



MANAKITIA A TĀTOU TAMARIKI

Children's
Commissioner

State of Care 2015

WHAT WE LEARNT FROM MONITORING CHILD, YOUTH AND FAMILY



WHY THIS IS CALLED THE 'STATE OF CARE' REPORT.

Care has many meanings. Children in the formal custody of the State are "in care." This report is partly about the state of the care and services they receive.

Care also has a more general meaning: to protect someone and provide for their needs. This report is also about how well the State cares for all vulnerable children in this more general sense.

CYF plays a lead role in delivering both of these functions.

Ko te ahurei o te
tamaiti arahia o
tatou māhi.

Let the uniqueness
of the child guide
our work.

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Commissioner's statement

This is my office's first annual *State of Care* report. It summarises what we learnt from monitoring Child, Youth and Family (CYF) in 2014-15.

CYF works with some of the most vulnerable children in New Zealand. We can all do more for these children. In 2013 we refreshed our framework for monitoring CYF. We decided to produce an annual public report to increase the transparency of our work and raise the profile of these children. I am delighted to be able to share it with you now.

While we were writing this report, the Minister of Social Development appointed the Modernising CYF Expert Panel (referred to throughout this report as the Expert Panel) to develop a business case for the modernisation of CYF. I welcome this review as an opportunity to get to the heart of the issues facing our care and protection system and identify ways to improve the system and achieve better outcomes. Because of my office's legislative mandate and resources, we are limited in what we can monitor and the scope of recommendations we can make. I hope this report provides useful input for the Expert Panel's more detailed review of CYF.

As you read through this report I would like you to remember what it was like to be a child; time moves slowly, any little changes in your routine are unsettling, and your family is central to your world. Then try to imagine what life is like for the thousands of New Zealand children who suffer abuse and neglect, or are removed from their family and placed into state care each year. Life for them has already been chaotic and confusing – they may have been harmed or mistreated, have severe behavioural issues, or have committed a criminal offence.

Ko te ahurei o te tamaiti arahia o tatou mahi.

This whakatauki urges us to let the uniqueness of the child guide our work. With this in mind, this report makes some challenging statements about the care and services these children receive, primarily from CYF, but also from other agencies. These are not new issues. CYF has been trying to address many shortcomings, and in some areas it is making progress. It is responding positively to our new monitoring reports and recommendations, and working on improvements as a result. This willingness to take feedback on board is welcome and appreciated, and will be necessary to allow CYF to shift from where it is now to where it needs to be.

For the most part, CYF staff members are dedicated individuals who work hard, often with impossible workloads. Nothing in this report should be taken as a criticism of individual staff members, many of whom I admire enormously. Yet as an organisation, CYF's performance is concerning. There is a high degree of variability among the sites and residences we have visited in the past 18 months. All children, regardless of where they live or the type of care placement they are in, deserve the same high quality of care.

Ko te ahurei o te tamaiti arahia o tatou mahi.

This whakatauki urges us to let the uniqueness of the child guide our work.

I want to thank all the stakeholders we have met with over the past year for sharing their experiences with us. I want to thank CYF staff at national office and the many sites and residences we visited for being generous with their time and for their genuine commitment to improve the outcomes for vulnerable children.

Finally, I want to thank the many children we met and spoke with – in focus groups, in one-on-one interviews, and in CYF residences. This report is both about and for them, and I hope we have done justice to their experiences.

If we want New Zealand to be a great place for every child, we need to focus on making improvements for our most vulnerable children, especially children in state care. I hope this report

contributes to the knowledge and understanding of how CYF and other agencies are delivering for these children. Most importantly, I hope we can begin to make the changes needed to fully realise the intent of current reforms and do better for these children.



Dr Russell Wills

MB, Chb, Dip Obst, DCH, FRACP, MPH

Children's Commissioner





State of Care 2015: At a glance

WHAT DO WE EXPECT FROM CHILD, YOUTH AND FAMILY?

CYF is the statutory service charged with protecting children from abuse and neglect, providing secure care to those who need it, and the care of children who have committed an offence.¹ New Zealanders expect CYF to keep children safe from immediate harm and hold children who have committed offences accountable, but more than that, we expect CYF and other government agencies to take good care of children and improve their life outcomes.

THE OFFICE OF THE CHILDREN'S COMMISSIONER EXPECTS BEST PRACTICE

Our independent monitoring of CYF provides a tool to ensure CYF, as the primary service responsible for the care of vulnerable children, provides high quality services that improve children's lives. We examine CYF's policies and assess its practices, and consider how well these meet the needs of children. Our expectations of CYF are set out in our monitoring framework.² We expect CYF to deliver high quality services, plan for the future, make good decisions, learn from mistakes, work effectively with other agencies, seek children's views, and improve children's lives. Part 1 summarises the findings of our monitoring of selected CYF sites and residences against these expectations between January 2014 and June 2015.

CHILDREN EXPECT TO BE TREATED WITH CARE AND RESPECT

Children also have expectations of CYF. They expect CYF to tell them what they are entitled to, provide them with high quality social workers and caregivers, help them maintain relationships with their birth family/whānau, give them a voice in decisions about their care, and, crucially, listen to what they say. Children can tell us a lot about whether CYF is meeting its objective of putting children at the centre of everything it does. Part 2 summarises what children told us about their experiences with CYF between January 2014 and June 2015.

