasing representation in the lowest income quintile. Māori households were more likely than other households to have no one in paid work.

There is a growing concentration of employment in some households and unemployment in others. In 1996, the number of families with no parent employed reached 105,000, or 23% of all families. The proportion of families with both parents employed full-time reached 30%.

Those aged 15 to 24 years continue to have the highest unemployment rate, currently running twice as high as the unemployment rate for the whole population. In 1998, unemployment rates were 5.5% for European, 17.8% for Māori, 15.8% for Pacific Peoples and 15.6% for 'other' ethnic groups. The ethnic employment gap is associated with differences in age structure, education and qualifications, and for women, sole parenthood. Māori and Pacific Peoples tend to be concentrated in areas of high unemployment. In 1996,

Māori adults were twice as likely as non-Māori to have received an unemployment benefit, and three times as likely to have received a domestic purposes benefit.

Between 1985 and 1998, the proportion of children under 18 years of age with a parent on a benefit increased from 12% to 27%. Lack of paid work has been associated with increased risk of marital disruption, reduced likelihood of couple formation or couple stability, and reduced well-being.

Children of benefit recipients are over-represented among our clients. In 1996, children of benefit recipients made up 59% of children subject to care and protection notifications and 51% of young people subject to youth justice notifications.

An increase in the number of people on a benefit or experiencing social disadvantage caused by unemployment and underemployment, particularly those in the 15 to 24 year age group, will impact on the demand for the services we provide.

### **Facing public and media scrutiny**

The nature of our statutory responsibilities means that we will always operate in a high-risk area and under constant public scrutiny. Public perception of Child, Youth and Family is primarily formed by information presented through the media. Media depictions of Child, Youth and Family are often negative. This has a corrosive effect on public confidence in the work of statutory social workers.

More than 99% of our assessments and case management provide good results for families. However, there are a handful of cases with adverse outcomes that attract high profile media attention. We are routinely blamed irrespective of the circumstances.

On a daily basis, social workers have to balance decisions and actions. On one hand, they have a care and protection responsibility to ensure the safety and well-being of children and young people; and on the other, they must exercise the 'state control' role against those who may be the cause of harm. The public's expectations of how we should intervene in the lives of families will always be contentious.

We acknowledge the need for our work to be open to public scrutiny and for us to be held publicly accountable for our performance. However, public expectations often demonstrate ambivalence about whether and how we should use our coercive statutory powers. Workers who have tried to strengthen families to keep children safe within the family, rather than use the full weight of the law to remove children from abusive situations, have been heavily criticised when something has gone wrong. On the other hand, workers have been criticised for relying too heavily on the use of their statutory powers, being too intrusive in the lives of families and undermining the rights of parents and other family members.

Such criticisms highlight the difficult professional judgements that social workers are required to make every day in assessing risk and in making safe decisions that are in keeping with good practice and the principles of the Act, including that:

- the welfare of the child/young person shall be paramount
- intervention into family life should be the minimum necessary to ensure the child's/young person's safety and protection
- the family should be supported as much as possible to care for and protect their children/young persons.

We acknowledge that some critical, and at times fatal, mistakes have been made. Such cases have been subject to in-depth review by experienced practitioners and managers.

Negative public perceptions of the work of social workers leads to morale problems among staff. Frustrations arise from the constraints that are imposed on staff in responding to

criticism of their practice. Statements by people or organisations outside Child, Youth and Family cannot be adequately refuted, or vital contextual information provided, because of privacy and ethical considerations.

Negative public perception of our performance influences social work decisions. Constant criticism can lead to defensive practice, where social workers take a conservative approach focusing exclusively on the physical safety of children and young people at the expense of their emotional wellbeing. This can result in less family involvement and more children being placed in out-of-family care.

Many staff leaving Child, Youth and Family attribute their decision, in part, to the cumulative, caustic effects of negative media portrayal and poor public perception.



## Services by and for Māori

### KEY POINTS:

- Māori children make up 45% of the children and young people that we deal with
- There are real problems in developing the competence of our staff to deliver effective services to Māori
- Our moves to devolve services to iwi and Māori providers sit in the context of political debates about the Government's responsibilities under the Treaty and the Government Closing the Gaps strategies
- Māori have a real cynicism about our willingness to meet Treaty and CYP&F Act obligations
- The CYP&F Act Amendment Bill has the potential to exacerbate tensions in the delivery of services for Māori by Māori

### Who are the children and young people we deal with?

Approximately 45% of the children and young people we deal with are Māori. It is unlikely that this will change quickly. We are primarily a provider of statutory remedial services that are accessed by families at risk when they have fallen through gaps in the universal services – such as education, health, housing and employment – provided by other sectors.

We have introduced systems and requirements to record the whānau, hapū and iwi affiliation of Māori children and young people. However, more needs to be done to ensure the details of whakapapa are well recorded and inform casework.

We have managed to place 45% of Māori children and young people with their whānau, hapū or iwi. This compares with 33% for all children and 22% for Pakeha children.

### How can we give effect to the Treaty?

Steps by Child, Youth and Family to give effect to the Treaty sit within the wider recognition of the Treaty by Government and the responsibilities of Government under the Treaty. There is ongoing political debate about the tension between the principles of kawanatanga and tino rangatiratanga. It is the prerogative of Government to resolve this with Māori.

As a statutory agency, we carry out a wide range of functions. As with the Police, some of our more coercive functions can be cast as article 1 functions (kawanatanga), while other functions are services to all citizens who require them (Article 3). Māori see their children as taonga. Some Māori argue that matters to do with children therefore relate to tino rangatiratanga rights, and should be addressed as article 2 issues.

We are developing a Treaty framework to guide our practice and decisions on devolution. However, this work sits in the wider context of the evolving relationship of the Crown with Māori, and to some extent we are operating in a macro-policy vacuum.

One of the findings of the Waitangi Tribunal's report on Waipareira is that issues of rangatiratanga are broader than iwi. This has led to proposed amendments to the CYP&F

Act (CYP&F Act Amendment Bill #2) to recognise whānau, hapū, iwi and Māori social service providers.

We will have a role in approving whānau, hapū, iwi and Māori social services. This means that we will need to review our policy and procedures for approval. There are considerable risks in us trying to define whānau, hapū or iwi structures or to assess the exercise of rangatiratanga. These are issues for whānau, hapū, iwi and Māori communities to discuss, test and resolve for themselves.

### **Where to on devolving services to iwi and Māori**

We straddle an uncomfortable divide between the realities of Government process (including the State Sector and Public Finance Acts) and the expectations of iwi and Māori providers who wish to enter a direct relationship with the Crown.

Since the introduction of the CYP&F Act (1989) we have built expectations among iwi and Māori providers that services and funding will be devolved to them. Although we have committed considerable management energy and resources to grapple with this issue, we have made limited progress towards devolving services and funding. By and large, the expectations of Māori have not been fulfilled.

We are constrained by the State Sector and Public Finance Acts, the absence of wider Government policy, and the imperative to keep providing demand driven services. Despite our best intentions and moves towards partnering funding relationships, iwi and Māori providers remain sub-contractors to Child, Youth and Family. We need to test with Government the level of statutory provision of child protection and youth justice services to Māori it wants to devolve to iwi and Māori providers, and whether the Crown will enter into direct purchasing relationships with iwi and Māori organisations.

If devolution of statutory services to iwi and Māori is extended, then a sizeable proportion of our current resources will need to be transferred to iwi and Māori providers. Government will need to determine the ongoing level of funding required to provide a 'safety net' service to all citizens under article 3 of the Treaty.

Services provided by iwi and Māori have not been funded to the same level as established voluntary sector providers. Purchased services are not a cost-saving response for Government or Child, Youth and Family. Moving to equitable funding will require additional resources or a significant movement of funding away from established voluntary sector providers.

The devolution of services may cost more than existing services if the state is required to provide residual statutory services to support clients whose needs are too complex, challenging or dangerous to manage in community settings.

### **Government Strategy**

The current Government has a clear strategy to 'Close the Gaps' for Māori and Pacific Peoples, which is intended to address the disparities between Māori, Pacific Peoples and other New Zealanders.

Government has indicated that it is committed to supporting Māori communities to develop their own policy, planning and programme delivery capacities. The CYP&F Act's objectives, principles and duties provide a clear framework for this development.

We are implementing a range of strategies to give effect to Government's Closing the Gaps strategy. These include:

- maximising kin-based care as the best opportunity to ensure the safety and well-being of Māori children

- promoting by-Māori-for-Māori service strategies
- supporting provider development for iwi and Māori providers
- promoting opportunities for Māori influence in decision-making about outcomes for their own children and young people, and about the service responses required to enhance Māori wellbeing.

### **How do we build a culturally competent workforce?**

There is a real need to build – in both Child, Youth and Family and Māori social service providers – a strong and culturally appropriate social work workforce that can provide better services to Māori.

The majority of social workers – both in our organisation and in voluntary sector agencies – lack professional qualifications. There is a clear tension in the professionalism debate between life experience, cultural competence and professional qualifications. This is particularly pronounced within the Māori social work workforce and for Māori social service providers. The proposed legislation to register social workers will present real challenges to the partnership between Child, Youth and Family and Māori.

Social work tools such as the Risk Estimation System (RES) have gained a certain measure of credibility due to an exhaustive process of consultation and testing with Māori. These tools should be able to translate to Māori service providers. However, other social work processes, such as investigative interviewing, family group conferencing, and placement processes have not been through a process of cultural ratification. To build effective partnerships with iwi and Māori in the delivery of statutory social work services, it is vital that work to develop Māori models of statutory practice proceeds. The absence of clearly articulated Māori social work practice models will hold back the transfer of functions to Māori providers.

## **Funding, Accountability and Outcomes**

### **KEY POINTS:**

- There is a significant gap between community expectations of Child, Youth and Family and our accountabilities under our Purchase Agreement
- There is a gap between what is actually purchased from us and what can be measured as being achieved
- Funding increases for CYF have not been related to increases in demand-driven services
- 84% of special-costs funding is spent on care services
- There is a conflict between the Chief Executive's responsibilities under the CYP&F Act 1989 and the Public Finance Act
- Recent increased investment in Child, Youth and Family has focused heavily on infrastructure requirements
- We need to set in place a more functional set of output classes

### **Public expectations vs. Purchase Agreement**

There is a significant conflict between community expectations of Child, Youth and Family and our actual accountabilities under our Purchase Agreement. The public and media often fail to grasp the nature of the relationship between a Minister and their Department. The public and the media hold both the Minister of Social Services and Employment and Child, Youth and Family accountable for the achievement of outcomes for children, young people, their families, community providers, victims and society generally.

The Minister of Social Services and Employment purchases a range of outputs (services) from us through annual appropriations for Departmental Output Classes (DOC) and Non-Departmental Output Classes (NDOC). In turn, we both deliver and purchase services from other providers. The Purchase Agreement forms part of the Chief Executive's accountability documents. We are accountable for delivering or purchasing the specified range of outputs.

Work is underway across the public sector on measuring the outcomes of public investment in service provision and incorporating such measures into Purchase Agreements. However, currently there is no such methodology or direct relationship. Consequently, there is a very significant gap in our knowledge between what the Minister purchases from us and how this actually contributes to Government's desired outcomes. The outcomes of social services interventions are particularly problematic to measure because of multiple intervening variables in the life of a child, young person and their family subsequent to a given intervention.

The measures of performance developed in our Performance Quality Assurance programme can only be regarded as proxy measures for a fully developed outcome measurement

methodology. These measure short-term outcomes of given interventions; for example, care placement assessed and approved, or child's safety secured.

### **Operating a demand-driven service with capped funding**

We have received additional funding for specific new service programmes or to improve aspects of our performance (for example, Youth Services Strategy, Residential Services Strategy, Core Services). These funding increases have tended to be specific and either performance related or time limited. In general terms funding increases have been unrelated to actual increases in demand for our services. Because care and protection and youth justice services are demand-driven this situation has become increasingly untenable over time.

Court-ordered services and FGC outcomes are largely non-discretionary. Services such as supervision with residence or care services must be resourced. This situation has led to internal competition for service funding and has increasingly distorted both social work practice and departmental purchasing relationships with voluntary sector providers.

Services that support families to better protect and care for their children and young people in the home have diminished as the proportion of funding spent on care-related services has increased. Support services have come to be seen as discretionary, whereas care is non-discretionary. Some 84% of special costs funding, which provides social services to families, is being spent on care and related services.

While taking a child into care is a significantly intrusive intervention in the life of the child there is a perception among some staff that doing so is the only certain way to secure adequate resourcing.

### **The Chief Executive's dual responsibilities**

Unlike legislation that drives the Health and Education sectors, under the CYP&F Act our Chief Executive is responsible for the provision of services to children, young people, and their families – without regard to the limits of available funding. The Act also requires the Chief Executive to ensure services are established in the community. Provisions of the Act also allow Courts to direct the Chief Executive to provide services and assistance in relation to a child or young person, unless such an order is clearly impracticable.

The CYP&F Act ensures Child, Youth and Family is a default provider for clients in other sectors. For example, the lack of mental health services for children and young people can create a care and protection concern that requires care. Once in care, the service costs fall on us. Under the Act Courts can also make service and support orders against the Department regardless of whether the child or young person is in care.

The Chief Executive has the obligation of ensuring that departmental expenditure is managed in accordance with the financial regime created by the Public Finance Act. We have been advised that where the Chief Executive is unable to meet statutory expenditure obligations she may be in breach of statutory duty, but that the duties under the Public Finance Act are paramount in any conflict between her statutory responsibilities.

Departmental managers have internalised requirements for tight fiscal management to the extent that they no longer seriously consider putting in place a costly family support regime unless it can be accessed from existing contracted providers. This, in turn, has led to limited service provision, particularly in rural and small-town New Zealand.

### **Increased investment in infrastructure**

Increases in Government investment in recent years have largely been limited to specific new service programmes (for example, Youth Services Strategy) and necessary investments in infrastructure – particularly investments in IT and building residential service capacity.

We are currently developing and rolling out a major IT service development known as CYRAS (Care and Protection, Youth Justice, Residences and Adoption System). The rollout of this new case-recording system is due for completion by the end of October 2000. This large initiative has required significant Government investment and has, over the past three years, been a significant draw on departmental resources, including frontline staff involvement in project and system design and testing. Expenditure on the CYRAS project at the end of March 2000 was \$7.349 million out of a total project budget of \$12.7 million.

In 1996, Government approved the Residential Services Strategy at a capital cost of \$60.9 million to provide residential service facilities of some 166 beds – representing an increase of 65 beds from the level in 1996. To date, a youth justice facility has been built in Palmerston North and a unit for adolescents with sexually-abusive behaviour in Christchurch has opened. Three new residences (2 youth justice and 1 care and protection) are scheduled to open in the 2001/2002 financial year.

### **Reviewing the output classes**

We are reviewing our output classes (vote structure). The current output structure reflects the output pattern and philosophies of the two agencies that made up the new department – the Children, Young Persons and Their Families Service (CYPFS) and the New Zealand Community Funding Agency (NZCFA). As a consequence of bringing these two agencies together, we have responsibility for statutory care and protection and youth justice services and a wider responsibility to support services in communities. Consequently we have also inherited a mixture of DOC funding and NDOC funding<sup>2</sup>.

The key objectives for the review are to develop a Vote structure that:

- supports the Government's objectives for Child, Youth and Family, and allows Government to identify and measure the contribution of our Outputs to the Government's desired outcomes
- is consistent with our key priorities
- recognises the need to maintain quality services and manage demand driven costs and pressures
- ensures an appropriate mix and balance and clarity between DOC, to meet costs of direct service delivery, and NDOC, to ensure that services are available in communities to support community needs
- assists us to focus, to the extent possible, on the contribution of our outputs to Government outcomes
- aligns with our performance measures and organisational structure
- ensures that child protection, youth justice and adoption services (both Child, Youth and Family delivered, and delivered by the voluntary sector), and services to support children, families and communities are clearly located for funding purposes
- reassigns departmental overheads where this location is more appropriate.

In a number of areas, we have a choice between providing services directly or by contracting work out to the voluntary sector. This "make or buy" situation is not well defined in the

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<sup>2</sup> DOC: Departmental Output Class funding. In CYF this has generally been considered as funding for the direct delivery of services, although some DOC funding is also used to contract for services. NDOC: Non Departmental Output Class funding. In CYF this funding has generally been regarded as the funding from which voluntary sector social services contracted. NDOC funding entails a lesser level of accountability to Government for the services provided.

current output structure, and needs to be clearly distinguished from situations where Government is providing funding through us to voluntary and community agencies for other community purposes.

Confusion has arisen where essentially similar activities such as funding bednights may be charged either to DOC or NDOC. Programmes like bednights may also include funding of a range of activities and programmes, but these are not bundled distinctly.

The Notifications and Referrals and Placements Review may be interested in receiving a copy of the Output Review Discussion Paper.

We also plan an Output Pricing Review in time for 2001/2002. This will examine the price components of delivering each output and seek funding increases where these are necessary to preserve the quality of output delivery.

## Organisational Issues

### KEY POINTS:

- We face considerable challenges as a result of constant restructuring
- Our delivery and service purchasing functions are not as well integrated as they should be
- Only 44% of frontline staff have a social work qualification
- The supply of qualified social workers does not meet the combined demand from Government and the voluntary sector
- There is a tension between the value placed on social workers having professional qualifications and life skills
- Our recruitment and retention problems are exacerbated by competition from better paying less stressful jobs in the voluntary sector
- The Government's proposal to introduce a Registration of Social Workers Bill this year has significant implications for Child, Youth and Family
- Maintaining front-line staff morale is a significant challenge

### A decade of restructuring

The creation of the Department of Child, Youth and Family on 1 October 1999, was the culmination of a decade of organisational change for the social work and community services of Government. The significant milestones in that decade are described below.

The implementation of the CYP&F Act 1989 commenced from 1 November 1989. New statutory officials were introduced into the structure and statutory Care and Protection Resource Panels were established with which staff were required to consult. The jurisdictional separation of Care and Protection, and Youth Justice, led to some organisational change in response. New processes were introduced for the approval of, and contracting with, Community Service Providers.

In 1991, as a result of fiscal pressures, the then Department of Social Welfare reviewed its structure across the Benefit and Pensions and Social Work Divisions. Structures were flattened, student units were closed, and much experience and expertise was lost. The biggest loss to social work support at this time were positions known as Executive Senior Social Workers, who led the Social Work Supervisor group on site and were responsible for the maintenance of professional standards.

In 1992, the 'Kirkland Review' saw the Department of Social Welfare separate into focused "business" groups, including the New Zealand Children and Young Persons Service and the New Zealand Community Funding Agency. This period was characterised by the pulling apart of Benefits and Pensions, social work, and community services at the local level and the break up of an administration services network which had serviced these service streams.

NZCYPS failed to meet its budget requirement (by about \$1.2 million) at 30 June 1993. The Director General of Social Welfare established an external review team led by Mr Andrew Weeks. The recommendations of the 'Weeks Report' were accepted by the Director General, at the end of 1993.