CHILDREN SHOULD BE BETTER OFF AS A RESULT OF STATE INTERVENTION

A fundamental expectation we have is that children who come into contact with CYF should be better off as a result. Part of our monitoring function is to consider the outcomes CYF is achieving for children in care. CYF's practice framework talks about keeping children safe from abuse and neglect, providing them with secure care, addressing the effects of any harm they have already suffered, and restoring and improving their wellbeing.³ CYF has recently developed an outcomes framework that will require CYF and other agencies to ensure that children are safe, healthy, achieving, belong, participate, and have improved life outcomes. As CYF develops indicators to measure these outcomes, we thought it would be timely to provide an assessment of how well CYF is currently doing at improving children's outcomes. Part 3 attempts to do this, based on the available data, our overall findings, and feedback we received in our engagement with key stakeholders.

-
1. CYF is a service arm of the Ministry of Social Development and is supported by MSD ICT, property, HR and reporting systems. Throughout this report we use the term CYF to refer to the statutory child protection and youth justice services provided by MSD, as this reflects public understanding about who is responsible for these services.
 2. www.occ.org.nz/state-of-care/
 3. In addition, CYF's youth justice practice framework includes holding young people accountable for any offences they have committed.

IS CYF MEETING THESE EXPECTATIONS?

CYF'S PRACTICE IS NOT CONSISTENT

Some of the CYF sites and residences we monitored in the past 18 months met or exceeded our expectations. CYF generally has strong front-end systems and processes for investigating and making decisions about cases of potential abuse and neglect, which means it generally does well at keeping children safe from immediate risk of abuse and neglect. However, CYF's overall performance against our monitoring framework was highly variable. Across most of the sites and residences we monitored, we found inconsistent vision and direction, variable social work and care practice, and insufficient priority given to cultural capability. Underpinning these findings was a core issue with workforce capacity and capability.

CYF DOES NOT PUT CHILDREN AT THE CENTRE OF EVERYTHING IT DOES

Some children report positive and life-changing experiences with CYF, but others report negative and harmful experiences. Generally speaking, the longer a child spends in CYF care, the more likely they are to experience harmful consequences. The feedback we received from children suggested a system that is not centred on their needs, and that does not take into account the potential negative consequences of CYF's actions and decisions on children. We have a number of suggestions to help CYF ensure children are at the centre of everything it does.

"The best social worker I ever had was a guy. He really stood up for me a lot."

– Participant in youth voices workshop.

WE DON'T KNOW IF CHILDREN ARE BETTER OFF AS A RESULT OF STATE INTERVENTION

Accessing data about children's outcomes is core to our monitoring framework. Yet there is little reliable or easily accessible data available about the outcomes of children in the care system. In our view, CYF and MSD's systems are not set up to measure and record the information that matters, and the integration of data between MSD and other government agencies is poor. Better collection and analysis of data is essential for CYF to improve its services and for the Government and the public to have confidence that CYF and other state agencies are improving outcomes for vulnerable children. We don't have enough information to say conclusively whether children are better off as a result of state intervention, but the limited data we do have about health, education, and justice outcomes is concerning.

"She said I was only going to be in care for a week. It's been three years."

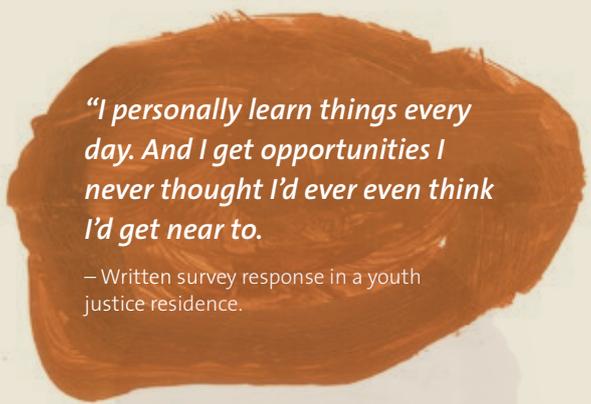
– Participant in youth voices workshop.

CYF FOCUSES MORE ON KEEPING CHILDREN SAFE, AND LESS ON IMPROVING THEIR LONG-TERM OUTCOMES

CYF has become oriented towards front-end processes for investigating and making decisions about cases of potential abuse and neglect, at the expense of on-going support for children in all types of care placements. We make this observation based on our monitoring findings, which found strong intake and assessment practices in most of the CYF sites we monitored, but poor case management and oversight of young people in specialist care placements. It is supported by what children and other key stakeholders told us about their experiences with CYF. This observation is consistent with the conclusions in the recent *Workload and Casework Review* undertaken by the Office of the Chief Social Worker within CYF.⁴

The reasons for this focus on front-end services are complex and historical, and we have not attempted to analyse them here. Rather, we have focused on ways to support CYF to maintain its focus on initial safety, and to expand this to include the on-going support necessary to improve children's outcomes in the long term. This will require a greater level of investment in children in all types of care placement.

CYF can't do this on its own. Some changes are within CYF's power to effect, but some will rely on other state agencies, service providers, and NGOs working effectively in partnership with CYF. It is our view that all the participants in the wider care and protection and youth justice systems need to work together much better to deliver effective, high quality services to vulnerable children. Health and education services in particular need to support children in care to achieve better outcomes. This will require leadership from the Ministries of Health and Education to be accountable for achieving better outcomes for these children, and for ensuring local providers in their sectors are supported to meet explicit expectations about what they deliver to children in care.