The first 6 months of 1994 was a period of feverish activity as the service was totally reorganised:

- 4 regions and 36 branches were disestablished
- 14 Area Offices were created each with a number of sites reporting
- A completely new Purchase Agreement was constructed and implemented. KPI's were born
- The CYPFS computerised social work information system was redesigned as SWis
- New HR procedures were introduced across the country, including revised job descriptions and desk files for every position, new time recording and leave management processes
- Pay and accounts work was decentralised to Area Offices, from a central processing centre
- An entirely new National Office structure was introduced with executive responsibilities aligned to output classes.

In 1995, the NZ Children and Young Persons Service was renamed Children, Young Persons and Their Families Service (CYPFS). While not a structural change, the brand change did cause some negative public comment (which was only exacerbated by further name changes in 1999).

In 1998 the Community Funding Agency (CFA) embarked on significant re-engineering of approvals, contracting and funding processes, which was the precursor to significant organisational change. Simultaneously CYPFS was investigating ways of improving its operations, including:

- the re-centralisation of payroll, some HR and accounting activities
- an Area network proposal aimed at separating the functions of business and practice management and providing better support to Supervisors and thus Service Delivery teams through the introduction into local operations of the position of Practice Manager - a somewhat "improved" version of the Executive Senior Social Worker position removed some eight years earlier
- development of FGC co-ordination services as a separate service stream managed nationally and
- expansion of the Auckland Call Centre to provide nationwide coverage for intake.

In September 1998, the Director General of Social Welfare announced her intention to amalgamate CYPFS and CFA into a new entity, to be known as the Children, Young Persons and their Families Agency (CYPFA). This was acknowledged to be the first step in the process of creating a new Department of State. The amalgamation resulted in an entirely new management structure. While not a direct result of the integration process, change proposals underway in the two former agencies continued with the agreement of the new Executive. These change proposals included:

- restructuring of the Contracting Group
- centralisation of Payroll, some HR and Accounting functions
- the amalgamation of Care and Protection and Youth Justice services in Auckland reducing the number of Areas from 3 to 2

- Development of a National Call Centre to provide a full front of house service for the new Department including social work intake services.

A number of other changes proposed in the Integration Blueprint Document did not proceed. This was either because of the scale of change required at a time the Agency was already stretched, or because of funding shortfalls.

In April 1999, the Government announced its intention to establish the Department of Child, Youth and Family Services. The implications of this change were in the main at National Office, with the appointment of a Chief Executive and establishment of functions for direct reporting and accountability to Government.

### **Increased accountability**

As a stand-alone department, we are now accountable to a greater degree than ever before, and subject to a much higher level of Government and public scrutiny. In response to this increased accountability, we have been very focused on ensuring that managers understand their financial accountabilities and that the organisation has effective monitoring and reporting systems in place. Arguably, the predominant management focus over the last ten years has been on implementing a tighter 'business' focus in Child, Youth and Family, at a possible cost to a focus on professional practice. This mirrors the health sector experience over the same time period.

Being subjected to a higher level of Government scrutiny has meant that more resources have had to be applied to meeting the Government's ownership requirements, particularly in National Office. For example steering our Vote through Budget 2000 took up significant policy, finance and management resources. This deployment of resources to meet Government requirements has been perceived by some field staff as being to the detriment of a clear focus on and resourcing for frontline practice.

### **Achieving integration as Child, Youth and Family**

As previously outlined, Child, Youth and Family brings together CYPFS and the NZCFA. The previous Government gave very clear signals that the new Child, Youth and Family was to bring its combined resources to bear on at-risk and high-risk families. Prior to the election in 1999, we were working towards integrating the direct delivery and the purchase of services for this defined client group.

Following the election, the Minister made it clear to us that he wanted us to have a broader focus than at-risk and high-risk families. He was concerned that we:

- improve our core (statutory) services
- contribute to closing the gaps
- support stronger communities.

We worked closely with the Minister to develop a framework for our services that would allow the Government to give effect to this direction. The framework below is the outcome of this work:

## Service framework



As indicated earlier, we have both DOC and NDOC funding. The purpose of DOC funding is primarily to provide or purchase services for children, young people and their families under the CYP&F Act. The NDOC funding purchases services for some children and young people under the CYP&F Act, but also provides services to other people in communities. These funds are currently subject to separate planning processes. Separate service delivery and contracting groups were established to manage these functions.

There is still some way to go to achieve effective integration between the Service Delivery and Contracting functions. In some cases, Service Delivery staff are either not aware of the services being purchased by the Contracting Group or consider that Contracting should be purchasing services for Service Delivery clients (the highest risk). There is an internal debate about whether NDOC funding should be focused solely on communities or also on Service Delivery clients.

Voluntary sector providers need to deal with both Contracting and Service Delivery, which may pose interface difficulties for these providers, who often deliver services to both community and statutory clients and need a mix of NDOC and DOC funding. Recognising this, there have been some specific efforts to better co-ordinate the purchasing and social work delivery functions; for example, in bednight funding. There is a clear recognition of the need to provide an agreed Child, Youth and Family perspective on such funding to iwi, Māori and other providers.

There is not a universal view within the organisation that Child, Youth and Family is a comprehensive social service agency that is capable of delivering both statutory and preventative services. For example, Child, Youth and Family is a key co-funder of Family Start and the primary funder of Social Workers in Schools through NDOC. These are both key new preventative services. Despite integration many Service Delivery social workers and Contracting staff are unaware of each other's functions and requirements. Consequently they are unable to place the statutory and contracted services in a broader continuum of services from preventative to statutory interventions.

We need to do further work to develop clarity about the range of clients we have (statutory and others), the services that these clients need, and the level and type of funding to be applied to these groups. This work is essential if we are to develop a common sense of mission and purpose as an agency and the public is to develop a more sophisticated understanding of the role that we play in the community.

### **Recruitment and retention**

We employ over 1,300 social work staff: social workers, supervisors, co-ordinators and practice consultants. Of these, just under 700<sup>3</sup> are social workers based in our site offices who deal with the intake, investigation, assessment and interventions. Social work staff turnover for the year April 1999 to March 2000 was 13.64%. Recruitment and retention trends show that social work staff tend to stay with us for two years before moving on. If they stay longer, they are likely to stay for ten years or more.

We have a policy of employing qualified staff but only 44% of front-line staff and 55% of new recruits have a professional social work qualification. These figures are a reflection of a number of factors:

- the current number of graduates each year (approximately 400) is insufficient to meet workforce demands
- we recognise the contribution that can be made by skilled and experienced workers who do not have a formal academic qualification
- we need to ensure that the mix of staff is culturally reflective of the communities it serves. (Note: 26% of permanent frontline staff are Māori and 39% of them have a social work qualification. 10% of permanent front-line staff are Pacific Peoples and 52% of them have a social work qualification - some 8% higher than the average for Child, Youth and Family as a whole.)

Recruitment and retention of suitably qualified and experienced staff is a major problem for our sites across the country. Attracting suitable, qualified personnel, especially to outlying sites, is a continuing problem, and a number of areas are experiencing considerable difficulties in filling social work vacancies. Exposing inexperienced staff to front-line investigation and assessment tasks puts them in a position of serious professional risk. It also potentially puts clients at serious risk.

Social workers' salaries also contribute to our recruitment and retention problems. The salary scale for social workers without a recognised social work qualification is \$26,000 - \$34,000. For those with a qualification the scale is \$30,000 - \$42,000. A limited number of Senior Practitioner positions are available to qualified workers; top of the scale for these positions is \$46,000.

The maximum salary available for 56% of our front-line staff, therefore, is currently \$34,000. Most staff do not consider this an adequate level of remuneration for the complexity of their work and the magnitude of the judgements they are asked to make. This feeling is intensified by the knowledge that significantly higher levels of remuneration are being offered by some providers in the voluntary sector for work that is generally less stressful and demanding (e.g. Social Workers in Schools, Family Start).

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<sup>3</sup> These are full-time equivalent figures and represent an average of the number of social work staff over the previous year. At any one time the figure for social worker staff fluctuates between 670 and 700.

The combination of high workloads and staffing difficulties creates a significant risk that we could fail to meet our statutory responsibility to ensure the safety of children and young people who come to our notice.

### **Staff morale**

The morale of social workers is not uniform. There are some areas and sites where energy levels are reasonably high and this is reflected in their work output and performance figures. In other areas and sites, low morale and high turnover of front-line staff is a matter of strong concern for us. Overall, we do acknowledge that morale among front-line staff is being detrimentally affected by:

- consistently high workloads
- the stressful nature of abuse work and the exercising of coercive powers
- the effects of negative public and media perceptions of their work
- restructuring fatigue
- the need to compromise good casework to accommodate budget considerations
- perceptions that we are driven by business rather than practice/client service imperatives.

## **PART B: REFERRALS AND NOTIFICATIONS**

This section outlines the key issues in the Department's handling of care and protection notifications including:

- Notification types and volumes
- Capacity and responsiveness issues, including threshold management unactioned/unallocated notifications and workload management
- Development and impact of the Call Centre
- Mandatory reporting

### **Notifications**

#### **KEY POINTS:**

- We received over 26,500 new notifications for the year to 30 June 2000
- Almost 22,000 (83%) required further investigation and assessment
- Over 14,500 notifications of abuse or neglect required an urgent, very urgent or critical response (24% higher than the number funded by Government through the Purchase Agreement)
- Of the 22,000 notifications that are investigated approximately 50% are substantiated as being problems that require further intervention

### **Volumes**

We received about 24,000 notifications in 1997/98 and more than 27,000 in 1998/99.

In the year from 1 July 1999 to 30 June 2000 we received 26,588 notifications. Of these, 21,983 required further action. These comprise just over 19,000 in Protection Services; almost 2,000 in Child and Family Services; and almost 1,000 in Youth Services.

### **Investigation and substantiation**

The rate of substantiation of abuse or neglect for the past year was about 50%. These are cases that require on-going intervention, either by Child, Youth and Family or by way of referral to other social service providers.

## Sources of notifications

Notifications to Child, Youth and Family have come from the following sources:

Sources of Notifications	1997/98		1998/99		1999/2000 <sup>4</sup>	
Informal Sources:						
▪ Families	35%	8,873	31.9%	8,692	29.5%	7,842
▪ Individuals	14%	3,306	12.6%	3,444	11.8%	3,146
▪ Self	2%	399	1.4%	387	1.3%	341
▪ Anonymous	3%	627	2.6%	716	2.7%	725
Subtotal	54% <sup>5</sup>	13,140	48.5%	13,239	45.30%	12,054
Formal Sources:						
▪ Education	12%	2,903	11.9%	3,243	12.9%	3,437
▪ Health	10%	2,344	9.7%	2,634	10.4%	2,753
▪ General Practitioners	1%	316	1.2%	338	1.0%	279
▪ Police	14%	3,470	19.3%	5,265	21.1%	5,617
▪ Justice	2%	425	2.2%	598	1.9%	518
▪ Iwi/Cultural Social Services	0%	52	0.3%	70	0.4%	110
▪ Child and Family Support Services (s396)	1%	185	0.6%	161	0.7%	184
▪ Community Services (s403)	1%	209	1.0%	261	1.0%	276
▪ Other Agencies	5%	1,225	5.3%	1,433	5.1%	1,360
Subtotal	46%	11,193	51.5%	14,003	54.50%	14,534
TOTAL	24,333		27,242		26,588	

There are significant variations in referral sources, reflecting a complex interaction of public awareness and confidence, Departmental focus and promotion, and public/agency perceptions about capacity to respond.

The key trend indicated by these figures is that the level (both the number and percentage) of notifications from formal sources is increasing. The broad pattern indicates a lowering percentage of all notifications coming from informal (ie mainly family) sources.

The largest percentage increase has been in the notifications from the police. Referrals from the police now constitute over one-fifth of all notifications received by the Department, mainly reflecting new procedures agreed between the Police and Child, Youth and Family in respect of family violence related cases.

<sup>4</sup> Estimate based on linear forecast model using actual results for the period July 1998 to March 2000.

<sup>5</sup> Note that the percentages have been rounded up, and the aggregated total of individual categories may differ from the subtotal which is taken as a percentage of the total.

We note that the number of notifications from general practitioners remains very low. This is a concern to Child, Youth and Family particularly given the findings of the Commissioner for Children in his report on the death of James Whakaruru. Child, Youth and Family is currently negotiating a child abuse reporting protocol with the Royal Society for General Practitioners.

### **Categorising notifications**

Notifications are the key mechanisms for accessing our social work services. We categorise and count the notifications we receive in a number of ways; by:

- Output class (that is, Protection Services, Child and Family Services, Youth Services and Services to Courts under other Enactments)
- Urgency of response (that is, seriousness of problem and required response time)
- Source of the notification (that is, self, family, public, and other agencies)
- Whether it is a section 15 report

### **Output Classes**

- **Protection Services** – where children or young people need protection from abuse or neglect
- **Child and Family Services** – behavioural and relationship problems relating to children aged 0 -13 years
- **Youth Services** – behavioural and relationship problems relating to young people aged 14 – 16 years (includes offending/youth justice matters)
- **Services to Courts under other Enactments** - related to other statutory duties of the Chief Executive, such as those under the Guardianship Act. (Note: these notifications from the Courts are counted in the previous three output classes).

### **Urgency of response (criticality)**

The social worker receiving the notification and a supervisor are responsible for making an initial determination of the seriousness of the problem and the urgency of the response required, based on the following criteria:

- **Critical: immediate response – same day**  
Where child/young person has been severely abused and/or neglected, is in immediate danger of death or harm and there is no adult supervision.  
**Immediate protection is required.**
- **Very urgent: response within two days**  
Child/young person is not in immediate danger but has been abused/neglected, there is risk of abuse/neglect or other serious concern.  
**Immediate investigation is required.**
- **Urgent: response within seven days**  
Child/young person is protected from harm in the short term but there is an allegation of abuse/neglect or other serious concern.  
**Investigation required.**



- **Low urgency: response within 28 days**

Child/young person has not been abused/neglected but situation reported may impact on their wellbeing or the wellbeing of their family.

Exploratory interview required

#### **Section 15 reports**

Section 15 reports are those notifications that constitute allegations of abuse or neglect or likely abuse or neglect. Such reports trigger requirements to consult with the Care and Protection Resource Panel (CPRP) and for investigations to be conducted by two social workers. The social workers' role in these cases requires a more forensic approach as opposed to the helping approach that is more appropriate in non-section 15 notifications.

## Capacity and responsiveness issues

### KEY ISSUES

- We are generally meeting our response time performance targets, with the notable exception of urgent protection cases requiring a response within seven days
- Our capacity to respond to notifications is variable and has resulted in range of workload management measures
- There is a tension between resource considerations (capacity) and professional decisions (client needs)
- The number of unallocated notifications of urgent protection cases has increased significantly in the last quarter of the year. This is a particular problem in Hamilton, Southern and Auckland.
- The establishment of the Call Centre in Auckland, Northland and Hamilton (and the proposed national roll-out) is designed to improve access to our services and improve consistency of threshold management decisions

### Timeliness of response

The percentages of notifications that fall into the various response-time categories are as follows:

- Critical 15%
- Very urgent 13%
- Urgent 47%
- Low urgency 25%

This means that 75% of all notifications require a response within seven days.

For the 1999/00 year our response time performance was as follows:

Protection Services		All Output Classes
• Critical	98%	98%(standard 100%)
• Very urgent	93%	93% (standard 90%)
• Urgent	75%	75% (standard 80%)
• Low urgency	79%	80% (standard 80%)

We are generally meeting, or are close to meeting, standards for responsiveness, although we note that some areas experience difficulty meeting the standards for urgent and low urgency cases.

## Threshold Management

There is a tension between resource considerations (capacity) and professional decisions (client needs). A variety of threshold management practices (depending on population, site and personnel characteristics) have been adopted as a means of managing demand-driven workloads within capped resources.

## Professional issues

The separation of the assessment of the situation from the decision to take action is a feature of the Child, Youth and Family intake model and is a feature of some international social work models<sup>6</sup>. However, the factors that influence the social worker's threshold are in place before they see any case information and may be based on personal or professional experiences, professional training and the level of resilience of, or stress experienced by, the social worker. If a person's threshold is low then they need little risk or strength of evidence to decide to take action. If a person's threshold is high they need a lot of risk or strength of evidence before they decide to take action. Therefore, it is important to strengthen the assessment of the situation as well as making social workers' thresholds explicit.

On the basis of the information elicited some cases are clear cut. However there are "grey area" cases caused by complex, unclear, ambiguous or unreliable information. Social workers can become hesitant in their decision-making and there is potential for errors. Decisions made in these circumstances can be characterised as "decision-making under uncertainty". These professional decision-making issues can impact on threshold management and require high quality professional supervision to ensure that appropriate and safe decisions are made.

## Organisational issues

Performance trends in service responsiveness have slipped during the year. This slippage is due partly to the prioritisation strategies applied by areas in response to their staffing resources. The pressure for responding to the critical, very urgent and urgent categories remains high, as volumes for these three categories remain consistently above the levels set in the purchase agreement.

Given scarce resources and demand-driven services, priority is given to cases requiring an immediate response to safety issues. This triage, however, can have the unintended consequence of reducing public and professional confidence in our ability to respond to all cases in a timely manner. This, in turn, can have a downward impact on our level of notifications from some sources.

In addition where resources to investigate notifications are over-committed, there is a potential for high levels of threshold management to operate at intake. The Call Centre approach is intended to separate the resource decision from the professional decision.

## Unactivated and unallocated cases

An unactivated case is one where further action is required but has not yet occurred and the date for activation (as determined by the urgency of response decision) has passed. A case is 'activated' when there has been action to establish the immediate safety of the child or young person, the designated response time has been confirmed and the further action required has been determined. The criteria for 'activation' may include: sighting the child, their family or caregiver; or interviewing, informing or consulting family, whanau, CPRP, Police, medical or educational professional or filing an application for a warrant.

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<sup>6</sup> Dalgleish, Dr L., Elliot, A. Smith J and Sultman C. Assessment and Decision Making at Child Protection Intake paper presented at the 7<sup>th</sup> Australian Conference on Child Abuse and neglect, Perth Western Australia 1999

An unallocated case is one where further action is required but has not yet been allocated to a Social Worker for investigation and assessment. It may or may not have been activated within the urgency response timeframe.

There are some differences in staff's understanding and interpretation of these definitions and criteria for activation that create difficulties in the interpretation of data. Variations in management practices compound the definitional issues and make it difficult to get a clear picture of the extent of problem.

Our policy is that cases should be allocated to social workers only when there is a reasonable expectation that they can respond and that cases will not sit unattended on their caseloads. When the volume of notifications exceeds the capacity of offices to allocate the work, site supervisors and managers are required to assess the criticality of each notification and prioritise each new notification. Any case that cannot be allocated immediately must be reviewed, along with any other new notifications, every two days.

Over the course of the year, there has been a significant increase in the proportion of unallocated notifications, as the table attached below indicates. The increase, from 3.65% of notifications in July 1999 to 15.21% in June 2000, is particularly marked in the last three months. The blow-out in the figures reflects increased levels of demand and staff recruitment/retention problems, especially in Hamilton, Auckland North and Southern. The increase in unallocated cases has been in the urgent (seven day response) and low urgency (28 day response) category. We have continued to maintain a high level of response performance for critical and very urgent notifications. We are currently conducting an urgent analysis of the situation in the areas experiencing the greatest problems and developing strategies to address the problems, including the use of a task force in Hamilton.