"I personally learn things every day. And I get opportunities I never thought I'd ever even think I'd get near to."

– Written survey response in a youth justice residence.



"We felt in our experience that love was one of the main things that was missing a lot of the time."

– Participants in youth voices workshop.

4. Workload and Casework review, 2014: <https://www.msd.govt.nz/documents/about-msd-and-our-work/newsroom/media-releases/2014/workload-and-casework-review.pdf>

RECOMMENDATIONS

We made 53 recommendations to help CYF lift its performance and improve outcomes for children in our monitoring reports between January 2014 and June 2015. Some were directed at individual sites or residences, while others were changes CYF national office could make to improve policies and practice across multiple sites and residences.

The 53 recommendations were aligned to the key themes that recurred in our monitoring findings, and can be grouped in the following categories:

- Clarity of purpose, direction, and strategy (nine recommendations);
- Ensuring child-centred practice (11 recommendations);
- Improving the quality of social work practice across all types of care placement (nine recommendations);
- Building workforce capacity and capability (eight recommendations);
- Building cultural capability (five recommendations);
- Improving integration of services between CYF and other agencies (three recommendations);
- Strengthening partnerships and networks (four recommendations);
- Improving the physical environment in residences (two recommendations); and

Other recommendations relating to operational systems and processes (11 recommendations).

For this report, we have reviewed all our individual recommendations within the context of the themes emerging from our monitoring findings, our engagement with children, and the available data about children's outcomes. From this review, we have developed a set of seven aggregated, future-oriented recommendations that we believe will help address shortcomings in the current system and improve children's outcomes in future.



“You must listen to your client and talk to them as if you were to talk to your beloved child.”

— Focus group participant.

These aggregated recommendations, in brief, are:

1. Set clear expectations about CYF's core purpose and the outcomes it needs to achieve;
2. Ensure CYF is fully child-centred in all its activities;
3. Invest more in on-going support for children in all types of care placements;
4. Address capacity and capability issues across the CYF workforce;
5. Improve cultural capability across the organisation;
6. Collect and analyse relevant data to drive improved outcomes for children; and
7. Set clear expectations for other state agencies responsible for improving the outcomes of children in care.



About the State of Care report

CYF's guiding principles⁵

The best interests of the child must always be CYF's first and paramount consideration. In deciding what the best interests of the child are, CYF must be guided by the following principles:

- Wherever possible, a child's family/whānau should participate in decisions affecting that child;
- Wherever possible, the relationship between a child and his or her family/whānau, should be maintained and strengthened;
- Consideration must always be given to how a decision affecting a child will affect their welfare, and the welfare of their family/whānau;
- Consideration should be given to the wishes of the child;
- Endeavours should be made to obtain the support of the child, and his or her parents/guardians in the exercise of powers under the Act; and
- Decisions affecting a child should, wherever practicable, be made and implemented within a time-frame appropriate to the child's or young person's sense of time.

ABOUT CHILD YOUTH AND FAMILY

CYF IS THE GOVERNMENT SERVICE CHARGED WITH PROTECTING CHILDREN

CYF is a service arm of the Ministry of Social Development (MSD). It has legal powers to intervene to protect and help children who are being abused or neglected, or who have serious problem behaviour, or have committed offences. It employs around 3000 staff who deliver services from 76 nationwide sites. With around 1000 front line social workers, CYF is the largest employer of social workers in New Zealand. In addition, CYF supports around 4500 caregivers who provide foster care or respite care to children around the country.

CYF operates under the *Children, Young Persons and their Families Act 1989*⁵, which stipulates that the welfare and interests of the child must be the first and paramount consideration in everything that CYF does, and spells out a number of general principles that CYF must operate under. Since 2014, CYF and a number of other agencies also have new requirements under the *Vulnerable Children Act 2014*.⁶

CYF RESPONDS TO REPORTS OF CONCERN ABOUT CHILDREN

Reports of concern come from people worried about the safety and wellbeing of a child and their family. These come into CYF from a variety of sources, including the Police, health education and social service providers, family members and friends, and the public.

When CYF receives a report of concern, they undertake an initial safety and risk screen about the child and family's situation, and decide whether any further action is required to make sure the child is safe. In many cases, no statutory intervention is required; the family may simply need some advice, or to be connected with the right support services.

In more serious cases, CYF care and protection teams work with the family to identify issues and find a solution, which could include a formal investigation with Police. When it is established that a child is in need of care and protection, a family group conference may be held where the child's family/whānau and other key people agree on a plan to keep the child safe and identify the support they need.

In 2014, CYF received reports of concern relating to about 63,000 individual children. About 43,000 of these required further action. There were findings of substantiated abuse concerning 16,000 individual children.⁷

5. Children, Young Persons and their Families Act, 1989: <http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>

6. Vulnerable Children Act, 2014: <http://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html>

7. In addition, in 2014 Police made 58,000 family violence referrals to CYF, for cases in which children were present at a family violence incident. Some of these referrals are referred to a family violence inter-agency response system meeting, some are referred to an NGO for further support, and some result in further action by CYF. CYF does not report on the breakdown of these figures. Further information about trends in CYF reports of concern is available at: <http://www.cyf.govt.nz/about-us/key-statistics/>

The care & protection process:

2014 Summary* (individual children)



At various stages a child will leave the system:

- Returned to family
- Family group conference outcome
- No further action

* This is a simplified version of the process.
More info at www.cyf/about-us/key-statistics/

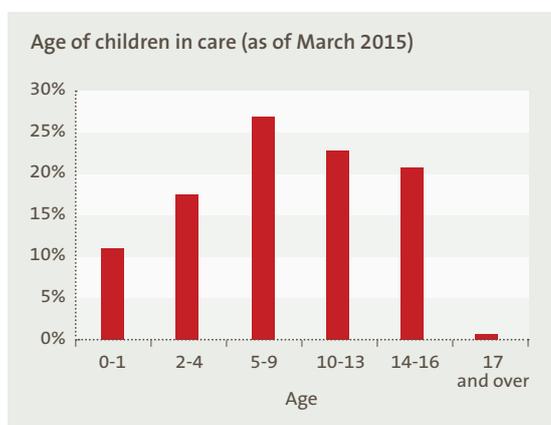
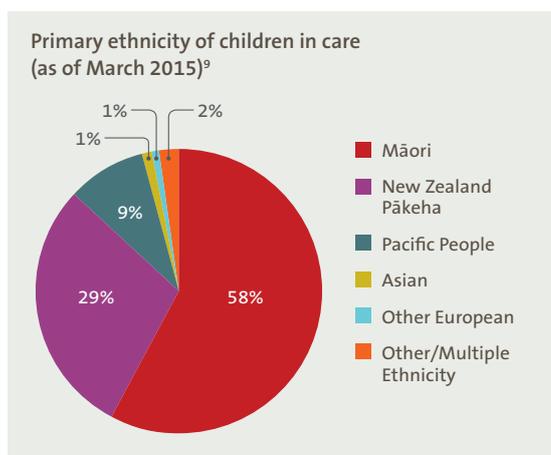
[^] All figures are individual children

• More information on page 48 of this report

• Numbers do not include the 58,000 police family violence referrals

CYF TAKES CUSTODY OF CHILDREN WHO NEED TO BE KEPT SAFE

In serious cases, when children cannot be kept safe at home, CYF can take custody of them and become their legal parent/guardian. This is called being “in the custody of the Chief Executive”. There are around 5000 children in this category at any given time.⁸ The majority are Māori, and more than half are under the age of 10.



These children live in a variety of situations: with family/whānau carers, with non-family foster carers, in CYF residences, or in other supported accommodation. A small number live independently, or have returned home but remain in CYF’s custody.

In accordance with the principles of the *Children Young Persons and their Families Act 1989*, CYF aims to return children to their own parents or caregivers when it is safe to do so, and its preference is to place children with family/whānau carers when it is not.

CYF also operates eight residences where children stay if they are at risk in the community: four for children with serious risk of harm who cannot be placed at home or in the community and need to be cared for and protected; and four for young people who have been placed in residential care because of their offending. CYF also contracts Barnados to operate one specialist residence for young people who have engaged in harmful sexual behaviour and can no longer be supported in their own communities.

CYF IS PART OF THE WIDER CARE AND PROTECTION AND YOUTH JUSTICE SYSTEM

CYF sits within a continuum of care and protection services ranging from prevention and early intervention through to crisis response, and – at the hard end – CYF’s statutory power to intervene. CYF does not bear sole responsibility for protecting vulnerable children. Health and education services play a particularly important role, which requires coordination between central agencies and their devolved local service arms (such as schools, education providers, District Health Boards (DHBs), and health providers).

Similarly, in its youth justice work, CYF shares responsibility with other government agencies including Police and the court system for holding young people who have offended to account, reducing the rate of reoffending, and improving

8. In addition to the 5000 or so children in the custody of the Chief Executive, there are many more who have been permanently removed from their parents and are in the care of family members or permanent caregivers. These children remain in the care system until they turn 17, when their custody orders lapse. We do not know how many children are currently in this category, or anything about their outcomes.

9. Throughout this report, we refer to the percentage of children in CYF care whose primary ethnicity is recorded as Māori (58 percent). The percentage with Māori as a secondary/other ethnicity will be higher again, but we do not have access to these figures.

their life outcomes. As well as core government services like health, education, Police and justice, the wider care and protection and youth justice systems include NGOs, iwi and Māori organisations, church and cultural organisations, specialist service providers, and the new Children's Teams. All the participants in this wider system need to understand their respective roles, have the right skills, and be prepared to work together to deliver effective, high quality services to vulnerable children.

Much of the work of the *Children's Action Plan (CAP)*¹⁰, including the new Children's Teams, is focused on prevention and early intervention services working with at risk families so that they do not require a statutory response from CYF. More effective early intervention, alongside the better risk identification and assessment envisioned in the *CAP*, are intended to change the care and protection landscape so that CYF can focus more on delivering high quality services to those children who require a statutory intervention.

However, there is a long way to go before interagency engagement, NGO providers, and Children's Teams can relieve CYF of its current workload. Not surprisingly, given the volume of reports of concern it receives, CYF's systems are currently geared towards front-end response to these reports. This can come at the expense of providing consistent, high-quality social work services to the 16,000 or so children who require a statutory service from CYF.¹¹

The recently established Expert Panel has been given the task of identifying how the wider care and protection and youth justice system could be improved to address these concerns.