While these three areas have a clearly demonstrated problem, it is possible that other areas are managing similar difficulties by allocating their notifications, making an (often superficial) initial response within the required timeframe but not then being able to continue the investigation process for some days or weeks.

#### Unallocated notifications: July 1999 – June 2000

	july	augt	sept	oct	nov	dec	jan	feb	march	april	may	june
Total contacts due	1631	1881	2036	1670	1984	1798	1255	1762	1913	1462	1832	1913
Un-allocated	63	81	127	131	119	109	107	149	188	204	248	291
%	3.86%	4.31%	6.24%	7.84%	6.00%	6.06%	8.53%	8.45%	9.83%	13.95%	13.54%	15.21%

#### Workload Management

The Department's capacity to respond to new notifications needs to be considered in the context of the overall workload and the number of social workers we employ.

The national caseload figures for social work services (excluding caseloads of Care and Protection and Youth Justice Co-ordinators) as at 4 July 2000 provide a snapshot of the overall situation and are as follows:

Investigation and assessment	7,328
Representation at Court/FGC	1,278

Services to Courts under other enactments	321
Informal resolution	882
Managing orders and plans	9,034
<b>TOTAL</b>	<b>18,843</b>

Whilst we employ up to 1300 social work staff, we have approximately 700 FTE social workers involved in the services listed above.

The national average for a social worker's caseload currently stands at 26 and is typically made up as follows:

Investigation and assessment	10
Representation at Court/FGC	1
Services to Courts under other enactments	1
Informal resolution	1
Managing orders and plans	13

All areas fall within the ranges of:

- 22 cases per social worker (in Southern) to 36 (in Northland)
- 7 cases per social worker under investigation (Southern) to 17 (Northland)
- 10 orders and plans being managed (South Auckland) to 16 (Upper South).

There are variations between areas and sites in the ways in which managers have chosen to structure their teams and allocate work (for example, separate specialist teams of investigation and care services workers or a generic approach, protection/youth services splits, Māori/non-Māori teams, and so on). These make for differences in the nature and size of individual caseloads. However, the figures remain a realistic indication of workload levels across Child, Youth and Family.

### Workload management tool

Over the last two years a Departmental project team has been developing and trialling a workload management tool as a response to concerns about the organisation's ability to manage work volumes in a consistent and effective way.

The factors identified as being critical in developing any model to evaluate what constituted a manageable caseload were:

- the complexity of the work
- the range of tasks to be completed
- the time required to complete the tasks
- the time required for work planning
- the time required for recording and accounting for the work done.

Field studies were done of the characteristics of different types of case, and the time demands of each were analysed. It was found that a social worker dealing with low-complexity care and protection notifications that did not require emergency actions to be taken could manage around 135 cases in a year, or about 11 per month. A worker allocated only high-complexity care and protection notifications that required emergency actions to be taken could manage only 20 cases a year, or less than 2 per month.

The project team intends to produce their final report and recommendations later this year. It is reasonable to expect significant resource implications to arise from adopting the type of workload management model likely to be proposed.

In the meantime, we have continued to apply a range of approaches to meet the challenge of managing workloads. The approaches used include threshold management, prioritising, establishing processes for handling cases we are unable to allocate and periodically setting up task forces of temporary staff to clear backlogs in offices that have large numbers of unallocated cases.

## Call Centre

The Call Centre was established in October 1997 as a pilot project to serve the Auckland metropolitan area. It was established as a response to a range of issues that were affecting the delivery of our intake social work services. Our primary concern was that there was an inconsistent approach to intake across sites, with decisions being made about which notifications would be accepted and which rejected not on the basis of the needs of the case but on the basis of perceived capacity to respond. This was resulting in unacceptably wide variations in the thresholds being applied to access our services.

The Call Centre also sought to address a number of other issues facing us in the Auckland area at the time. These were workload and staffing difficulties; slow or non-existent telephone response to enquirers/notifiers; inconsistent responses to enquirers/notifiers; and a lack of feedback to notifiers. In addition, the previous system did not provide for the accurate recording of the full level of notifications received, with consequent difficulties regarding workload measurement and management, and resource allocation.

As a result of the success of the project in Auckland, the Call Centre extended its area of responsibility to include Northland in September 1998 and the Hamilton area in January 2000, and is scheduled for a phased national roll-out over the next year.

The Call Centre's operation has enabled:

- staff to pre-qualify, categorise and refer information
- expanded and improved access to the department's advice and intake services
- an expert consultation and referral system
- a consistent approach to intake management that separated the professional decision about the most appropriate response (needs based) from the resource decision (based on capacity)
- the accurate measurement of intake notifications and the identification of trends. This has significant benefits in respect of future resource allocation
- improved customer/client service. The employment of focused, trained and motivated staff in the centre, equipped with better tools, significantly enhances both the perceived and our actual responsiveness
- improved staff productivity. Trained staff with appropriate tools can more efficiently and effectively process calls
- front-line social workers in site offices are freed-up from time-consuming intake work
- reduced costs due to economy of scale. The grouping of intake social workers reduces the potential for site offices to be overrun by the random arrival of large numbers of, or particularly time-consuming, complex calls
- resource deployment. The ability to staff the centre at different levels at different times, depending on identified 'bulges', allows for effective and efficient resource allocation.

The improved access and consistency of threshold management provided by the Call Centre has resulted in increases in both the numbers of notifications received and the numbers that require further action. Before the Centre was established the Auckland sites accepted intake calls at the rate of 17 per 1000 from the target population, against a national average of around 22 per 1000. Since the Centre has been receiving the intakes the figure has increased

to 23 per 1000. This demonstrates the effect of separating the professional decision (need to respond) from the resource decision (capacity to respond).

A consequence of needs-based assessment at intake is that the capacity issues (ability to respond to intake) have been shifted to the investigation and assessment phase and have had a significant impact on workload. While we have been able to maintain a high level of response performance for critical and very urgent notifications, the same cannot be said (as noted above) of those urgent (seven day response) and low urgency (28 day response) notifications. It is significant that two of the three areas with the highest proportion of unallocated cases (Auckland North and Hamilton) are served by the Call Centre.



## Mandatory reporting

Mandatory reporting is premised on the assumption that all child abuse requires statutory intervention, hence the compulsion to report to a statutory agency.

The overseas experience of mandatory reporting is that the number of reports of child abuse continues to grow every year. There is, however, no way of analysing levels under mandatory reporting with pre-mandatory levels, as no reliable data exists. In most jurisdictions regardless of the reporting system the majority of reports come from those not mandated, ie the community, parents, family, victims.

We note that our notifications sources for the previous year do not match this trend, with 54% coming from formal sources, ie agencies who, in other jurisdictions, would be mandated. This trend is possibly attributable to our active work in establishing child abuse reporting protocols with agencies and to other public education work to raise awareness of child abuse.

Mandatory reporting may result in increased reporting but this does not necessarily lead to the delivery of better child protection services or better treatment for victims of child abuse. Neither voluntary nor mandatory reporting of itself reduces the incidence of child abuse in the community.

In New Zealand, both prior to and since the introduction of the 1989 Children, Young Persons and Their Families Act, extensive debate has surrounded the issue of mandatory reporting.

In February 1992 the Ministerial Review Team report, the Mason Report on the Children, Young Persons and Their Families Act, recommended that the Act be amended to introduce the mandatory reporting of child abuse. Following extensive deliberations however, the Social Services Select Committee recommended against the introduction of mandatory reporting.

The Department's view on mandatory reporting has not changed since the December 1992 report to the Minister of Social Welfare by the Department of Social Welfare.

In essence the report suggests that:

- Mandatory reporting has value as an expression of the State's position on reporting of child abuse
- Voluntary reporting also has such value as an expression of the shared responsibility all members of society have for children's welfare
- Mandatory reporting may lead to more reporting but not necessarily to better delivery of child protection services
- Mandatory reporting has the potential to reduce the quality of services to victims as the resources shift to investigation of increased reports
- Targeted education to professionals and public education campaigns are more effective in improving reporting than voluntary or mandatory reporting alone
- Voluntary reporting with targeted and public education is considered the best option to improve quality and quantity of child abuse reports
- The call for mandatory reporting stems in part from concerns about the child protection system and the adequacy of services - but the introduction of mandatory reporting is not the best solution.

The Ministry of Social Policy's March 2000 report to the Minister of Social Services and Employment re-iterates that international experience indicates the introduction of mandatory reporting results in a significant increase in the rate of reporting. The number of substantiated reports does not increase proportionately however.

The critical issue is not the volume of reports but the quality of child abuse reports. Mandatory reporting undoubtedly increases rates of notification and therefore expenditure. However, it needs to be assessed whether or not the increase in expenditure incurred by mandatory reporting is the best use of scarce resources available for child protection.

Mandatory reporting is inconsistent with the family preservation principles of the CYP&F Act. As an alternative to mandatory reporting, the Act places a duty on the Chief Executive to promote public awareness of abuse and neglect and to negotiate abuse reporting protocols with key organisations who are in contact with children, young people and families

New Zealand has developed, and is continuing to make progress on, programmes with a preventative focus, and these contribute to the voluntary reporting of child abuse and neglect.

## **PART C: PLACEMENT SERVICES ISSUES**

This section sets out the key issues we see as requiring consideration in relation to the purchase and provision of placement services. These issues relate to:

- Volume of work
- Caregivers
- Community and legislation
- Workforce
- Organisation
- Purchase and funding.

### **Volume of Work**

#### **KEY POINTS:**

- 15,000 placements are made each year for more than 5,000 children
- Numbers in care are growing at 12% – or 400–500 more children per annum
- Growth in the number of children in care is due to a range of socio-economic factors
- 45% of children in care are Māori

### **Growth in care provision**

Our social workers make more than 15,000 placements each year for more than 5,000 individual children and young people. Numbers in care are growing at a rate of 12% or 400–500 more children and young people in statutory care each year.

This growth can be broadly attributed to a range of socio-economic difficulties facing the families contributing children to the care system (such as low income or benefit dependency, adult unemployment, single-parent status, reconstituted families, cultural-minority status, large sibling groups and inadequate housing), and to a high degree of resultant social stress. One in four New Zealand children is growing up in a benefit dependent household. Forty-five percent of children in care are Māori.

### **Placement assessment**

For each care placement made, there is a policy requirement that all adults in the caregiving household be fully assessed, including instituting a police check and health assessment of the caregivers to ensure that the placement is a safe and appropriate one. The assessment process specified in policy guidelines is a comprehensive one but in urgent situations shortcuts do have to be taken.

### **Placement alternatives**

There are few available short-term placement options (such as departmental family homes) while appropriate longer-term solutions are sought. Because the practice model set out in

legislation and policy uses a family preservation approach, such placements are made optimally with extended family members. However, the changing nature and fluidity of family structures and communities makes this task complex and risky to carry out, particularly for social workers who lack cultural competence or time to access cultural resources to facilitate family/whānau placement.

### **Family/whānau placement difficulties**

Extended families who exhibit high degrees of dysfunction across several generations present particular difficulties. Social workers can become particularly paralysed by perceived issues of cultural sensitivity when dealing with these families, consequently forestalling the requirements of the CYP&F Act in relation to ensuring the paramountcy of the child's or young person's rights over those of the family.

## Caregivers

### KEY POINTS:

- Short-term emergency placement options are few
- Assessment requirements are comprehensive, complex and preclude some would-be care givers
- Recruiting caregivers is difficult within family and community settings
- Many children are challenging or risky to care for, while many have serious mental health disorders or other special needs
- Departmental support for placements and caregivers is improving but remains insufficient
- Caregiving is based on volunteerism – which is out of step with today's society
- Those interested in providing care for children have a range of options available to them

### Reasons for placement breakdown

The children and young people we place are frequently challenging to care for. Our data demonstrates that the average child entering a care placement has 3.1 placements a year, which is in itself can be disturbing to a child or young person. Some placements break down because caregivers lack the skills, support or will to persist with the challenges presented.

Some of the children and young people have serious mental health disorders, disabilities and learning difficulties. A proportion have abusive or sexually disinhibited behaviours that make them dangerous to other children or to adults within the caregiving household, school setting or community. Such behaviours can be particularly disturbing for family members to handle when the realisation that love and family connections are not enough to make it work, or when their own child becomes a victim of the abused child they have taken into their home.

### Caregiver support

We are currently strengthening the support offered to caregivers and family/whānau carers, but departmental resources remain insufficient to adequately meet the needs of a large group of families undertaking a complex and risky task. Specific training for family/whānau caregivers has not yet been developed at a national level. The changes in family dynamics can be difficult for family/whānau caregivers to understand or manage when parents are resistant to the placement decision. This is a particular problem when parents are violent or have serious mental health problems.

We have not achieved good results in placing children with family and whānau. Only 45% of Māori children are placed with whānau and 33% of all children with family. We have sharpened our focus on this performance requirement recently.

### Can a system based on volunteerism survive?

The foster care system remains based on a high level of volunteerism, whether for departmental caregivers, family/whānau caregivers or agency caregivers. The board rate is set according to the age of the child or young person and is a reimbursement for the actual cost of physical care, not for the efforts and work involved in the care by caregivers. Given

the 'user pays' philosophy that has become pervasive within most areas of New Zealand society today it is questionable how long this system, based on high levels of voluntary input, can be expected to meet most of the growing needs of this group of highly-disadvantaged young New Zealanders. Many of the children need specialist input.

Changing this system has the potential to remove one of its key safeguards for children and young people. Most caregivers are currently independent from us because they are not employees. As such they are in a position to embrace a child advocacy role in dealing with us as a bureaucracy. If such caregivers become employees we need to consider whether there need to be more effective advocacy strategies put in place, such as the Grievance Panels currently used within our residences. It should be noted that the Youth Services Strategy caregivers currently being recruited will be paid a modest salary. This marks the introduction of paid care in home settings for children and young people being available within the caregiving spectrum.

There are clear examples in case reviews of placement risk minimisation due to resource constraints.

### **Difficulties in caregiver recruitment**

Recruiting caregivers is increasingly difficult for both departmental and agency social workers. These difficulties are due to more than the difficulty of the task. There are now a range of more attractive options available to good caregivers: such as child care for the children of working parents, short-term care of children with disabilities (which is much more generously funded through the HFA) and paid employment in childcare centres or kindergartens. Scarcity of caregivers is also likely to be a reflection of changes in society, such as the increase in the double income family, and a reduction in the levels or change in the types of voluntary activity being offered within the community. (It is a lot easier to support a child in need in Bangladesh for a dollar a day than within one's own home.)

The Youth Services Strategy was designed to address this difficulty for the most demanding young people requiring placement by providing a group of trained, moderately paid 24-hour caregivers. However, we are still experiencing difficulties in recruiting suitable caregivers at the payment rates offered, as the level of commitment required by the caregiving individual and their family is absolute.

## Community and Legislation

### KEY POINTS:

- Communities are less tolerant of children with problem behaviours
- De-institutionalisation has displaced children with high health needs into our system without the associated funding
- Two systems of statutorily funded alternative care operate in parallel, with different levels of financial support, supervision and legal support
- The current legislative framework supporting children and young people and their families in alternative care is not well integrated and does not address the requirements of UNCROC or the Treaty of Waitangi

### Community attitudes to children and young people requiring care

The community itself is less and less willing to support children with problem behaviours being based within it. Specialist residential placement options are expensive and difficult to locate, set up and operate due to the rights conferred on communities by the Resource Management Act 1991. Schools are often unwilling or unable to support our clients without additional support from us which a parent would not be expected to provide. The effects of the health deinstitutionalisation process have also been displaced onto the care and protection system, but without a concomitant increase in the level of our funding.

### Two systems of alternative care

There are two systems of statutorily funded alternative care currently operating, with markedly different levels of funding, supervision and legal support. One is through the care and protection system, whereas the other is offered through the income maintenance system. Public concern about the disparities between the two systems is growing.

### Care and protection system design

The relationships between the CYP&F Act, the Guardianship Act and the Adoption Act remain poorly defined due to different philosophies and approaches to the rights of the child inherent in each piece of legislation. We support the use of the United Nations Convention on the Rights of Children and the Treaty of Waitangi as the bases of all child and family related legislation.

We support the establishment of an Act that would provide for a continuum of permanent placement options for children and young people, and for a time-limited guardianship option for some temporary placements. This could perhaps be called the 'Care of Children Act'. We envisage that such an Act would stand alongside the CYP&F Act as the legal instrument to provide a range of permanency options for children and young people under the age of majority. Current legislation to achieve legal permanency for children who are no longer in need of care and protection is not well integrated. Current policy and legislation does not cater well for the need for clear guardianship arrangements for other forms of alternative care, such as children and young people in receipt of income maintenance (Unsupported Child's Benefit, Orphans Benefit, Care Supplement) and vulnerable foreign children and young people accessing educational opportunities in New Zealand.

## Workforce

### KEY POINTS:

- There has been a significant reduction in social work knowledge about permanency planning principles and practice
- We have focused more on short-term acute interventions, and lost some focus on long-term interventions
- Purchasing systems have driven poor practice arrangements.

Workforce issues such as staff morale and the development of a culture of defensive practice have been covered in other sections of this paper. These impact on care services practice. The major workforce issue in this area of work is the loss by our staff since the implementation of the CYP&F Act of social work knowledge of supporting resiliency development in children and young people and of permanency planning principles and techniques. This has been as a result of loss of mature, skilled practitioners, a focus on short-term acute interventions by the organisation and the resultant 'fuzziness' in departmental social work practice around the importance of long-term case work planning.

Purchasing systems that have split social work functions between department and provider agencies in relation to a given child or young person have exacerbated this trend of confused thinking and prevented agency providers from offering integrated care to the children they support in placements.



## Organisation

### KEY POINTS:

- Care caseloads are seen to offer lower stress levels than investigative work
- Care caseworkers often have large caseloads
- The Court system is not always holding us and other agencies accountable for incorporating the principles and timeliness requirements of the CYP&F Act into care plans

Care casework is detailed complex work with children, young people and their families whose needs are at the top end of intrusive intervention. However, because we are primarily focused on acute interventions we have given less priority to accommodating the needs of the group in care. Since they are seen as offering lower stress work to case workers, workers with a high proportion of care cases in their workload are expected to carry higher caseloads than social workers undertaking more investigative cases. This limits their capacity to complete the work satisfactorily.

Something of this ethos may also affect the functioning of the Family Court in the operation of the care system. Care plan reviews are not always scrutinised closely by the Court or Counsel for the Child to ensure that the principles and timeliness requirements of the CYP&F Act are being comprehensively incorporated. It is important that all parties in the process are familiar with, and accountable for, these legislative requirements.

## Purchase and Funding

### KEY POINTS:

- Systems of purchasing and funding care have:
  - ♦ distorted departmental and agency social work practice away from addressing the best interests of children and young people and their families/whānau
  - ♦ prevented the fullest expression of the principles and objectives of the CYP&F Act 1989.
- The lack of an over-arching purchasing framework has lead to a complex system that is not obviously based on any sound rationale
- We contract with multiple providers, many of which have very small contracts

Note: Purchase and funding issues for care have also been covered in the Context section on funding

### Purchasing arrangements

There are two streams of care service purchasing arrangements within Child, Youth and Family:

#### Service Delivery

- Services purchased on a case by case basis through our Service Delivery arm (Special Costs DOC)
- Iwi Social Services contracted to provide service delivery functions (DOC baseline)
- National bednights (DOC)
- Youth Horizons Trust (DOC)
- IHC National Bednights (DOC).