OUR MANDATE AND APPROACH TO MONITORING CYF

We have a legislative mandate to monitor the quality of services provided to children under the *Children, Young Persons and their Families Act, 1989*.¹² We also advocate and advise on the rights and wellbeing of vulnerable children, both individually via calls to our Child Rights Line, and at the policy level. We seek the views of children about issues that affect them, and incorporate these into our work.

Since our inception, we have monitored the policies and practices of CYF. We also have a mandate to monitor community services who deliver functions under s396 of the Act, but we generally focus our limited resources on monitoring CYF, as the primary service responsible for the care and protection of vulnerable children. We do not have a legislative mandate to monitor other state agencies involved in the provision of care and protection and youth justice services. There has been an increased recognition of the importance of cross-agency and cross-sector responses for vulnerable children and their families in the past decade. This is particularly apparent in the direction of the *Vulnerable Children Act 2014* and the *CAP*. In this context, the lack of independent oversight over the entire care and protection and youth justice systems is a gap.

In late 2013 we refreshed our approach to monitoring CYF and developed a new framework. We wanted to ensure that our monitoring was as effective as possible within the constraints of our mandate and our limited resources.

As part of this new approach, we decided to produce an annual public report that aggregates the findings of our monitoring activity and gives expression to the voices and experiences of children. We wanted to increase transparency about both the OCC and CYF, and to ensure that children's voices are central in discussions about their care.

10. For a detailed examination of CYF's caseload and work distribution, see the 2014 Workload and Casework Review by the Office of the Chief Social Worker.

11. Our monitoring powers and functions are set out in the Children's Commissioner Act 2003: <http://www.legislation.govt.nz/act/public/2003/0121/latest/DLM230429.html>

12. Children's Action Plan: <http://childrensactionplan.govt.nz/>

The new framework also aims to support a continuous learning culture in CYF, and encourages the sharing and implementation of best practice across the organisation. It allows us to look across the wider system and engage with key stakeholders when we select the areas of CYF practice to focus on, in an effort to take a system-wide view as much as possible.

In developing our new framework, we agreed what constitutes good practice with CYF, so when we engage with staff on our visits, and give feedback on their performance, we are working from a shared understanding of what best practice looks like. We have seen some positive change and engagement as a result of our monitoring of CYF over the past 18 months.

THIS IS THE FIRST STATE OF CARE REPORT

This is our first public *State of Care* report. It aggregates the findings of the monitoring reports we completed for a sample of sites and residences between January 2014 and June 2015, and summarises the voices of children in care who shared their views with us during that time.¹³ It looks at how well children in care are doing according to available data on measures of wellbeing, including health, education and justice outcomes, and draws on what we learnt from our engagement with stakeholders and wider child advocacy work in the period. On the basis of these findings, it makes recommendations to improve CYF's performance.

Information that could identify individual children, staff members, sites, or residences has been removed to protect privacy and preserve our ability to engage openly with CYF and other stakeholders in future.

We will use the findings of this report to inform our monitoring and advocacy work in the next 12 months, and we will publish another *State of Care* report in 2016.

THIS REPORT DRAWS ON A WIDE RANGE OF SOURCE MATERIAL

- We visited six out of nine CYF residences to check their compliance with New Zealand's international obligations and monitor the general quality of their services;
- We made three single site visits to CYF sites (two care and protection sites, and one youth justice site) to assess leadership, quality of social work practice, and the quality of partnerships and networks;
- We visited 19 out of 58 CYF care and protection sites during our two thematic reviews;
- We completed two thematic reviews on specific CYF services: one on the quality of CYF supervision and oversight of young people on Youth Services Strategy (YSS) placements, and one on the readiness of CYF sites to work effectively with the new Children's Teams;
- We ran a day-long workshop with 15 young people about their experience of the care system;
- We conducted one-on-one interviews with 12 young people about their experience with CYF while in a YSS placement;
- We ran three focus groups with children in the care system in Auckland as part of our site visit programme in March – May 2015;
- We surveyed 99 young people in CYF residences about their experiences in residential care and aggregated the findings;
- We ran focus groups with approximately 90 young people in CYF residences about their experiences in residential care;
- We accessed administrative data from CYF's database and requested a large amount of information about children's outcomes from CYF;
- We drew on existing reports and reviews of CYF and the care and protection system; and
- We engaged with a wide range of stakeholders who work in the care and protection system and understand the issues facing vulnerable children.

13. This report aggregates the findings of monitoring reports we completed and delivered to CYF between January 2014 and June 2015. Monitoring visits made before June 2015 but not yet reported on will be included the 2016 State of Care report.

Part 1: Our monitoring findings

OUR RATING SYSTEM

We assess the CYF sites and residences we visit against criteria set out in our monitoring framework, and give them a rating according to the following table:

Rating	Assessment	What it means
	Transformational/ outstanding	Exceptional, outstanding, innovative, out of the norm.
	Well placed	Strong performance, strong capability, consistent practice.
	Developing	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice.
	Minimally effective/weak	Low awareness of areas needing improvement; lack of action to address weaknesses; significant concerns exist.
	Detrimental	Actively causing harm, negligent, ignoring, rejecting, undervaluing, undermining practice.

A well-functioning CYF site or residence should at least be operating at the green “well placed” level most of the time. We consider a yellow “developing” rating to be a pass, but would expect CYF to take action to improve its performance based on a “developing” finding.

We have not yet given any CYF sites or residences an overall rating of purple “transformational”, but we did find elements of transformational practice in one individual site, three residences, and four of the 14 sites we visited as part of our Children’s Team thematic review.

We have not yet given any CYF sites or residences an overall rating of red “detrimental”. We did find elements of orange “minimally effective” practice in two individual sites, three residences, and four of the five sites we visited as part of our YSS thematic review.

The anonymised ratings for all the CYF sites and residences we visited from January 2014 until June 2015, across the domains we monitored is provided on the next page.

A best practice guideline – what we would expect to see if a CYF site or residence was consistently operating at the transformational level across all the domains we monitor – is available on our website.¹⁴

14. See www.occ.org.nz/state-of-care.

Anonymised aggregated ratings from our monitoring reports, January 2014 – June 2015

	Site 1: Care & Protection	Site 2: Care & protection	Site 3: Youth Justice	Residence 1: C&P	Residence 2: C&P	Residence 3: Youth Justice	Residence 4: Youth Justice	Residence 5: Youth Justice	Residence 6: Youth Justice	YSS review (5 sites)	Children's Team review (14 sites)
Overall Assessment											
• Leadership & direction											
• Purpose, direction and strategy											
• Leadership											
• Values, behaviour and culture											
Quality of Social Work practice											
• Effective use of legislative, policy and practice frameworks											
• Supervision											
• Culturally appropriate practice											
• Robust intervention practice											
• Access to complaints system											
• Quality investigation and assessment											
• Transitions from care											
• Quality intake, safety screening & assessment											
Partnerships and networks											
• Collaboration & partnerships with stakeholders											
• Links in the community											
Operational management											
• Systems & structures											
• Roles & responsibilities											
• Allocation of resources											
OPCAT domains											
• Treatment											
• Protection system											
• Material conditions											
• Activities & contact with others											
• Medical services and care											
• Personnel											

We only monitor certain aspects of CYF practice

In our formal monitoring role, we do not assess the performance of CYF as a whole. Rather, we select sites, residences, and themes for detailed review and face to face visits by our monitoring team. Where possible, however, we make recommendations to CYF that are applicable across the organisation, as well as to the sites and residences we visited.

The findings in this part of the report reflect our assessment of CYF's performance in the sites and residences we reported on between January 2014 and June 2015. While we have not monitored the entire organisation and cannot give a formal assessment of its complete operations, we think it is likely that our pattern of findings will reflect practice across the organisation as a whole.

We begin by summarising the findings of our two thematic reviews and our reporting under the

Crimes of Torture Act 1989. We then report on key trends that emerged across all of our monitoring work in this period. We do not provide detail of every finding we made during this period (these can be found in an aggregated form on page 14), but we have selected topics which came up repeatedly as areas for development across our monitoring reports and are important to CYF's overall performance. We provide commentary on what we saw and how we think CYF's performance can be improved in these areas.

Throughout this section we highlight case studies of excellent practice that we observed in our monitoring of CYF. These demonstrate that with strong leadership and focus, CYF can achieve great practice that improves the outcomes of children within current policy and practice frameworks. The challenge is consistently embedding this practice across the organisation.



FINDINGS OF OUR THEMATIC REVIEWS

We undertook two thematic reviews – one on CYF’s readiness to work with the new Children’s Teams, and one on its oversight of YSS placements.

MOST CYF SITES ARE READY TO WORK WITH THE NEW CHILDREN’S TEAMS, SUGGESTING STRONG FRONT-END INTAKE AND ASSESSMENT PROCESSES

		Well placed with developing elements	Strong performance, strong capability, consistent practice, but with some areas needing improvement
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This is the overall rating across all 14 sites in our Children’s Team thematic review.

Four Children’s Teams are up and running (in Whangarei, Rotorua, Hamilton and Horowhenua/Otaki), with six more currently being established around the country. Once they are all established, Children’s Teams will cover the operating areas of 14 CYF sites. The role of the Children’s Teams is to accept referrals and work with vulnerable children and their families who do not meet the threshold for statutory intervention by CYF, but who would benefit from hands-on, child-centred, wrap-around support.

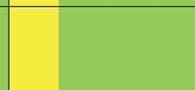
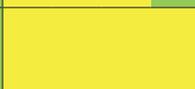
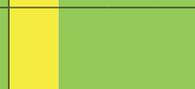
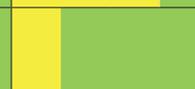
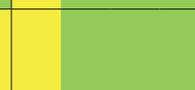
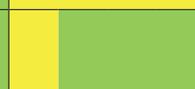
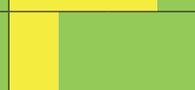
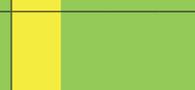
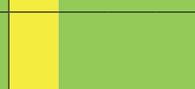
We focused this thematic review on how well the 14 CYF sites in the catchment areas of the new Children’s Teams are placed to work with them. The introduction of Children’s Teams represents a significant shift in the way vulnerable children are supported. As the service that currently deals with all reports of concern about potential abuse or neglect, it is important that CYF is prepared to work effectively with the new Children’s Teams – for example to have a clear understanding of when it is appropriate to refer a child and their family to a Children’s Team or to keep them within the statutory system. We focused on these elements in particular in this review.