#### Contracting Group

- Services purchased through Community referrals (NDOC)
- Child, Youth and Family placements under the bednights systems (DOC).

The type of service purchased is similar, but how we purchase it and key differences are set out in the table below.

## Similarities and Differences of Existing Funding Systems

ISSUE	SERVICE DELIVERY				CONTRACTING GROUP	
	Youth Horizons Trust	National Bednights (excl IHC)	Special Costs	Iwi Social Services	Community Referrals <sup>7</sup>	Bednights
Approval status	Yes	Yes	Yes	Yes	Yes	Yes
Volumes	Determined by Auckland area + YHT capacity	Determined by N.O Service Delivery	Case by case	Area determined in negotiation with provider	Number of bednights	Number of bednights
Gatekeeper	Auckland area	Residential and Caregiver Services	Site/ FGC & Courts	Area	NGO provider	NGO/FGC & Courts
Service purchased	Therapeutic programme Care Service capacity	Care service capacity and programme attached – does not include social work services	Care service capacity +/- social work services	Care service capacity + social work services (by seconded staff) as specified in contract	Care service capacity + social work services	Care service capacity +/- social work services
Level of funding	Full cost but does not include SW services	Full cost for care capacity, but does not include social work services	Full cost	Full cost	Partial cost	Full for care capacity but may not include full costs of social work
Method of payment	Invoice fee for service	Contract with quarterly payments in advance	Invoice fee for service	Area level Unit cost through monthly instalments in advance	Contract with quarterly payments in advance	Contract with quarterly payments in advance
Programme intent	Hard to place young persons	Short-term/ medium term Programme attendance	Full range of care services to permanency	Full range of care services to permanency	Short-term care (28 + 28 days) incl. Respite care	Full range of care services to permanency
Type of intervention	Statutory intervention required.	Statutory intervention required	Statutory intervention required	Statutory intervention required	Non-statutory intervention required	Statutory intervention required

<sup>7</sup> Includes Iwi Social Services and will include whanāu, hapū, Maori SSs and CSSs contracted by the Contracting Group. Some ISSs also have contracts with Service Delivery (Nga Puhi, Raukura Manaaki, Whakatohea, Ranginui, Ngai Te Rangi, Kahungunu and Raukawa (Waikato).

## **Problems with purchasing arrangements**

The six systems of purchasing care services described in the preceding table (and others currently operating) do have some commonalities but there are some significant variances. This lack of an over-arching purchasing framework has led to a complex system that is not obviously based on any sound rationale. We plan to develop a pricing and funding framework that offers graded standardised payment levels for like services. The ability to articulate expected outcomes precisely via well-negotiated and defined service level agreements is essential if we are to maximise benefits from outsourcing care services. This matter requires consideration, due to the market model component inherent in the contracting philosophy.

However, contracting care services is not just about achieving decentralisation and cheaper services. It offers the opportunity for our direct services to focus on core business while we access best practice from specialised providers, including iwi and Māori providers. Further work on this in the Care Services project should be related to work being done in the Output Class Review now underway.

## **Agencies**

Some purchasing arrangements are for care services capacity only and some include up to the full range of social work services. Some agencies also feel pressured into offering non-funded social work services in the face of under-performance by our staff in their role as case social worker. The varied nature of contracts concerning the provision of social work services or not has contributed to a loss of focus in achieving permanency outcomes<sup>8</sup> by our social workers.

The requirement to assess providers and, if they meet quality requirements, to approve them irrespective of the demand for care services in their area leads to an inefficient deployment of Outreach staff. Some voluntary sector agencies use this approval process to establish credibility for other funding providers; an output for which we are not funded.

Currently we contract with multiple providers, many of whom have very small contracts. This situation is likely to grow more complex when s396 of the CYP&F Act is amended to include whānau, hapū and Māori Social Services. There needs to be a balance between the number of approved providers and client choice. There also needs to be sufficient volume in order for an agency to have the critical mass to remain viable.

## **Forecasting needs**

The issue of under- and over-utilisation of contracted bednights by Service Delivery requires consideration to ensure efficient use of scarce resources. Despite significant recent improvements, projected forecasting is still relatively inaccurate in relation to actual demand. Data about what is actually purchased is difficult to access and use.

## **Funding and our relationship with other government agencies**

Financial support and funding requirements are to be the subject of joint work with the Ministry of Social Policy. One element of this work is reviewing the growing expectation by Courts and the Ministry of Social Policy that the Chief Executive is to provide, from monies

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<sup>8</sup> "Permanency" is the social work term describing the planned outcome for any children and young persons entering care, ie, 1) return home; 2) long term placement with family/whānau; 3) long term placement with non-kin; 4) discharge from care to independence. Each of these outcomes is supported either by legal custody or guardianship arrangements or legal discharge from these at independence.

allocated to meet current care and protection requirements, ongoing income maintenance support for children and young people formerly in her custody or guardianship.

Work now underway with the Ministry of Social Policy and the Health Funding Authority on better managing the Health/Welfare interface needs to be supported as an important component of managing care expenditure.

appendix one

# **response to notifications**

# APPENDIX 1: RESPONSE TO NOTIFICATIONS

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# RESPONSE TO NOTIFICATIONS: BACKGROUND

## Introduction

This section describes how we respond to notifications through our intake procedures.

The purpose of intake procedures is to ensure that a timely and appropriate response is made to the expression of concern presented by the notifier. It is our responsibility to:

- gather and verify information from the notifier
- provide information as requested
- refer to another agency if the query or concern is outside our mandate
- determine the facts of the incident or situation as seen by the notifier
- determine whether the notification requires or justifies an investigation or intervention and, if so, the level of urgency and level of response required
- respond to notifications where a response is indicated
- act to ensure the immediate and future safety and well-being of the child or young person.

The purpose and objectives of intake procedures are guided and underpinned by the principles of the Children, Young Persons, and their Families Act 1989 (CYP&F Act). These principles are supplemented by:

- a commitment to the welfare and interests of the child or young person as the paramount consideration
- a commitment to treat every notification seriously and sensitively and to treat all notifiers with respect.

## Legal Mandate

We are required by law to adhere to the objects, principles and duties of the CYP&F Act. The CYP&F Act gives families and whānau the right to be involved in decision-making processes in respect of care and protection and youth offending issues surrounding children and young people. The principles of the Act recognise the key place of family/whānau in the lives of the child, and the philosophy of minimum necessary intervention to ensure the safety and protection of the child or young person.

As well as managing the statutory social services defined by the CYP&F legislation, we have further statutory roles, which are defined by the Adoption Act 1955, the Adult Adoption Information Act 1985, the Adoption (Inter-Country) Act 1997, and the Guardianship Act 1968.

Notifications are the key mechanism for initiating child protection and child welfare services. In respect of child protection, the reporting of child abuse is specifically outlined in the CYPF Act which states that:

### Section 15

*"Any person who believes that any child or young person has been, or is likely to be, harmed (whether physically, emotionally, or sexually), ill treated, abused, neglected, or deprived may report the matter to a social worker or member of the police."*

### Section 16

Any person who makes a report to Child, Youth and Family that a child or young person has been or is likely to be harmed, ill-treated, abused, neglected or deprived is protected from



criminal, civil or disciplinary action by section 16 of the CYP&F Act, unless the information was disclosed or supplied in bad faith.

### **Section 17**

A social worker or member of the Police who receives a report under section 15 must, as soon as is practical, undertake or arrange for the undertaking of an investigation into that report. As soon as is practical after the investigation has begun, the social worker or member of the police must consult with the Care and Protection Resource Panel (CPRP) about the investigation.

### **Section 18**

*"Where any social worker or member of the police believes, after inquiry, that any child or young person is in need of care and protection (other than on the ground specified in section 14 (1) (e) of this Act), that social worker or member of the Police shall forthwith report the matter to a Care and Protection Co-ordinator, who shall convene a family group conference...."*

If the care or protection concern relates to a child's or young person's offending and falls within section 14(1)(e), the social worker must report the matter to an enforcement officer. Note: Section 16 and 17 relates specifically to Section 15. Section 18 however is broader. It relates to any ground under Section 14. Note the different use of words-investigation in Section 17 and inquiry in Section 18. This is deliberate.

### **Section 19**

Any organisation concerned with the welfare of children and young persons, or any court who believes that a child or young person is in need of care or protection, may make a referral to a Care and Protection Co-ordinator for a family group conference.

Note: it is not compulsory to hold a family group conference. The Care and Protection Co-ordinator may request that a departmental social worker investigate the matter to determine whether a family group conference is necessary.

### **Advising of outcomes**

The person who made the section 15 report must be informed as soon as practicable that the report is being investigated or where a decision has been made not to investigate the report, whether or not the report has been investigated and if so whether any further action has been taken with respect to it (s17(3)(a)(b))

### **Paramountcy**

Section 6 of the CYP&F Act, 1989(as amended) states that:

*"In all matters relating to the administration or application of this Act (other than Parts IV and V and sections 351 to 360), the welfare and interests of the child or young person shall be the first and paramount consideration, having regard to the principles set out in sections 5 and 13 of this Act.*

### **Legislative principles**

All actions taken under this legislation must have regard to the principles set out in section 5 and section 13.

### **Mandatory or voluntary reporting**

After much public debate about whether New Zealand should have mandatory reporting, an alternative was passed into law. Section 7 (2) reflects the emphasis on a system of voluntary reporting based on targeted education programmes and negotiated inter-agency protocols that encourage voluntary reporting.

## **Duties of Chief Executive**

Section 7 states that:

*"It is the duty of the Chief Executive to take such positive and prompt action and steps as would, in the Chief Executive's opinion, best ensure-*

- (a) that the objects of this Act are attained; and*
- (b) that those objects are attained in a manner that is consistent with principles set out in sections 5 and 6 of this Act.*

2(ba) *In relation to child abuse-*

- (i) promote, by education and publicity, among members of the public (including children and young persons) and members of professional and occupational groups, awareness of child abuse, the unacceptability of child abuse, the ways in which child abuse may be prevented, the needs to report cases of child abuse, and the ways in which child abuse may be reported; and*
- (ii) develop and implement protocols for agencies (both governmental and non-governmental) and professional and occupational groups in relation to the reporting of child abuse, and monitor the effectiveness of such protocols.*

Subsection (2)(ba) was inserted, with effect from 1 July 1995, by s4(1) of the CYP&F Amendment Act, 1994.

## **Public Awareness and Access**

The Government purchases from Child, Youth and Family the following outputs that contribute directly to the quality and volume of notifications:

### **Promotional and educational services**

This output comprises the development and delivery of key messages and information to improve parental behaviour in relation to care, protection and control, and public action in relation to child abuse and neglect.

Outcomes sought:

- parents demonstrate improved parenting behaviour (including control of young offenders)
- target groups and public recognise and act on child abuse and neglect.

Inputs delivered:

- we have designed, and manage major child-abuse and neglect-prevention campaigns that, when assessed by independent evaluators, have demonstrated significant increases in awareness and that change behaviour and attitudes
- in addition, approximately 3,500 liaison visits and inter-agency forums are attended by Community Liaison Social Workers or Child, Youth and Family staff to promote awareness.

### **Advice and access services**

This output includes the provision of information and advice to the public to assist access to social services and to facilitate behavioural change and self-help.

Outcomes sought:

- social services are accessed and understood by the public, and enhance the well-being of children, young people and their families through improved co-operation.

Inputs delivered:

- to date, we have entered into inter-agency protocols for child abuse management with 22 other government and non government agencies
- the Auckland Call Centre has piloted the promotion of a two-tiered response system encompassing both intake and access and advice
- Call Centre services standards are assessed for accuracy, timeliness and completeness of referral.
- Outside the areas covered by the call centre, each site provides its own advice and access service through the duty social worker system.

## **The Intake Process**

### **Introduction**

Intake is the process by which any person advises us of concerns about a child or young person. The intake process begins with the request for services, advice/information or a notification.

This initial contact comes from a variety of sources, including the child or young person, family/whānau, friends, schools, neighbours, health workers, police or other statutory and voluntary agencies. Contact is made with us by phoning, writing, email, faxing a letter or visiting an office.

When a social worker answers a call, their first task is to establish whether the caller is making a notification or seeking advice/information. They must assess the caller inquiry or information, and seek clarification until they can make a judgement.

If the contact relates to the care or protection of a child or young person as defined in section 14 or 15 of the CYP&F Act, the contact is recorded as a notification.

Notifications fall into to broad categories:

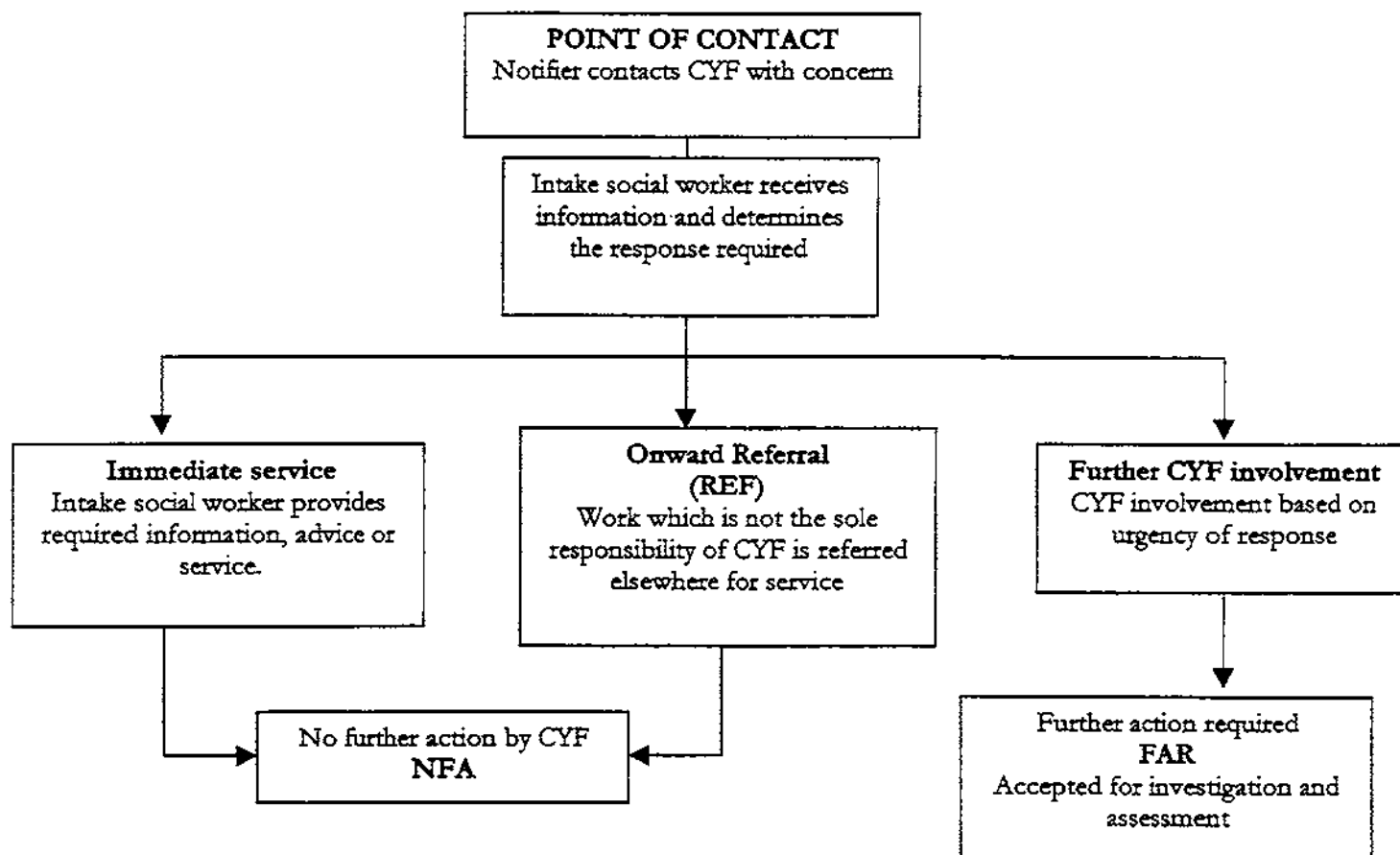
- Section 15 notifications: these are reports received where a person believes a child or young person has been, or is likely to be, harmed, mistreated, abused or neglected and reports this to a social worker or member of the Police. Such a notification will be responded to as a protection service and assigned to that output.
- Non section 15 notifications: these typically concern problem behaviours, family relationship difficulties, serious differences between parents and children, substance abuse, running away, and other child welfare concerns. The social worker approach often involves assessment, and family/whānau agreement and/or referral to another service. Specifying a case as non-section 15 will result automatically in the matter being designated to either the child and family services output or the youth services output, depending on the date of birth of the client. Any young person who has reached his or her 14<sup>th</sup> birthday comes under the youth services output.

Contacts with us that do not constitute notifications are requests for information, advice or matters that lie outside our primary mandate. Examples of general enquiries and social worker advice given are:

- housing and accommodation
- legal age or rights of young person leaving home
- financial concerns or problems
- guardianship, custody, access issues and disputes
- punishment or smacking
- statistics or data on Child, Youth and Family
- age of children requiring babysitting, the age of babysitters

- pregnancy or contraception.
- information on other social services available in the community(eg. Relationship services, child care, health services etc).

The intake process is summarised in the following diagram:



#### Notification: Point of Contact

A notification occurs when a member of the public or a professional working with the child or family (including Child, Youth and Family staff) initiates a contact with Child, Youth and Family to seek information or express concern about a child or young person. Such contact mobilises our intake process.

Decisions made at the beginning of the child protection process can have long-term and serious consequences. Decision-making at intake is often very difficult, due to the quantity and quality of the information available to the decision-maker from the notifier. A key decision is whether to make contact with the child and family and undertake a full assessment of the situation.

#### Key tasks at point of contact

Our policy requires social workers to:

1. Receive information from notifier and determine whether the concern being reported constitutes a section 15 report (this distinguishes protection matters from those that require child and family or youth services).
2. Gather sufficient information to assess the level of immediate and future risk to the child or young person. The intake social worker is required to gather and record details of:
  - the notifier, client and family/whānau

- the specific concerns and any previous concern
- the current location of the child or young person
- any alleged perpetrator and that person's access to the client
- details of any protector present
- history of violence, stress, substance abuse, mental illness or incapacity, social isolation and potential for flight
- any physical hazards; for example, weapons, gang house.

### 3. Provide advice or information.

*Attachment 1: Care and Protection Intake Form details the information required to be collected at point of contact or in the intake investigation and assessment phase.*

### **Decisions at point of contact**

The intake social worker must decide:

- is this a section 15 referral?
- should this matter be referred to the serious abuse team (SAT)?
- is immediate emergency action required?
- what further information is required?

### **Intake Phase (Investigation and initial assessment of required response)**

Having received information that is as detailed and accurate as the notifier is able to provide, the intake worker then seeks additional corroborative information and assesses all available information to determine the urgency of response needed. Assessment and information gathering usually occur concurrently. As additional information comes to hand and is analysed, the overall assessment is further refined in a recursive process.