Overall, we were pleased to find the 14 CYF sites we visited were well placed to work with the new Children’s Teams. We were impressed with the quality of leadership on this issue across the sites, and we are confident that all 14 site managers

are capable of leading their staff into new ways of working in the Children’s Team environment. CYF sites demonstrated robust front-end social work practice and most had a good understanding of how CYF’s statutory threshold for intervention will work in the new Children’s Team environment. Sites demonstrated good oversight of front-end decision making practices. On the basis of these findings we are confident that CYF’s front-end intake and assessment processes will enable them to work effectively with the new Children’s Teams as they are rolled out.

Four sites demonstrated elements of transformational leadership and direction. These four sites had a clear vision and purpose, and had explicitly planned to work in the new Children’s Team environment. One site had also developed a clear vision for mokopuna Māori in its catchment, and was working effectively with staff and key external stakeholders to implement this vision within the new Children’s Team environment.

Anonymised ratings from the Children’s Team thematic review

Site	Leader ship & direction	Operational management	Quality of social work practice	Partnerships & networks	Overall assessment
Site 1					
Site 2					
Site 3					
Site 4					
Site 5					
Site 6					
Site 7					
Site 8					
Site 9					
Site 10					
Site 11					
Site 12					
Site 13					
Site 14					

CYF’S OVERSIGHT OF YOUTH SERVICES STRATEGY PLACEMENTS WAS GENERALLY INEFFECTIVE, SUGGESTING A LACK OF ON-GOING SUPPORT FOR CARE PLACEMENTS

		Developing with minimally effective elements	Some awareness of areas needing improvement and actions to address weaknesses, but inconsistent practice; pockets of concern
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This is the overall rating across all five sites in our YSS thematic review.

Under the YSS, CYF contracts a number of specialist providers to deliver intensive one on one and group home care services to young people in CYF care aged 12-16 who can't be maintained within their usual caregiving environment. CYF social workers retain case management responsibility for young people on YSS placements.

In 2014, we conducted a thematic review of five sites to evaluate the quality of CYF’s case management of young people in YSS placements. We focused on the quality of CYF care and protection services, not on the quality of services provided by YSS providers.

Our overall assessment of the quality of CYF’s interagency case management provided to young people in YSS placements was that it was developing with minimally effective elements.

While CYF sites generally had positive relationships with YSS providers and with young people on YSS placements, only one site out of five consistently maintained oversight of YSS cases, began transition planning early, effectively integrated culturally appropriate practice into their interactions and interventions with young people on YSS placements, and worked in partnership with YSS providers. At the other four sites, we found the case management to be generally ineffective.

There were a number of common factors in the four poorly performing sites. CYF supervisors and social workers told us they did not understand their roles and responsibilities with respect to young people on YSS placements and there was very little supervision specific to YSS cases. While CYF social workers put effort into planning young people’s transitions into YSS providers, after young people were settled in

their YSS placements, CYF social workers tended to lose focus on them. Some YSS providers went so far as to characterise CYF’s attitude to these placements as “dump and run.” Staff turnover meant it was not uncommon for young people to have multiple changes of social worker, and important information was lost at each change over. Reflecting the low priority that is often given to culturally appropriate practice, there was very limited consideration of how to meet the cultural needs of young people on YSS placements. Staff at the sites we visited told us high social worker caseloads were contributing to social workers’ lack of oversight of YSS cases.

As a result of these issues, we found that young people on YSS placements often received a lower quality service from CYF than we would expect. The lack of proactive partnering and early planning for the transition out of YSS placements compromised the work of YSS providers, who were left holding things together when sites failed to complete the tasks they were responsible for. As plans and goal posts shifted, young people became angry, disappointed and disillusioned, and their behaviour often deteriorated. These young people have high needs and require intensive therapeutic support from YSS providers and active case management from CYF to achieve optimal outcomes. By not providing this active case management, CYF was undermining the potential of this service. YSS placements are also resource-intensive. In our view, CYF was compromising the needs of children, and the value of its investment, by not following up effectively with these young people.



What does it look like when it works well? Excellent YSS oversight

One of the five sites we visited as part of our YSS thematic review provided consistently high quality oversight to young people on YSS placements.

Some of the strong practices that set this site apart were:

- Site leaders and social workers saw it as their explicit role to provide leadership, support and resources to support young people in YSS placements;
- Planning for young people's transitions out of YSS care started at the very beginning of their placement;
- Each young person in a YSS placement received focused attention in their social worker's one-on-one reflective supervision sessions so that social workers could "reflect in depth on the case, really understand the situation of the young person and their whānau, and tease out their plan about the kind of interventions that are likely to work best."
- Considerable attention was given to cultural issues. For example, one Māori young person in a YSS placement had been connected to a Māori psychologist, and there were plans in place to connect him with a Whānau Ora provider who had connections with his whānau marae, and with a Māori organisation that was willing to provide him with work experience.

As a result, young people on YSS placements who were being overseen by this CYF site had much better experiences and reported better outcomes as a result of their YSS placement.

This example demonstrates it is possible for CYF to deliver high quality case management and oversight of young people on YSS placements within the current care and protection system. This requires strong, active leadership at the site level, and finding ways to embed case management of young people on YSS placements into the regular practice of CYF social workers.