### **Key tasks**

1. Existing case records are searched and any previous information is checked. If the notification does not relate to an open case, the intake social worker accesses SWis/CYRAS and determines whether or not a record exists on the child or young person involved. Where there is no record, or where the record is closed, the intake social worker creates a new CP intake.
2. Corroborative inquiries are made, where necessary. For example, schools and health professionals are routinely contacted. This might involve sharing aspects of the information that has been provided. The degree of further information gathering that occurs from other relevant sources varies from site to site.
3. If there is an open investigation phase on the case, and the caller's information relates directly to, or is the same as, the original notification, it will be referred as additional information to the open case. Multiple 'low-level' care and protection concerns indicate the need for active investigation. Where there is an open investigation phase in relation to a child or young person and a notification relating to new abuse, neglect or welfare concerns is received, a new notification is recorded.
4. Information gathered on the first three scale items from the Risk Estimation System (RES) is used to assess the vulnerability of the child or young person. The information gathered on the RES 'complicating factors', especially any previous case information, aids the initial risk assessment. The overall assessment also includes any factors that may be promoting safety.

## **Decisions at intake phase**

The intake social worker must decide:

- which response category should be assigned?
  - NFA (service provided, no further action)
  - FAR (further action required)
  - REF (refer to another service)
  - RTS (refer to supervisor where response is uncertain).

## **Urgency of Response**

If the response decision on a notification is FAR, the intake social worker must determine the response time. It is important that the social worker ensures that they gather enough information to make this decision. In 1996, we introduced guidelines to assist in determining urgency of response using RES-based concepts.

Notifications assessed as requiring further action at intake are assigned to one of four criticality categories:

- critical (same-day as notification). Immediate protection required
- very urgent (day of notification plus one calendar day). Immediate investigation required
- urgent (within seven calendar days). Investigation required
- low urgency (within 28 calendar days). Exploratory interview required.

This latter category refers to non-s15 notifications, that is, the call does not constitute a notification of abuse and neglect.

Non section 15 notifications can be accorded higher levels of criticality for example where a child or young person is reported as having suicidal ideation.

The key point is that no section 15 report maybe signed a response time of more than 7 days (urgent) but that non section 15 reports maybe assigned a response time from 1-28 days.

## **Key tasks**

1. Identify the vulnerability of the child by assessing the adequacy of the protector (if there is one), the child's ability to protect themselves and the potential access of the alleged perpetrator.
2. Determine the actual or potential severity of the abuse, neglect or problem.
3. Identify any pattern of injuries, conditions or problems.
4. Evaluate all other complicating factors that promote risk (for example, family violence, substance abuse, severe mental health issues).
5. Consider protective factors that actively reduce risk.
6. Utilise templates to assist the determination of urgency of response.

### *Attachment 2: Template for Determining Urgency or Response*

## **Decisions regarding urgency of response**

The intake social worker determines urgency of response and assigns a response time.

## **Call Centre Specific Processes**

The following tasks are specific to the operation of the Call Centre and refer to the transfer of intake to sites for actioning.

### **Key tasks(Referring FAR notifications)**

1. A notification can only be referred to the site office from the call centre once the outcome and response time has been entered. This data also triggers the KPI *timeliness of response*. When the call centre intake social worker has completed the intake – that is, has gathered enough information to determine the need for Child, Youth and Family investigative action and response time – they refer the intake to the call centre supervisor for sign-off and to the site for follow-up. This will usually be the site closest to the usual address of the child or young person. In situations where the child or young person is located elsewhere, and immediate action must be taken, the intake will be referred to the site nearest to where the child or young person is, well as the home site. The two sites will then liaise and determine investigation procedure.

Once the intake has been acknowledged by the site (either site, if two sites have been notified), the role of the Call Centre has ended. Call Centre social workers will make no commitment or comment to a notifier about the site's capacity/ability to respond to case.

2. Referring critical and very urgent notifications. A critical notification record on SWis must be completed within an hour of the response time decision being determined. A very urgent notification record on SWis must be completed on the same day as the response time decision is made.

Where the response time is critical, the Call Centre intake social worker uses the designated critical line to call the site within 15 minutes of making the response time decision. They must facilitate for information transfer, fax information as necessary, and complete the electronic record within an hour. Supervisor sign-off may be achieved at either the Call Centre or the site. Very urgent response times also require direct communication by phone with the site, and completion of the electronic record within the day. Any corroborating information that may be received by the Call Centre is forwarded to the site immediately and added to the case record.

3. Acknowledgement process. The site acknowledgement of the case referred by the Call Centre intake social worker occurs when the site opens the case in the intake queue. If the case is not opened, the Call Centre intake social worker will inform their supervisor of the site's failure to acknowledge, and the supervisor will determine contact with the site – on the same day for critical and very urgent cases and after five days for urgent and low urgency. In the first instance, this may be with a supervisor at the site, rather than the site manager. The site manager is notified immediately if critical notifications are not acknowledged within the hour, and very urgent notifications within the day. It is the responsibility of supervisors or site managers to be available to receive critical and very urgent notifications phoned from the Call Centre, and for site managers to monitor daily the traffic light report for unactivated intakes.
4. Response to intake notifications. It is the site's responsibility alone to determine if and when it will respond to a referral. The Call Centre staff make no comment to a notifier about a site's capacity to respond to a referral; and give no undertaking to the notifier that a response will occur, or when it will occur.

### **Decisions regarding transfer to sites**

The intake social worker will:

- determine which site to refer a notification to

- determine the means of referral, based on urgency of response.

Details of the Call Centre operations have been provided separately to the Review Team in the form of handbook entitled, *"The Call Centre: centralised reception and social work intake – a handbook on Call Centre procedure and organisation"*.

### **Allocation for investigation and assessment**

The following process applies regardless of whether the intake is received via a site intake system or through the call centre.

Once a notification has been assessed as requiring action, and an urgency of response decision has been made, it is the receiving supervisor's responsibility to allocate the case for investigation and assessment.

### **Key tasks**

1. Determine social workers' availability and competence to meet the particular requirements of this investigation and assessment. (*Supervisor*)
2. Allocate the investigation to a social worker, brief the worker (and co-worker if relevant) on the nature of the case and discuss the elements of the investigation plan. (*Supervisor*)
3. Discuss issues of worker safety and whether police assistance is required. (*Supervisor and Social Worker*)
4. Sets timeframes for first contact, develop and sign off the investigation plan and set processes for monitoring, supervision and debriefing. (*Supervisor and Social Worker*)
5. Ensure referral is made to the Care and Protection Resource Panel, if required. (*Social Worker*)
6. Advise the notifier that either the report is to be investigated or it is not to be investigated, as per S 17(3) (a)(b) of the CYP&F Act. (*Social Worker*)
7. Establish monitoring processes for unallocated cases. (*Supervisor and Manager*)

### **Decisions at allocation**

The supervisor must:

- decide whether the case is to be allocated or remain as an unactivated or unallocated case in the interim
- decide who will investigate the case
- determine timeframes for investigation and level of support required by social workers.



## Definitions

**Activated Case** An activated case is one where further action is required and the action has occurred within the urgency of response timeframe.

**FAR** Further action required. An investigation of the notification is required.

**Intake assessment** The process of determining whether further action is required and, if so, the urgency of response.

**Intake Calls** for advice, information or social work service

**Intake investigation** The process of gathering and receiving information to determine an appropriate response to notifications.

**Intake response** The decision for no further action (NFA), referral (REF), or further action required (FAR).

**Intake Process** The process by which Child Youth and Family receives information and determines an appropriate response.

**NFA** No further action. Information or advice is provided immediately and/or there is insufficient information or concern to initiate an investigation, and/or the situation does not require investigation.

**Notifications** Contact initiated with Child Youth and Family by an external person, seeking information, relating concerns in relation to children or young people, or referring a child protection matter for investigation or emergency action.

**Notification - New** A notification of concerns regarding a child or young person, where there is no previous record of the child or young person, or an earlier case record is closed, or new information is given regarding a new incident of abuse or neglect.

**Notification - Open Case** Where the information relates to an open case, this does not constitute a new notification unless the notifier expresses concern that this is a S.14 concern which is different from the original notification.

**Refer** A referral is made to another agency or service; for example, income support issues referred to the Department of Work and Income.

**Unactivated Case** An unactivated case is one where further action is required and the date for activation (as determined by the urgency of response decision) has passed and the case remains unactivated.

**Unallocated Case** An unallocated case is one where further action is required but has not yet been allocated to a Social Worker for investigation and assessment. It may or may not have been activated within the urgency response timeframe.

**Urgency of response (response time)** A determination of the optimal time frame for action to be initiated in relation to case accepted for further action.

Critical - same-day response

Very urgent - same day plus and one day

Urgent - within seven days

Low urgency - within 28 days.

# Attachment One

## Care & Protection intake form



Intake worker's name:

---

Date:

---

### NOTIFIER DETAILS

---

Name:

---

Telephone: (     )

---

Address:

---

Relationship to child/young person:

---

Profession or agency:

---

Notifier's expectations:

---

### CLIENT DETAILS

---

*Where other particulars apply equally, the name and date of birth of more than one child or young person may be entered on this form.*

This notification is about

---

Full name of child/young person:

---

Born on:

---

Address:

Telephone: (     )

Gender:

Ethnicity:

Tribal affiliation:

Caregiver:

Telephone: (     )

Relationship to child:

School/employer:

Telephone: (     )

Other children

Other children included in the notification:

#### CLIENT'S FAMILY/WHANAU/AIIGA DETAILS

##### MOTHER

Mother's name:

Address:

Telephone: (     )

Ethnicity:

Tribal affiliations:

*FATHER*

*Father's name:*

*Address:*

*Telephone: (     )*

*Ethnicity:*

*Tribal affiliations:*

*CAREGIVER*

*Caregiver name (if not mother/father):*

*Relationship to child/young person:*

*Telephone: (     )*

*SIBLINGS*

*Siblings:*

*Location of siblings:*

*SIGNIFICANT OTHERS*

*Significant others (extended family member, friend):*

GENERAL PRACTITIONER

General practitioner's name:

Address:

Telephone: (     )

NATURE OF NOTIFIER CONCERN

Identify nature of concern (what has happened?)

Establish who is involved (and the nature of their involvement)

Establish current location of child or young person

Has notifier been previously concerned? Detail

Identify the alleged perpetrator

VULNERABILITY OF CHILD/YOUNG PERSON

Does the alleged perpetrator have access to the child/young person? Describe

---

*Is the child or young person able to protect herself/himself? How? Describe and evaluate*

---

---

*Is there an adequate protector present for the child or young person? Describe and evaluate*

---

---

**ACTUAL/POTENTIAL SEVERITY OF CURRENT INJURY/CONDITION/PROBLEM**

---

*Establish nature and actual/potential severity of abuse/injury/condition/problem*

---

---

**PATTERNS OF INJURIES/CONDITION/PROBLEMS**

---

*Establish severity of prior injuries/conditions/problems*

---

---

*Establish severity trend (increasing, constant, decreasing?)*

---

---

*Confirm recency of prior injuries/conditions/problems*

---

---

*Determine frequency of prior injuries/conditions/problems*

---

## OTHER CONSIDERATIONS

Gather information on the following, and evaluate the potential impact on the urgency of response decision:

- Violence
- Stress
- Substance abuse
- Mental illness or incapacity
- Social isolation
- Potential for flight

Other concerns:

## PHYSICAL HAZARDS

Is the physical location of the home address clearly identified? ☐ Yes ☐ No

If no, describe location:

Are there potential dangers for investigating social workers?

☐ violence ☐ weapons ☐ gang house ☐ dogs

Other hazards, specify:

Is police assistance indicated: ☐ Yes ☐ No

## OFFICE BASED SEARCH

Client found in local search: ☐ Yes ☐ No Number:

Client found in central search: ☐ Yes ☐ No

If YES:

District: Number:

Cardex check completed: ☐ Yes ☐ No

SWIFT check completed: ☐ Yes ☐ No

Paper intake input into SWIS: ☐ Yes ☐ No

Summarise past notifications:

Check for notifier's previous contact:

---

URGENCY OF RESPONSE

---

Intake worker name:

Date received:

Time received:

Section 15 referral: ☐ Yes ☐ No

Referred to serious abuse team: ☐ Yes ☐ No

Response (check one)

☐ NFA (Service provided no further action) ☐ REF (Refer to another Service)  
☐ FAR (Further action required) ☐ RTS (Refer to supervisor where response uncertain)  
uncertain)

Response time (check one)

☐ Critical (Same day) ☐ Very urgent (Same day plus 1)  
☐ Urgent (Within 7 days) ☐ Low urgency (Within 28 days)

SIGN OFF

Signature of social worker:

Date: | |

Signature of supervisor:

Date: | |



# Attachment Two

## Determining Urgency of Response

<i>Factors</i>	<i>Critical (Same Day)</i>	<i>Very Urgent (Day of notification + 1 day)</i>	<i>Urgent (within 7 days)</i>	<i>Low Urgency (within 28 days)</i>
	<b>Immediate Protection Required</b>	<b>Immediate Investigation Required</b>	<b>Investigation Required</b>	<b>Exploratory Interview Required</b>
Nature of Concern	Child or young person has been severely abused and/or neglected, is in immediate danger of death or harm or there is no adult supervision of the cyp or they are notified s.48 by police.	Child or young person is not in immediate danger but has been abused and/or neglected, there is risk of abuse and/or neglect and/or harm or there is an escalation of concern.	Child or young person is protected from harm in the short term but there is an allegation of abuse and/or neglect or other serious concerns.	Child or young person has not been abused or neglected but the reported situation may impact on the well-being of the child or young person.
Vulnerability of CYP	Child or young person is unable to protect self. The alleged perpetrator has easy access to the child or young person. There is no adequate protector present, or cyp is in police custody on s.48.	Child or young person has only marginal ability to protect self. The alleged perpetrator is able to secure access to the child or young person. There is a protector present but their capacity or willingness to act is not satisfactory.	The child or young person is able to adequately protect and/or care for self. The alleged perpetrator has no access to the child or young person. An adequate protector is present.	No abuse or neglect alleged. No alleged perpetrator. Parent or caregiver is actively pursuing the well being of the child or young person.
Actual or potential severity of current injury or condition	Severe life threatening injury or condition requiring immediate medical attention; sexual penetration or injury, torture, chronic long term harm, acute neglect; suicidal thoughts or plans. Injuries to head, face, genitals, internal organs, torso, soft tissue areas and fractures, bleeding injuries, burns or scalds. Immediate medical or evidential requirements.	Physical injury/sexual maltreatment or chronic/persistent neglect or emotional abuse which is not life threatening but which may re-occur or continue in the short-term. Injuries to arms, legs, knees, elbows, buttocks that do not require immediate medical attention or contribute to evidential requirements.	Allegation of physical injury, sexual maltreatment or neglect that will not re-occur in the short term. The child or young person is no longer exposed to the source of harm. Injuries that would not normally require medical attention or contribute to evidential requirements.	Behavioural problems or relationship difficulties which <u>do not</u> constitute abuse or neglect or self harm.  No injury.
Pattern of injuries or conditions	Prior confirmed incidents of severe abuse, neglect or self harm. Chronic or persistent neglect. A trend of increasing or constant severity.	Prior confirmed incidents of abuse, neglect or self harm. Trend is increasing or constant.	Prior concerns and/or notifications of abuse, neglect or self harm. Trend is constant or decreasing.	No prior notifications of abuse, neglect, self harm or suicide.
Other considerations: - Violence - Stress - Substance Abuse - Mental illness/incapacity - Social isolation - Potential for flight - Other concerns that impact on child safety or well-being.	A family or situational context that is severely disordered, volatile, dangerous and/or unpredictable. Or cyp has been picked up unaccompanied (s.48) and no parent or guardian is willing or able to have custody. Clear and present danger.	A family or situational context which is disordered and potentially dangerous.	A family or situational context which is disordered but does not present immediate danger.	A family or situational context which may impact on the well-being of the child or young person but does not appear to present danger to the child or young person.

appendix two

**placement procedures**

## APPENDIX 2

### PLACEMENT PROCEDURES

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## Introduction

The focus of the Placement Procedures review is on current procedures for the placement of children and young persons outside their immediate family or caregiving arrangement, and on looking at factors influencing their effectiveness, assessing their strengths and weaknesses, and making recommendations on improvements [Reference: SPH (00) 17].

This appendix to our submission to the Placement Procedures review outlines relevant legislation, policy and procedures for the use of the review team. It sets out key data and some analysis of this data. It then outlines some issues presented by the current care system from both a service delivery and purchase perspective.

Out-of-home care represents a large proportion of our business. We currently have direct responsibility for approximately 3,800 children and young persons in care<sup>1</sup>, funded through both the Special Costs budget and DOC contracts. This translates to an indicative predicted cost<sup>2</sup> of \$19.4 million (GST inclusive) for 2000/01 for board payments alone, excluding all other special costs expenditures. Bednights placements with CFSSs and ISSs are estimated to account for seven hundred children and young persons at any point in time in agency care at an estimated cost to Child, Youth and Family of \$13.3 million (GST inclusive) this financial year. The number of placements with us are climbing, while numbers in agency care have remained largely static due to contracting limits, although there has been growth in the number of placements purchased from Iwi Social Services.

It is recognised that we have been operating under resource constraints for some time and that, due to largely capped funding, care costs are "squeezing out" other restorative social work activities.

## Legal Mandates

We support the United Nations Convention on the Rights of the Child (UNCROC) and the Treaty of Waitangi as the bases for setting out the underpinning philosophies and frameworks upon which all future legislation and policy relating to children, young people and families should be built in New Zealand. We are in the process of integrating the principles of UNCROC into new and revised practice policy guidelines.

We acknowledge our duties and obligations to tangata whenua as a Crown partner to New Zealand's founding document, the Treaty of Waitangi. We are committed to ensuring that services we deliver and purchase are fully responsive to the needs and aspirations of Māori, and that our actions are consistent with the Treaty of Waitangi and supportive of the implementation of the Government's Closing the Gaps programme.

We will be contributing submissions to the planned reviews of the Adoption Act 1955 and the Guardianship Act 1968 on the need for integrated child and family law. All children are part of families, hapū and iwi, and issues affecting them are not appropriately addressed in isolation. Legislation which we administer, or work to, has been developed over a period of approximately fifty years and therefore comes from a range of conflicting philosophical and legal perspectives. These pieces of legislation have a direct relationship with the primary responsibilities conferred on us and our contracted agencies by the Children, Young Persons and Their Families Act 1989 (CYP&F Act), in supporting the needs of children and young

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<sup>1</sup> Number of approximately 3,800 children and young persons in care at any point in 2000 is derived from SWis data and an estimate of approximately 200 children and young persons placed with iwi social services whose data is not captured by SWis.

<sup>2</sup> Please note: This information is not yet finalised and therefore is indicative only.

F2000 actuals and F2001 budgets have not yet been fully finalised. F2000 actual costs for the 12 months is \$19,308,815. F2001 budget for 12 months is \$19,405,843

people requiring alternative care. The revision of the Guardianship Act, the Child Support Act and the Adoption Act now beginning provides a window of opportunity to address some of the outstanding issues concerned with interpreting legislation affecting children in care or able to be placed permanently with kin caregivers or a permanent new family.

### **Current legislation**

This section outlines the intent of the CYP&F Act as it relates to care, key influences and the rationales for policy review.

The CYP&F Act provided a new model for dealing with the care of children and young persons. In brief, it sought to find family solutions to family problems.

The Act shifted the emphasis away from longer term extended care placements and institutional care towards restoring the usual caregiving arrangements. Where alternative placements are necessary, emphasis is put on making a placement, wherever possible, within the child's extended family or community. A particular feature of the legislation is that its definition of extended family includes the Māori concepts of *whānau*, *hapū* and *iwi*, and specifies their central role in the life of a Māori child.

The Act followed what had already become accepted philosophy and practice in care in New Zealand; that is, to look first to family strengthening and preservation, second to care within the extended family, and finally to care outside the family with every effort directed towards eventual family reconciliation. Placement into a new family is seen as the care alternative of last resort.

A body of policy has been developed that underpins the processes of approval, monitoring and contracting of care services by the statutory agency.

Some amendments in relation to the legal responsibilities of voluntary sector agencies providing care were made in 1994 as the result of the Mason Report<sup>3</sup>. Further amendments have been drafted as the result of the Waitangi Tribunal's ruling on the Treaty claim of the Waipareira Trust against the Department of Social Welfare, but have not yet been passed into law by this Government.

We are currently focusing review<sup>4</sup> and analysis on implementation of the Iwi Social Services strategy, which will have long-term implications for care services designed for, and delivered by, Māori. A draft action plan has been prepared and consultation with *iwi* and Māori communities has started.

The Iwi Social Services strategy underlies the progressive (but partial) implementation over the past ten years of the Act's vision that Iwi Social Services will deliver a range of social services (including care services) to children, young people and their families/*whānau*.

Alongside care-and-protection-generated statutory care services, there has also been steady growth in the numbers of children and young people living in out-of-home care accessing the income maintenance provisions<sup>5</sup> offered by the Department of Work and Income (DWI). There are now nearly 10,000 children and young people in alternative care supported by the State through Child, Youth and Family or DWI.

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<sup>3</sup> Review of the Children, Young Persons and their Families Act, 1989, a ministerial review chaired by retired Judge Ken Mason.

<sup>4</sup> *Review of Iwi Social Services* (draft) Ken Irwin and Lois Cox September 1999 and subsequent project work.

<sup>5</sup> Unsupported Child's Benefit, Orphan's Benefit, Youth Care Supplement and Independent Youth Benefit.

Care policy and practice are also affected by associated wider environmental events and trends, such as the transfer of responsibilities between Health and Welfare, and the increasing contracting out of services by the State. The discretionary features of the care and protection criteria set out in section 14 of the CYP&F Act have enabled other government and voluntary sector agencies to access services, funding and support for children and young persons requiring care from us largely on demand, despite our capped funding<sup>6</sup>. This is particularly true for children and young people with disabilities and serious mental health disorders.

Despite this range of incremental changes, the activities of the State in relation to the provision and purchasing of out-of-home care services had not been reviewed from a strategic policy perspective since the legislation was introduced ten years ago. Following the creation of the new Department of Child, Youth and Family Services (Child, Youth and Family) in October 1999, we commissioned a major review, the Care Services project, to identify emerging policy and practice issues for this major area of social service delivery, because demand for care services is rising and the attached costs are increasingly difficult to manage within budget constraints. The body of work carried out by this project was given to the Placement Procedures Review in April 2000 and comprises seven papers in all. This material should be seen as part of the base material for this submission.

## Care Placement Types

### Overview

As the focus of the Placements Review is largely on home-based placements this section will primarily focus on these.

### Definition of care

In most cultures, the people who meet the day-to-day needs of the child or young person for care and protection are also those who provide for the child's or young person's emotional/psychological, social, ethnic, cultural and spiritual needs. These roles and responsibilities are carried out with an underpinning or endorsement in law. A well-integrated family provides a child's or young person's sense of identity, belonging and self-worth. It forms the basis of a mutual attachment and commitment between family/whānau members that continues throughout life.

When circumstances disrupt these relationships the *physical* care of the child or young person may pass elsewhere. This transfer may be temporary, longer-term or permanent. It may be a voluntary process or involve various degrees of coercion by the statutory agency, voluntary sector agencies and the courts. The parents' or usual caregivers' guardianship and custodial rights and duties may remain intact or be transferred to other individuals, care-providing agencies, the statutory care and protection agency or, through wardship, to the Family or High Courts.

In New Zealand law, the component of legal attachment is particularly important because of its influence over the other components. New Zealand law "attaches" children to their biological parents in the first instance and grants certain parental rights and duties.

Alterations in the legal attachments of a child or young person (by way of guardianship and custodial rights and duties in particular) are not in themselves good or bad. Their value is established when considered in the context of the other components of an integrated

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<sup>6</sup> Crown Law opinion Ref: HEA007/362 Ambit of the Children, Young Persons and their Families Act 1989.

family/whānau; physical, psychological, social, racial, cultural, spiritual and emotional attachments. Such alterations can be important components, either in supporting and strengthening existing families, or in constituting the basis for an alternative 'new' family to meet the care needs of a child or young person.

All families undergo a process of continuous change. These changes are part of the normal life cycle of families. Only when these changes significantly threaten the care or protection of a child should the State or its agents intervene using the processes of the CYP&F Act to set up new arrangements for care of the child or young person.

## **Overview of relevant legislation in relation to care**

### **Principles of care**

The care and protection principles of the CYP&F Act (section 13) give guidance about care arrangements for children and young persons who are separated from usual caregivers by interventions under the Act, and provide the basis for departmental policy guidelines.

As a first option, children and young persons are to be placed within their family, whānau or family group. Where a placement cannot be made in their family, or family group, then priority should be given to a person who is a member of the child or young person's extended family, with preference being given to members who live in the same locality as the child or young person.

When such a care arrangement is not immediately possible, the child or young person should be placed in an appropriate family-like setting in the same locality as that in which the child or young person was living, and in which links to family, whānau, hapū, iwi or family group can be maintained and strengthened.

In determining the exact person in whose care the child or young person should be placed, priority should, where practicable, be given to a person who has the same tribal, social, ethnic or cultural background as the child or young person.

Where a child cannot be placed with, or returned to a family, extended family, or the extended family group, then the child should be given an opportunity to form a "significant psychological attachment" to a caregiver in a "new family group", where the child can develop a sense of belonging and in which his or her sense of continuity and personal and cultural identity are maintained.

### **Provisions of the CYP&F Act relating to care placements**

Part VII of the Act sets out the provisions for children and young persons in the care, custody, or guardianship of the Chief Executive or other persons or bodies.

Derived from this legislation, our policy guidelines perceive two types of caregiving placements:

**Caregiving in relation to the period of disruption:** The focus of caregiving during a period of disruption is to return the child/young person to their parents or usual caregivers in an appropriate time frame and to minimise the effects of the disruption on the normal family attachments.

**Caregiving in relation to family constitution:** The aim of this type of caregiving, family constitution, is to provide a child or young person with a "new" family. Family constitution is necessary when:

- after intensive effort, it has not been possible to return the child/ young person to the care of their parents/ guardians/usual caregivers, or



- a child/young person is under the guardianship of the Chief Executive or an ISS (MSS) or CSS or Director of a CFSS and has been so for such a period of time that their family ties are effectively broken and they cannot therefore be returned to the care of their usual caregivers in a time frame appropriate to their age and circumstances.

### Caregiving in relation to the period of disruption

Temporary separation of a child/young person from usual caregivers may be required because of any of the following:

Physical abuse	Behaviour problems
Sexual abuse	Parenting difficulties
Temporary family breakdown	Need for respite/intermittent care
Relationship problems	Inadequacies in the usual caregivers
Physical/mental/ health problems	Disability

The following range of interventions under the CYP&F Act provide for care placements during a period of disruption:

#### *Emergency/crisis situations*

Care is required as the result of an emergency or crisis. The child or young person requires care for a short period of time while an initial assessment is carried out of the circumstances and background to the emergency/crisis. Warrant action may be required:

- section 39 – Place of safety warrants (by the Police or a social worker)
- section 40 – Warrant to remove child or young person (by the Police or a social worker)
- section 42 – Search without warrant (by the Police)

#### *Temporary care*

Care is provided as the result of a voluntary agreement between a parent/guardian/person for the time being having care, and the Chief Executive or an ISS, (MSS), CSS or the Director of a CFSS for up to 28 days. An extension for a further 28 days is possible. This type of agreement may be entered into at short notice where the provision of care services may be in response to an emergency/crisis situation. However, this type of care may also be provided on a planned basis and used for respite or intermittent care purposes. Agreements can be entered into without the involvement of a family group conference or the Family Court.

The legal basis for this type of care is a section 139 agreement. The permanency intent of this type of placement is a return home.

#### *Extended care*

Care is provided for up to six months for a child under seven years, or up to 12 months for a child or young person over seven years, as a result of an agreement between a parent/guardian/person for the time being having care and the Chief Executive or an ISS, (MSS), CSS or the Director of a CFSS. A family group conference will have endorsed the agreement and there will be a plan to return the child or young person to their usual caregiver.

The legal basis for this type of care is a section 140 agreement. The permanency intent of this type of placement is a return home.

It is also possible to make an Extended Care Agreement under section 141 for the care of children and young persons with severe disabilities following the agreement of a family group conference for a period of up to two years. It may be renewed as required, on ratification by a family group conference. The permanency intent of this type of placement is not well resolved by the legislation, which does not apply the same principles (s5 and s13) to these children and young people as to other situations covered by the CYP&F Act. The effect of a s141 agreement is long-term out-of-home care, possibly on a permanent basis.

***Custody orders pending determination of an application for a declaration that a child or young person is in need of care and protection***

Care is provided in a period of transition while the Family Court determines, not only the result of the declaration, but also the direction that future planning for the child or young person will take. The length of such a placement may be short or extend to several months. A family group conference will have been held following a referral under section 18 or requested by the court under s19.

The legal basis for this type of care is a section 78 order. The permanency intent is variable in this situation and is determined on a case-by-case basis by way of a comprehensive assessment and case planning process.

***Interim custody /custody***

Care is provided when the Chief Executive, or another specified body or person, has been given interim custody or custody by the court following determination of a section 67 declaration that the child/young person is in need of care and protection. Interim custody orders are for up to six months and can be extended once for up to six months.

The legal basis for this type of care is a section 101 or section 102 order made by the court. The permanency intent in this situation is variable and is determined on a case-by-case basis by way of a comprehensive assessment and case planning process.

***Sole or additional guardianship***

Care is provided when the Family Court awards sole or additional guardianship to the Chief Executive, or an ISS (MSS), CSS or the Director of a CFSS or another body or person, following a section 67 declaration that the child/young person is in need of care and protection.

The legal basis for this type of care is a section 110, section 112 or section 113 order made by the court. The permanency intent in this situation is variable and is determined on a case-by-case basis by way of a comprehensive assessment and case planning process.

***Caregiving in relation to family constitution***

***Orders available to legally endorse family constitution***

Sometimes, caregivers are specifically recruited to become a "new" family for a child/young person. This means that there will be a transition period when the family providing care acts on behalf of the Chief Executive or an ISS, (MSS) or CSS or Director of a CFSS while it is being constituted. That is, the legal underpinning to the constitution of the "new" family will be firstly via orders awarded to the Chief Executive and others, for a period of time until there is a legally endorsed partnership established between the "new" family and the child/young person's family/whānau.

There is a range of Court Orders available to legally endorse family constitution, with or without the Chief Executive's continued involvement. These are described as follows.

#### *Additional guardianship (section 110) and custody orders (section 101)*

These orders can be made by the court once a section 67 declaration has been made that a child/young person is in need of care and protection.

The caregivers/"new" family are appointed as additional guardians and have a custody order in their favour; that is, they are in partnership with the parents/guardians. This involves consultation about important questions in the child/young person's upbringing, such as religion, education, overseas travel, etc.

These orders, if appropriate, may at a later date be substituted by equivalent order(s) under the Guardianship Act 1968 that do not require the regular court reviews imposed under the CYP&F Act.

#### *Sole guardianship (section 110) and custody orders (section 101)*

Again, these orders can be made by the court once a section 67 declaration has been made that a child/young person is in need of care and protection.

Sole guardianship orders suspend the rights, powers, and duties of all other guardians, except to the extent they are preserved by other orders made under the Act. A Director of a CFSS can not currently be awarded sole guardianship of a child or young person, although the proposed amendment to s396 of the CYPF Act 1989 before parliament would allow this.

#### *Adoption orders*

The Court can make adoption orders, under the Adoption Act 1955. Adoption severs all legal ties between the child/young person and their family of origin. Because of this, adoption is generally seen as an option of last resort in achieving legal permanency in New Zealand. It would only be used in rare situations where the family cannot be located at all, or in the situation where the continued tie between the child/young person and his or her parents would be totally harmful to the child/young person, or where adoption is the wish of the birthmother.

#### *The use of care agreements, custody and guardianship orders*

The tables below gives an indication of the use made of the various orders and agreements. The figures apply for the year 1 September 1998 to 31 August 1999. It is necessary to review this data to form a full view of the different types of legal relationships we and other agencies enter into. It does not directly correlate with the main data we collect, which is based on number of placements made.

Children under Guardianship or Custody Orders may not be in an out-of-home placement but are the responsibility of the Chief Executive. Some children and young people will be the subject of more than one type of arrangement in the course of the year reviewed.

#### *Emergency actions*

Basis	Action	Number
s39	Place of safety warrant	401
s40 and 48	Warrant to remove	512
s139	Temporary Care Agreements	1699

### *Family group conference plans and court orders*

Basis	Action	Number
s78	Custody order pending determination (of proceedings)	1107
s101	Custody orders	1066
s102	Interim Custody orders	236
s110	Guardianship orders	101
s110(2)(b)	Additional Guardianship orders	461
s140	Extended Care Agreements (require FGC)	1763
s141	Extended Care Agreements (require FGC) for Disabled children and young persons	29
s142	Extended Care Agreements with Controlling Authority (require FGC)	1
s389	Special Care grant	31
	Wardships (Family Court / High Court)	67

#### **Levels of intervention**

It is useful to note that the high tariff interventions such as Guardianship are used relatively rarely, although warrant action (as a coercive intervention) was used 913 times in a 12-month period. Given the legislative requirement of minimum necessary intervention, consistent with the safety of children, it is important that management retains confidence that appropriate levels of intervention are being used.

Interim Custody and Custody Orders are often used and reflect the high proportion of children and young people exiting the care of their usual caregivers who then enter the Family Court system.

The most frequently used arrangements are Extended Care Agreements that come into being as a result of agreement at a family group conference.

#### **Who Provides Care?**

Part VII of the CYP&F Act sets out the provisions for children and young persons in the care of the Chief Executive or other persons or bodies, such as Iwi (Māori) and Cultural Social Services and Child and Family Support Services, all of which may provide care services. We have the responsibility under section 396 of the CYPF Act to approve and monitor such organisations' suitability and capability to provide such services. This work is undertaken through our Contracting Group, which may also contract care services from agencies it has approved. Approval does not imply that a contract will be entered into.

A child or young person may be placed in the care of a member of the extended family as an outcome of a family group conference. The child and young person may or may not be in the care, custody or guardianship of the Chief Executive or her counterparts in approved care-providing agencies.

Children and young persons may also be placed by any of the above in the care of "approved persons" as described in section 362 of the Act. These caregivers may be members of the child's or young person's family or extended family, or unrelated. They are required to have participated in a process of assessment, which includes reviewing police and medical checks of all adults living within the household, and to have been assessed as suitable caregiver(s) by a social worker from the responsible agency.

### **Care services delivered by Child, Youth and Family**

We are the statutory agency responsible for care services, whether delivered directly through our social work services or contracted by us from voluntary sector agencies.

In summary, there are two main placement options used in New Zealand for children and young persons requiring out-of-home care. These are based either on a *home* (ie, foster, family, special purpose family, specialist or group) or an *institution* (ie, short/extended term, local or national residences). These services may be provided either directly by Child, Youth and Family or contracted from an agency approved under section 396.

### **Foster care**

Foster care is the longest established home-based placement option. After the second world war and up until the 1980s children were placed in various out-of-family arrangements, including State and private institutions, residential colleges, special schools, psychiatric hospitals and youth prisons. At their peak in 1979, there were 2,893 children in foster care and 2,240 in institutions, equating to a ratio of 5.2 per 1,000 out of family. Adoption was another key option for alternative care for children. All of these options lost currency by the end of the 1980s.

By 1989 there was a reduction to 1,803 children in foster care and 866 in institutions, equating to a ratio of 3 per 1000. The current level of caregiving we provide and purchase is very similar, at about 3,800 children and young people in care at any one time. This equates to a ratio of 3.6 per 1000 of the child population. When the number of children on the Unsupported Child Benefit is added, the ratio of children in out-of-family care increases to 8.4 per 1000.

### **Foster caregivers**

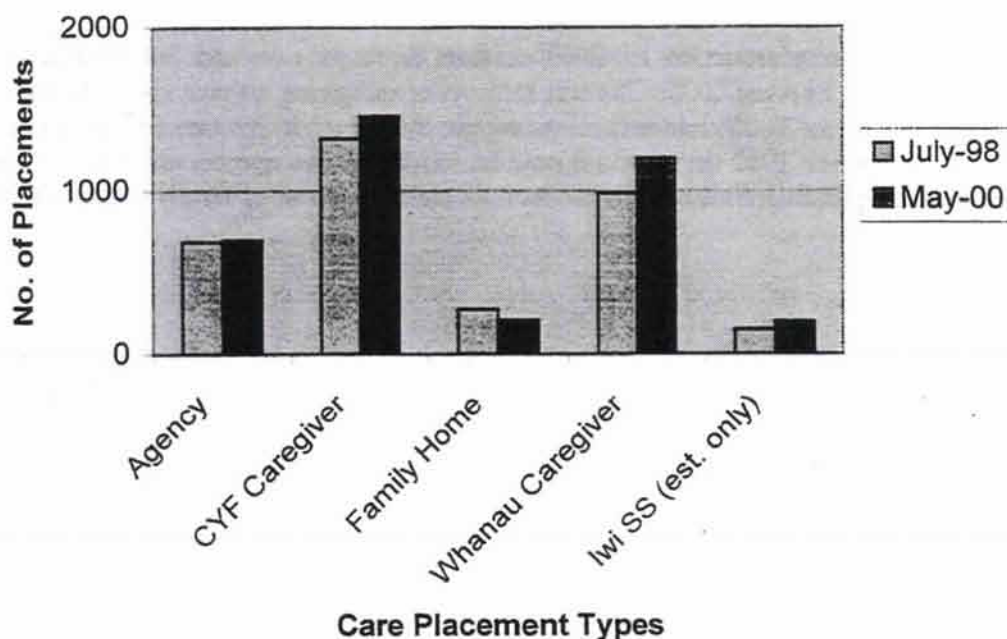
These are individuals, couples or families who may be family/whānau members or non kin-based, who provide care and protection for a child or young person in the caregiver's home either short- or long-term.

### Numbers of Children and Young Persons in Care by Caretaker type

Type	Sum of total at month end	
	July 1998	May 2000
Agency/CFSSs caregivers	687	698
Child, Youth and Family caregivers	1328	1460
Family Home caregivers	273	209
Family/Whānau caregivers	983	1204
ISS caregivers (estimate only)	-	200
Residences	data not recorded	88
<b>Grand total</b>	<b>3271</b>	<b>3859</b>

There were 1,460 placements with departmental caregivers on 31 May 2000. There were 1,204 placements with family/whānau caregivers on 31 May 2000.

**Note:** there are an estimated 200 children and young persons placed with Iwi Social Services. Placements in departmental residences are included only in May 2000 in this data due to earlier departmental data recording problems on SWis. Use of family/whānau and non-kin-based placements reflect growth in placement types.



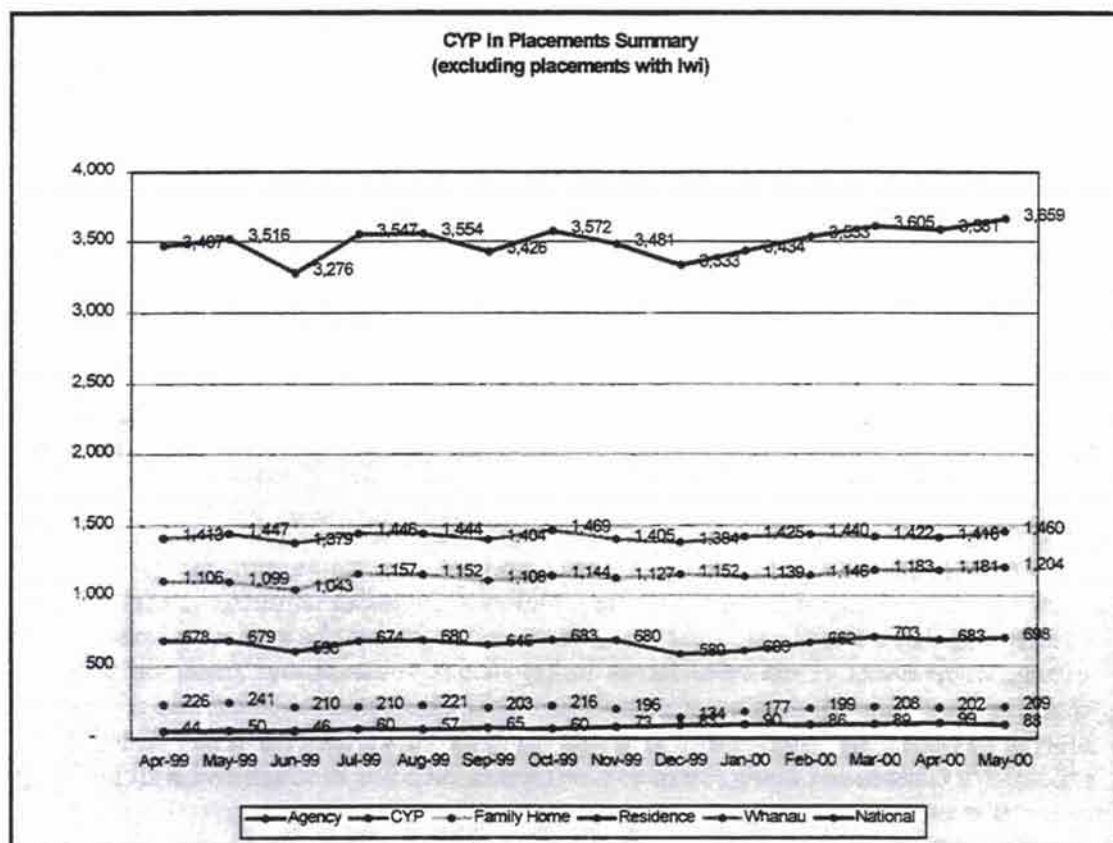
Use of contracted beds with CFSSs appears to be static at 19 - 20 percent of those in care, because of the containment in the amount of contracted care purchased through the



bednights system. Due to current data generation difficulties, the increasing use of Iwi Social Service placements (~200) cannot be reliably factored in, but there is an increase of services provided by other agencies. The bar graph demonstrates the changing patterns of relative usage of caregiver types over a 22-month period in line with growth of numbers in care. Numbers of children and young persons in care has increased at approximately 12 percent per annum for the past four years.

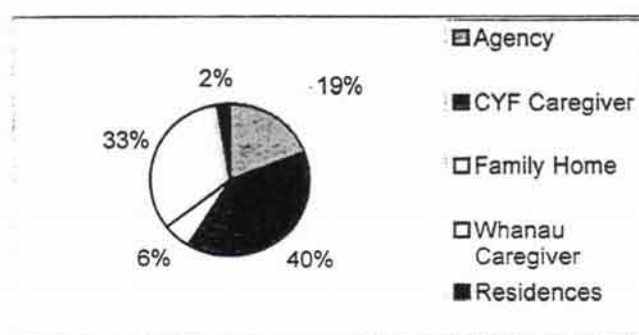
### Relative proportions of caregiver type used

Growth is principally occurring in Child, Youth and Family caregivers (CYF), Iwi Social Services and placements with family/whānau caregivers. This is similarly demonstrated in the following graph of proportions of children and young people in care by caregiver type.



While the total number of children in care is increasing, there is a greater proportion of children being placed in in-family care as opposed to other care types.

See following pie graph for relative proportions based on figures derived from May 2000.



## Outstanding Issues

The legislative framework provided by the CYP&F Act enables us, and partner agencies, to meet the varied needs of children, young people and their families for alternative care as a result of care and protection intervention. It is a flexible system that enables each presenting child and family to be responded to uniquely. The principles and objectives of the legislation enjoy broad social support in New Zealand and are well integrated into social service policy and provision. However, it should be noted that Government intends that s396 of the CYP&F Act will be amended to include whānau, hapū and Māori groups, alongside iwi, as groups permitted to exercise statutory custodial and guardianship responsibilities.

Further ongoing analysis of data concerning the legal processes provided for under the CYP&F Act and the reasons for their respective frequency of use is necessary. Such a process would ascertain whether the requirement of legislation that the correct tariff of intervention is being used; that is, minimum necessary intervention to achieve outcomes focused on the best interests of the child or young person.

The balance of purchased or delivered care services is an historical artifact. Further work concerning the correct mix of these is necessary, and is scheduled to be carried out later in 2000 subsequent to the completion of current work to review our outputs.

## Compliance with legislation and policy

It remains difficult to ascertain objective data on Service compliance with legislation and policy. There are indications from the PQA process and local care reviews that more active and focused intervention at the initial disruption stage would reduce the numbers of children coming into care, and the length of time spent in care for those who do.

In some areas, reviews of children in out-of-home Child, Youth and Family care for the Family Court are not infrequently overdue. Delays in accessing dates for Court hearings are also reported by sites. These overdue reviews do imply that the process of planning, goal setting, involvement of extended family in key decision-making and arranging of access is receiving lower priority than other competing work. Caseload sizes contribute to this service shortfall, as does the absence of a clear tracking system for children under orders in some offices. *The Children and Young Persons in Care* reports on SWis have assisted with tracking the review process.

## Family placement

A lack of family exploration has been reported, particularly of the paternal side of a child's or young person's family/whānau. We strongly encourage the use of the Genogram as a tool assists in clarifying exactly where a child belongs. Similarly, the importance of recording iwi affiliation cannot be overstated. It is crucial for the retention of a child or young person within its whānau, hapū and iwi, and therefore for working according to the principles of the CYP&F Act. Accessing this information can be time-intensive for social workers. Establishing a trusting relationship with the immediate family/whānau to access whakapapa is sensitive work that requires considerable cultural expertise or assistance for a social worker to achieve. Some staff lack this expertise.

## Use of RES in the care process

The introduction of the Risk Estimation System (RES) provides social workers with a useful tool to facilitate casework decisions such as return home or discharge from care to



independence. See the detailed section in the appendices to this submission on the development and application of RES and other practice support tools.

### **Family homes**

We operate 66 family homes. These serve the 14 Service Delivery Areas and offer around 210 placements at any one time. The intent of a placement in family homes is that they are short term to enable assessment of the care and protection concern.

As discussed earlier in this paper, the people most suited to the task of family home caregivers, and indeed departmental caregiving generally, have a wider range of options open to them than previously. These options have the added attraction of an 'employment' status, which includes protections for the employee in relation to remuneration.

In 1997, caregivers who had previously managed a departmental family home lodged a claim for arrears in wages and holiday pay in the Employment Court. The last determination of this matter was handed down in April 1999 and it declined the applicants' claim that they were employees. The Judge's finding was that the relationship between the department and the family home caregiver was not an employment one.

### **Residences**

We currently have the following residential bed availability for children and young persons:

- 75 youth justice
- 23 care and protection
- 6 national secure (penal sentence servers)
- 12 sex-abuser programme (contracted to Barnardos).

With the exception of the sex abuser unit, the residences operate at approximately 94-95% capacity.

### **Role of Caregiver Liaison Social Workers**

There are currently 40 Caregiver Liaison Social Workers (CGLSWs) operating across 52 sites, some of whom are part-time and some of whom also carry their own case loads. Rural sites like Balclutha, Wairoa and Gore tend not to have dedicated personnel for this type of work.

A new position of Senior Advisor based at National Office in the Service Delivery Group was established in May 2000 to support the work of this group in conjunction with carrying out other work relating to care services. In June 2000, this group of staff came together for their first national forum.

The CGLSW role is to recruit, assess, train and support both family/whānau caregivers and non-kin caregivers for Child, Youth and Family. The role is to ensure that the social workers supporting those who provide care for our clients are a specialised and dedicated resource. In the few sites that have not yet appointed specific CGLSWs, this work is still allocated generically across staff where it competes for attention with other types of social work intervention.

### **Youth Services Strategy**

The implementation of the Youth Services Strategy is now underway. Five special purpose family homes have been contracted out to voluntary agencies and are operational, with the full 24 places available occupied by young people. We have been unable to open the sixth

home due to the level of community resistance endemic to this type of activity within the community.

We plan to begin the first five placements with one-to-one caregivers in August 2000, with a total of 45 such placements to be functioning by the end of June 2001. It has proven difficult to locate providers either willing or able to provide these services nationally. The relatively low level of remuneration (between \$20,000 – \$30,000 p.a.) for these salaried but challenging 24-hour positions, and the requirement that there be no other children in the home, limits the pool of people available and interested in this work.

## **Youth Justice placements**

### **Legislation**

Under the Youth Justice provisions of the CYP&F Act, children and young people can be placed in the custody of the Chief Executive by police following arrest, by remand from court or, in the case of a young person, by being sentenced to Supervision with Residence. The legislation places restrictions and limitations on police and the court taking these actions.

When a young person receives a Supervision with Residence order the sentence must be served in a departmental residence. When considering placement of other children and young persons in a residence the social worker must have regard to the objects and principles of the Act. (s365)

### **Policy**

Policy for implementing the legal requirement was developed with the knowledge of the negative effect of residential care, and that placement in a residence has the potential to increase the likelihood of further offending and the young person receiving a custodial sentence.

The policy requires social workers to keep the young person in their community wherever possible. This is to preserve the relationship between the young person and their family/whānau, maintain them in their community and allow their education or employment to continue without interruption. However, any assessment of a community placement must be consistent with the need to safeguard the public.

### **Practice guidelines**

Practice guidelines for assessing the most appropriate placement option were developed to be cognisant of the purpose of the custody. All placements with extended family/whānau or other persons require a full caregiver assessment.

### **Data on young persons placed in custody under the Youth Justice provisions**

Each year, the Youth Court remands approximately 900 young persons in the custody of the Chief Executive (s238(1)(d)). Just over 50% of these young people are Māori. Most of these young persons, with a few high profile exceptions, are in the custody of the Chief Executive for a short time and are placed safely in the community.

In addition, an estimated 120 young persons will be sentenced to a Supervision with Residence for a three month period.

## **Sector Relationships**

### **New Zealand Family and Foster Care Federation (NZFFCF)**

This umbrella organisation receives funding from Child, Youth and Family to provide co-ordination and advocacy for the care-providing sector. It holds an annual conference for which we are the major sponsor. The relationship has been most constructive over recent years. After some internal difficulties around leadership, there is now a new Executive of NZFFCF, which is in the process of developing a national perspective.

### **Child and Family Support Services (CFSSs)**

We approve and contract 90 CFSSs to offer care services for about 700 children and young people at any one time. Seven of the larger organisations offering specialised services (Youthlink, Odyssey, Lighthouses, Whakapakari, Barnardos, Wesley and Kauri Trust) have entered into national bednights contracts.

During F2000/2001, 89 CFSSs were funded \$2.79mil to provide 86,599 'community' bednights. This enabled CFSSs to enter s139 Temporary Care agreements with families without reference to us.

Aside from the relationship management offered by the Contracting Group staff to the wide range of CFSSs, there is a Child and Family Support Services Reference Group that raises issues with the organisation through meetings convened by Contracting.

### **Pacific Island Cultural Social Services (PICSSs)**

Currently there are no approved PICSSs in operation. Two PICSSs are in the process of development and approval. However, there are Pacific providers approved as CFSSs offering care services.

### **Iwi (and Māori) Social Services (ISSs)**

There are now 22 ISSs approved. The planned amendment to s396 of the CYPF Act will expand the number of groups able to offer services now reserved to ISSs to include whānau, hapū and Māori groups. Some of these groups (e.g. Waipareira) may be offering care services as approved CFSSs now. We are currently focusing strongly on the development of services by Māori for Māori through our Iwi Social Services strategy and our response to Government's Closing the Gaps programme. A series of national meetings with ISSs and other Māori providers is now under way to improve the partnership and strategic response to the needs of Māori. As at least 40% of children and young people in care are Māori, this is a major initiative for us.

### **Mental Health and Disability services**

Significant proportions of children and young people in care have special needs due to disability and/or serious mental health problems. Service gaps exist at the interface between Child, Youth and Family and the Ministry of Health/HFA, which require continuing efforts at resolution. A number of the children and young people currently in community-based care would historically have been placed in psychopaedic and institutional care with trained health professionals providing care. An example of our closing the service gap has been the development of therapeutic programme for conduct-disordered youth in Auckland. This programme was funded at \$2.9M (GST inclusive) during F2000/2001 for 29 young people.

The current legislation permits two routes (s18/s19 and s145) into alternative care for this group of children and young people through the family group conference process. Some

implementation difficulties do rest on the vexed question of "who pays"; the Health Funding Authority or Child, Youth and Family.

As the proportion of our funding spent on the provision of care services has escalated, it is this group of children and young people that place the heaviest fiscal burden on sites once care and protection issues are established. In addition, the principles (s5 and s13) embedded in the CYP&F Act are not applied to the family group conference process offered to children, young people and their families who are the subject of s145 referrals and subsequent s141 Extended Care Agreements. The practical result of this can be the alienation of children and young people with high support needs from the support and society of their natural families. This presents us with a significant practice dilemma which remains unresolved 10 years after the legislation's implementation.

### **Education services**

Some of our clients with care and protection needs are placed in special education facilities such as Hogben, Van Ash and Salisbury Schools, to cater for their special educational requirements.

The Ministry of Education also either provides or contracts for the provision of schooling at our residences.

Many young people in care are alienated or expelled from the educational system. In addition to the negative impact that this has on their future it also places extra pressure on caregivers, whether they are family or non-kin caregivers.

### **Department of Work and Income (DWI)**

One of the routes of exit for children and young people leaving the care, custody and guardianship of the Chief Executive of Child, Youth and Family is via the Guardianship Act, and a resulting establishment of eligibility for the Unsupported Childs Benefit or Youth Care Supplement. Although we have actively encouraged this route as a way of establishing legal permanency and the accessing of income maintenance funding to support the placement on a long-term basis, relatively few children and young people follow this route (approximately 100 - 120 children and young people per year). This is because caregivers subsequently lose access to other departmental sources of funding through allowances and discretionary payments, or are wary of becoming a party in potential ongoing stressful and expensive litigation from the child's or young person's natural guardians attempting to regain custody or access. In addition, some courts have been unwilling to support departmental proposals to follow this discharge route, because they anticipate that the placement will become undersupported and under-resourced.

There is a service protocol between Child, Youth and Family and DWI that clarifies the processes required to establish eligibility, but due to a low level of usage it is not well understood by many staff in each agency.

### **Joint Care Review by Child, Youth and Family and Ministry of Social Policy**

Child, Youth and Family and the Ministry of Social Policy are in the process of setting up a joint project to examine the resourcing of care services. This review has been commissioned for the following reasons:

#### ***1. Issues arising from the budget round***

A number of bids were developed in response to our difficulties in managing the growing demand for care within a capped budget. A need for co-ordinated response to this situation was identified.

## *2. Anticipated Child, Youth and Family overspend*

This year 1999/2000, we forecast an overspend of the special costs budget (care services is a major component) by approximately \$3.0 million. This overspend is primarily because the demand for care placements has been rising by approximately 12% per annum within a capped budget over the past four years. There was a \$1.3 million decrease in the 1999/2000 budget reflecting the Social Services Strategy 1995 - 2000 report forecast that the number of children and young people would reduce. In practice, however, numbers in care have actually increased.

## *3. Significant concerns about funding for care services in Child, Youth and Family*

Work on longer-term options for funding care is now imperative because expenditure on care costs is crowding out resourcing of our other outputs.

## *4. Work done in the Care Services project on drivers and costs of care.*

We carried out analysis of the funding of care services in relation to demand in 1999. This work demonstrated that demand for care was rising in accordance with socio-economic drivers and international trends, and that current funding can not sustain demand.

The Care Review will complete the following tasks:

- identify the demand for care services (including within the voluntary sector) and associated cost and service drivers in Child, Youth and Family, taking into account any service delivery/capacity issues in related (non-care) services that impact directly on care costs and numbers (not just in Child, Youth and Family) as there are wider service mix issues;
- determine whether our current funding for care services is adequate to sustain current and potential levels of care service provision;
- examine and make recommendations on wider options for funding of care services, including demand-driven funding arrangements and the role of income maintenance in supporting children and young people in alternative care;
- make recommendations on our purchase and delivery of care services, with particular reference to the needs of Iwi/ Māori, and with due regard to related services that impact directly on care costs/ numbers, including:
  - mix and level of care services
  - appropriate funding levels and mechanisms
  - purchasing and delivery mechanisms
  - likely impact on the provision of care services by the voluntary sector.

The Care Review will report to both the Minister and Associate Minister of Social Services and Employment and to Cabinet Committee by the end of October 2000.

## **DOC/NDOC purchased care**

We also plan to develop a comprehensive purchasing framework for care services later in 2000 following the completion of work now underway by the Policy and Development Group to review the outputs it delivers or purchases. Currently, care services are purchased through both DOC and NDOC outputs. DOC contracts (known as bednights) are generally to fully fund partial services by providers, whereas NDOC contracts partially fund full care services. Levels of reimbursement to NDOC care providers are reasonably standardised, but the DOC contracts offer a broad range of levels of funding for a range of different services

with different providers. Some DOC bednights contracts include very large programme costs as well as the actual cost of physical care and basic supervision.

### Relative costs of different forms of care provision

Cost of care varies according to the type of care required. The family type placements are the cheapest, and the more institutional type placements the most expensive. The information provided here is explored fully in the paper *The Cost of Care* David A Preston.

The care cost gradient and its associated case management costs could be described as follows:

Low cost	not taking children into care but leaving them with their families of origin (but providing case management)
Medium cost	i). family/whānau placement ii). departmental carers
High cost	i). departmental family homes ii). Child and Family Services
Very high cost	departmental residences.

Estimates of average care costs by placement type, including family home overheads, plus all care disbursements occurring up to 42 days after exit from placement, are as follows.

Placement Type	Daily Average (\$)	Equivalent Annual (\$)
Family/whānau	20.9	7,692
Departmental caregiver	29.9	10,914
Departmental family home	52.7	19,235
Child and family support service	57.2	20,878

### Capacity

#### "Professionalisation" of caregivers

#### Caregiver Recruitment

Both Child, Youth and Family and contracted agencies providing care services report increasing difficulty in recruiting sufficient, suitable families to act as out-of-home caregivers, perhaps as a result of social trends toward two-income families and sole parenthood. This difficulty also exists for the recruitment of kin-based caregivers. Some extended families, experiencing social stress, are unable to absorb all their children and young persons without sufficient support and assistance. Planning for, and preventing, potential difficulties in kin-based placements are an integral part of the social work role.

## Performance

As at 30 June 2000, children in care: age group by type of placement

Age of child	CFSS	Child, Youth and Family caregiver	Child, Youth and Family family home	Family/whānau	Residence
0-5	141	407	22	355	0
6-12	277	641	71	573	5 (10-12Yrs)
13-17	263	426	131	285	91

As at 30 June 2000 1,613 females and 2,025 males were in care.

Ethnicity	CFSS	Child, Youth and Family caregiver	Child, Youth and Family family home	Family/whānau	Residence
Māori	160	317	66	544	35
Māori/ European	54	195	33	136	13
European	380	845	104	378	37
All other	24	32	8	70	5

## New Policy Requirements

We last reviewed our practice policy in relation to children in care, in 1998; both in the preferred placement option of kin-based care and in out-of-family care. Identified gaps in information to departmental social workers regarding best practice were acknowledged at that time and responded to by a substantial revision of the practice guidelines relating to care services, particularly in relation to the requirements of working toward family/whānau or kin-based care situations.

A further round of revisions is currently underway as part of the Care Services project programme, and will particularly include revision of the requirements for when children and young people are exiting the care, custody or guardianship of the Chief Executive.

Amendments to the CYP&F Act are before Parliament that will:

- allow for the creation of whānau, hapū and Māori Social Services under section 396, alongside existing Iwi and Cultural Social Services and Child and Family Support Services
- enable all s396 approved social services to be appointed by the Family Court as sole guardians.

This policy revision will also take into account the above amendments and the fact that Social Service ministers have stated expectations that we will work to eliminate non-kin care placements and move to permanent family/whānau care in as many cases as possible. An allied expectation is that of the provision of services 'by Māori for Māori'.

Children and young people in the care, custody or guardianship of the Chief Executive in June 2000	Kin-based care (a.k.a family/whānau care)	Non-kin based care
Māori	677	872
Non-Māori	525	1602
Total	1202	2474

### International Comparisons

The CYP&F Act places New Zealand solidly in the family preservation camp. Legislation gives preference to child protection solutions that also preserve links with the family of origin. The proportion of children and young people being taken into care in New Zealand is somewhat below the developed country average.

This issue is explored fully in the paper titled *Taking Children into Care: An International Comparison* by David Preston, July 1999. This paper was provided to the Placement Procedures review in April 2000.



appendix three

**organisational supports to  
promote good practice**

## **APPENDIX 3: ORGANISATIONAL SUPPORTS TO PROMOTE GOOD PRACTICE**

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# **ORGANISATIONAL SUPPORTS TO PROMOTE GOOD PRACTICE**

## **Supervision**

Quality supervision is the key to good social work practice. We have invested a great deal in our supervisors, recognising that they are the backbone of service delivery. A supervision policy has been developed, and was disseminated in March 1997, requiring that social work staff receive formal supervision on a regular basis, according to their level of social work experience.

A clinical supervision training programme is due to begin in June 2000. Training is to be supplied by Massey University in conjunction with departmental training units.

The role of supervisor carries some of the heaviest responsibilities in this organisation. Departmental supervisors provide clinical supervision to a team of around 4-5 social workers with caseloads averaging 25 cases. They are also required to determine and manage work allocation priorities (including unallocated cases), approve placements, sign-off cases, assess staff performance, provide statistical reports and complete a plethora of other administrative tasks. Although the remuneration for supervisors has risen significantly in recent years, we continue to have problems in recruiting and retaining supervisors. It is the view of many staff that the financial rewards for this position are not commensurate with the workload and level of responsibility that the job entails.

A lack of supervisory capacity in any one site can easily escalate into a crisis situation, because staff are reluctant to carry supervisory responsibilities at a site where the workforce is known to be under severe pressure and there is little peer support at a supervisory level. Consequently, it becomes extremely difficult to recruit new supervisors in those sites.

## **Training and development**

We provide a comprehensive in-house training programme for departmental social workers, beginning with 26 days of induction training, to be completed within 12 months of the staff member beginning employment with Child, Youth and Family. In addition, there are a series of compulsory courses and a wide selection of courses for which attendance is voluntary. The subject matter of these courses changes according to which needs are identified in individual and organisational Training Needs Analyses. The courses are largely delivered by our own training staff. There is a constant tension between our immediate and urgent need for large-scale staff training in relation to new initiatives and the ongoing requirement to up-skill social workers in other subject areas. The introduction of major new developments, such as CYRAS (the new recording and data collection system), monopolise training resources for months at a time.

## **Practice Development**

In 1994, we established the Child Protection Risk Management Project with the goal of ensuring a consistent and effective approach to risk management in child protection. A number of organisational and practice developments were delivered:

- revised intake procedures based on urgency of response assessment, revised categories in SWis, and standardised intake recording template
- standardised operational definitions of abuse and neglect
- Tirohanga Tukino Tamariki: the guide to the recognition of child abuse and neglect
- Child protection risk estimation system, training and manuals

- self-harm risk assessment framework
- professional supervision policy
- interagency reporting protocols. (Subsequently established as a stand alone project)

The approach to practice development that emerged from the Child Protection Risk Management Project is for social workers to have access to the best available knowledge to inform their practice and the best available tools. We have introduced other tools and frameworks to structure professional decision-making and to inform family decision-making.

### **Risk Estimation**

After extensive research nationally and internationally, we introduced the Manitoba Risk Estimation System (MRES) to our Care and Protection staff in 1996 as the required approach to risk assessment to assist child protection social work practice and inform decision-making. The MRES was developed in Manitoba, Canada. Cultural guidelines were developed and included to assist in the risk assessment of Maori and Pacific families. These guidelines have been endorsed by the Maori and Pacific Island Advisory Groups to the Risk Management Project. The MRES was renamed the Risk Estimation System (RES) when we adapted it for use in New Zealand.

The risk estimation system considers risk as a complex interaction of the vulnerability of the child, the likelihood of future harm and the probable severity of future harm. It considers eight domains and 22 risk factors.

Qualitative research is underway to evaluate the implementation of RES. Funded by the CYP&F Act Research Fund, the evaluation is being managed by the Ministry of Social Policy and contracted to Colmar Brunton Research.

There has been a steady increase in the application of RES to cases of substantiated abuse:

Dec 98 – Dec 99	50%
Feb 99 – Feb 2000	52%
July 99 – June 2000	61%

While this is short of the 70% standard, the trend is upward and a number of sites are regularly exceeding the standard.

Uptake of the RES and its correct application has been found to differ across the sites. Generally, the RES was reported as being used at the end of the investigation and assessment phase and on the closure of most cases. However, some managers and social workers believe that the RES could improve the quality and uniformity of decision-making if it were used earlier in the investigation. Factors felt to impede the appropriate use of the RES relate to resources, but also to attitude, cultural application and responsiveness, and mind-set.

Some of the factors impeding further implementation include:

- that the RES is not universally valued, as some social work staff feel they already know how to assess risk
- that there is difficulty in completing CARES (the computerised recording application for RES) due to a lack of computer skills
- that there is uncertainty about how and when (that is, in what circumstances and stage of case management) to use the RES
- that there is a lack of supervisor/management knowledge and support for the RES
- that there is a lack of knowledge and systems to integrate the RES into social work practice

- that there is a lack of time (allowing for the time required to work with families with multiple siblings and to ensure cultural processes can occur).
- Over time, awareness of the risk factors that RES identifies has increased, and these factors are now being used to guide investigations, assessments and decision-making.

### **Youth Service Practice Tools**

Youth Services Practice Tools were developed in 1999 as part of the Youth Services Strategy. We are currently implementing them. The tools include three risk screening tools: for alcohol and drug abuse, psychological distress and risk of suicide or self-harm.

A suicide risk assessment and management framework (to be used if the screening tool indicates that the young person might be considering suicide) and a well-being assessment are also included. These tools have been introduced to improve our response to the needs of young people 12 to 16 years old who have come to notice because of offending or behaviours that are causing concern. The decision to develop the tools is based on research that shows a young person referred to Child, Youth and Family, especially one who has offended, is likely to have one or more mental health disorders and many will be in need of specialist assistance.<sup>1</sup>

In June 2000, we released *Towards Wellbeing: Te Kahui o Te Aorangi*, the practice guidelines for social workers using the Youth Services Strategy Practice Tools. Cultural guidelines and information for working with Maori and Pacific Peoples are integrated into the guidelines.

### **Dangerous situations strategy**

We have become increasingly aware of the dangerous situations that staff face in the course of their work. To help address some of the issues, a dangerous situations strategy was developed.

This strategy outlines a process for putting extra supports and guidance around social workers in known dangerous potential cases. There is no set of national criteria for identifying dangerous situations. The key to identification is the worker's feelings about the case in relation to the degree of violence being exhibited or the strength of the threat being felt. Escalating such cases to the notice of managers and providing previously arranged support for the worker are the core elements of the strategy. The Area Manager holds the final responsibility for making decisions on whether a case is to be dealt with as a dangerous situation, warranting the extra resource that this will involve. On accepting that a case is a dangerous situation the Area Manager convenes the area dangerous situations team to act as a resource to the social worker managing the case and to ensure the affects of working in a dangerous situation are managed and minimised.

### **Critical Incident Stress Management**

The department recognises that staff may face unrelenting pressure as a result of their duties or may be involved in critical incidents (eg. death of a child). We are concerned that staff are properly helped to manage those experiences. This concern has led to the development of a nation-wide Critical Incident Stress Management system (CISM). This system of staff debriefing and support is available whenever a critical incident occurs. The uptake for this service has exceeded expectations and we are struggling to meet the demand. Nevertheless, the value of this service in terms of staff wellbeing and improved professional and organisational practice cannot be over estimated.

<sup>1</sup> Data from the Christchurch Child Health and Development study indicate that about half will have two or more mental disorders and of those who offend about 70% will have two or more disorders

## Case reviews

The Chief Social Worker manages a system of case reviews within Child, Youth and Family, in line with a policy agreed with the Commissioner for Children. Whenever a child or young person dies, with whom we have had a significant involvement at some time within the 24 months prior to the death, the Chief Social Worker is notified of that death by the relevant Area Manager. On average, there are about 40 of these notifications every year. Significant involvement could have been by way of a youth justice family group conference, convened to address offending, apparently successfully completed and nothing further heard. It could have been a care or protection concern reported, investigated and requiring no further action. It could have been a Court referral for a report under s29 of the Guardianship Act. It could have been a notification that resulted in the child or young person being in the care of the Chief Executive.

Not all cases are reviewed. These children and young people die for various reasons, most of which have little or no connection with the reasons for which they came to our notice. Each year, a number die of natural causes, Sudden Infant Death Syndrome being the most common reason. There are a group of children and young people who are in the care of the Chief Executive because they have some disability or illness, sometimes terminal, that necessitates specialist care. Others suffer fatal injuries as a result of accidents and, in the teenage group, this often involves car or motor bike crashes. A number of teenagers commit suicide. Some are murdered by strangers.

Every year one or sometimes two children with whom we have had a significant involvement die at the hands of an adult who is well known to them. These cases become a focus of attention for both the public and Child, Youth and Family.

All cases where the child or young person was in care at the time of death are subject to the case review process, as well as cases where there is clearly the potential for practice improvement. Sometimes the Chief Social Worker will decide to set up a case review, even though a child or young person has not died, because of some other exceptional event.

A case review is a process of internal examination of our practice and is carried out by analysis of records and interviews of those involved. Sometimes, two senior staff members carry out the review. Sometimes an independent barrister works with a departmental member of staff. Terms of Reference are kept quite narrow. The review does not usually encompass the work of other agencies. In most cases, only our staff are interviewed.

The case review process is not a substitute for a national child mortality review system. Internal reviews do not capture vital comment on inter-agency work and big picture issues. What the process does provide, though, is a better understanding of the practice in a particular case and, armed with this information, we are able to be open and accountable to the public. We make every effort to ensure that the maximum amount of learning is extracted from the case review process. A number of case reviews are undertaken by way of a workshop process, so that the staff who have been involved in the case have the opportunity to reflect on their own practice, with the benefit of hindsight. Feedback from staff indicates that this process is more likely to result in learning being generalised to other practice situations.

The Chief Social Worker has used the information drawn from case reviews to develop and promote a whole range of new policies, procedures and practice improvements over the years. Case review findings have led us into the development of the Child Protection Risk Management Project, the supervision policy, the dangerous situations policy and the case transfer policy. The latter grew out of case reviews that showed transfer of case management

responsibility from one area to another has the potential for children and young people to fall between the two, unless the transfer is carefully and appropriately managed.

We have published one summary of case review findings – *Patterns and Reflections* – a paper that examined 12 deaths in 1994/5 and traced factors, trends and issues. That publication was widely read and contained much useful information that has been used to enhance policy, practice and procedures. A second edition is under preparation now, due for publication before the end of this year, looking across 12 cases drawn from last year and re-examining themes.

## **Performance Monitoring and Quality Assurance**

### **Key Performance Indicators (KPIs)**

We require social workers to fully record all actions and events that occur with clients. Recording is an integral part of the social work task and its importance can not be overstated. The information that is recorded on a case is vital for allowing social workers and supervisors to analyse and reflect on the work being done. The records also provide essential information to new workers (and anyone who reviews a case for any reason) about the history of a case, the case plan and the actions that have been taken in the past. Ultimately, what is recorded in a client record may be given to a client if they request it.

We have identified certain 'Key Performance Indicators' (KPIs) that cover the various stages of the social work process. The recording of KPIs ensures that work is focused on key tasks and outcomes and provides clear accountability for actions taken (or not taken) on each case. An example of a KPI is 'response time' for an intake. Response time is determined by the information in the referral about the incident or situation, and refers to the decision about how quickly the matter should be followed up by a social worker. The decision about response time is recorded, both as a code in the KPI screen and a casenote that has the rationale for the decision. A supervisor, as is the requirement for other KPIs, signs off the intake social worker's decision.

In addition to the KPIs, a large amount of other information is recorded for clients. This includes:

- social history information
- all contacts with the client, their family, professionals and other significant people
- assessments
- intervention decisions (including case plans, reviews, outcomes and case closure information)
- family group conference referrals
- family group conference convening information
- family group conference outcomes
- court-related work
- caregiver contacts
- financial information

### **Data Quality Audit (DQA)**

Data Quality Audit (DQA) is our audit of social work compliance with recording of KPIs. A team of data quality auditors travels to each site, at least annually, and audits a sample of KPIs of a sample of cases. The team checks that KPIs are entered, that they are correct, that they are supported by a casenote and that supervisors have verified them. Social workers are expected to have an error rate of less than five percent, with many Areas building this requirement into their objectives for performance management.

We are required to attest to the integrity of our data collection processes in order to receive an unqualified report from the Auditor General each year.

### **Professional Quality Assurance (PQA)**

PQA is the process that checks for key indicators of the quality of casework. It is intended to focus on continuous practice improvement. PQA assessors are based in Areas and are expected to audit a randomly generated sample of five percent of all open cases quarterly. They report on the audit to Site Managers, Area Managers, and National Office. Assessors discuss the results with the individual social workers whose cases were audited and their supervisors.

The following are some examples of the quality indicators that are assessed:

- work is directed to safety being achieved (investigation/assessment) or well-being being achieved (care)
- family/whānau are consulted
- private family deliberation time occurs at family group conferences
- plans address identified issues.

Information for PQA assessments is derived from the computer-based case recording system (SWIS), paper files, social work visiting books and sometimes through dialogue with the social worker.

In the last quarter of 1999, corrective action plans were introduced to the PQA process. These plans are a written notification to the social worker that certain tasks or actions are to be completed and recorded. Two national advisors monitor the plans to ensure they are completed.

### **Internal Audit**

The internal audit team performs an independent assessment of business activities for the Chief Executive, predominantly to ensure that business processes are followed. An annual risk assessment is carried out in consultation with Executive Management Team and this largely determines what will be audited for the year. For example, the Audit team has recently carried out an audit of the PQA process and the intake and allocation processes. The Audit team travel to sites, where necessary, to gather their information. On completion of the audit they report to the Executive Management Team identifying strengths, weaknesses, non-compliance and risks that Child, Youth and Family may face as a result of the latter two. Any issues that are identified as a risk require an action plan.

### **Co-working**

Co-working is a policy that has been put in place to improve and support social work practice. In cases where there are abuse notifications, two social workers are required to carry out the initial investigation. One of the social workers is to be the key worker and the other, the co-worker. Whilst this is a policy designed to promote good practice and worker safety, it has major implications for resourcing, especially in relation to staff numbers and workload management.

### **Introduction of Practice Managers**

A major development in the last year has been the introduction of practice managers into site offices. This position is key to the support of supervisors in keeping social work standards high, whilst allowing the management of non-practice issues to be the focus of Site Managers. In addition, the separation of professional development and administrative



functions provides an alternative stream for the career development of social workers who want to move into managerial roles whilst continuing to utilise their practice knowledge and experience.

## Call Centre

We have piloted a Call Centre model for managing notifications in Auckland and extended the pilot to Northland and Hamilton.

The rationale for this approach was to achieve consistency and high standards for intake practice, and to ensure that the intake decision was distinct from the resource decision in relation to capacity to investigate.

The strategic intent of the Call Centre is:

*"to consistently provide a high level of professional quality client service that supports the Child Youth and Family mission"*

This strategic intent indicated the need to develop a Call Centre focused on client service, with the following intended outcomes:

- to provide a consistent high standard of professional service to clients and the general public
- to provide a standard high-quality intake process that facilitates consistent threshold management
- to present a positive professional image that supports and enhances the public awareness campaigns
- to increase accessibility for clients
- to give us an improved way of tracking business performance and measuring quality
- to be cost-effective and simplify business processes.

Details of the Call Centre operations have been provided separately to the Review Team in the form of handbook entitled, *"The Call Centre: centralised reception and social work intake - a handbook on Call Centre procedure and organisation"*.