What does it look like when it isn't working? Poor YSS case management for one young person*

CYF referred A, who was 14 at the time, to a YSS provider, noting that he was “not a big case and just needed someone to care for him.” The YSS provider consequently placed A with a new foster carer, but it quickly became clear A had serious behavioural issues, related to a significant level of abuse that had not been disclosed by CYF, and would require a more experienced carer.

The YSS provider found a more experienced foster carer for A, but because the carer lived in a neighbouring area, management of A's case was transferred away from the CYF site with a history of working with A and his whānau. The YSS provider had trouble getting hold of social workers at the new site, and became concerned that their knowledge of A was not being taken seriously.

Even so, A made good progress with his new foster carer. When the YSS provider's contract to care for A ended, the foster carer agreed to become A's 'Home for Life' carer, which meant resigning as a YSS carer and becoming a CYF carer. CYF agreed to provide support for the placement, including a youth mentor for A, monthly respite care, and family therapy for A and his foster family.

However, two months after A's formal transfer from YSS to CYF care, none of this support was provided. The foster carer became angry and isolated. The placement broke down when A experienced a step back in his progress and declared he did not want to go back. This had happened before when A was in YSS care, and he had always changed his mind quickly. In this case, however, CYF did not offer A the opportunity to reconcile with his 'Home for Life' carer.

Instead, he was placed in a CYF family home, and allowed unsupervised phone contact with family members, despite the fact that the first CYF site that had managed A's case had been clear this should not happen without close monitoring.

A was re-referred to the YSS provider, who agreed to take on his case again despite concerns, because of their history with him. CYF employed a new carer for A, and transferred him directly into their care, without allowing the time requested by the YSS provider to put in place the necessary support. As a result, the relationship between A and his new carer broke down quickly, and the YSS provider could not get support in place in time to prevent A from absconding from his placement. Eventually A was located and placed in secure care, where he remains while CYF and the YSS provider determine whether he will be placed with the YSS provider for a third time. He is now 16.

* This case study was provided to us by a YSS provider as part of our wider engagement with key stakeholders. It was not an example we collected during our monitoring visits, but we have included it because it clearly illustrates many of the issues we identified with CYF's current case management and oversight of YSS placements. We have changed some details to protect A's anonymity.

FINDINGS UNDER OUR MANDATE AS A NATIONAL PROTECTIVE MECHANISM

The OCC is a designated National Preventive Mechanism (NPM) under the Crimes of Torture Act 1989, responsible for ensuring that young people held in the nine residences around the country are not subject to any cruel, inhuman or degrading treatment. We summarise the findings here of our NPM monitoring of care and protection and youth justice facilities.

WE FOUND NO EVIDENCE OF CRUELTY OR TORTURE

		Developing	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice
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This is the aggregated rating of the OPCAT domains we assess across all six residences we visited. For the purposes of our OPCAT monitoring, which requires a pass/fail assessment, we consider a “developing” rating to be a pass.

As part of our recently refreshed monitoring framework, we have changed the way we undertake our NPM function. We have moved from a focus on basic safety and compliance, to a preventative focus looking at system and performance issues aimed at supporting CYF to achieve better outcomes for young people.

Between January 2014 and June 2015 we assessed one care and protection residence and four youth justice facilities against our OPCAT domains as part of our regular schedule of pre-announced monitoring visits. We also reported on one unannounced visit to a care and protection residence for this purpose.

Most of the residences we visited were developing against these measures. We found no evidence of cruelty or torture. We concluded that CYF is compliant with its international obligations, and meets the expectations for agencies that hold young people in their custody.

To fulfil our NPM role, at each visit, we interview leadership, social workers, care staff, and young people, and conduct a survey of all residents to ascertain how well:

- Young people are protected from inhumane or cruel treatment;
- Young people’s rights are communicated to them and upheld;
- Young people’s living conditions uphold their dignity and contribute to their sense of wellbeing;
- The regime of activities encourages the personal development of young people;
- Young people’s needs for medical services are responded to and their access to health services is effective;
- Young people’s rights to their culture and religion are upheld;
- Young people’s transitions home are facilitated;
- Staff ensure that young people are treated with respect; and
- Staff are trained to ensure a safe, secure and respectful environment.

SOME RESIDENCES NEED TO BE UPGRADED

	Developing	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice
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This is the aggregated rating across the OPCAT sub-domain “Material Conditions” across six residences.

Notwithstanding that we found no evidence of cruelty, torture or degrading treatment at any of the CYF residences we monitored, we did observe that the physical environment at three residences needed upgrading. We were satisfied that all the CYF residences we visited passed a basic test for the quality of material conditions, but we felt some did not uphold young people’s dignity or sense of wellbeing. Several residences presented stark, institutional interiors which can be intimidating for young people, especially when they first arrive. Others lacked art on the walls in the halls and bedrooms, and did not visually represent CYF’s commitment to biculturalism. Many were badly defaced. In one residence, a number of young people complained that the plastic-coated mattresses were “too thin and hot”, and that sleeping in close proximity to their in-room toilet was unpleasant. To a young person in a CYF residence, such an environment can convey the message that they are not valued as individuals. In our view, these issues are indicative of a lack of child-centred thinking.

We are aware some CYF residences are due for upgrades (including one which we understand is currently underway). We suggest this work is prioritised at all the residences where we identified risks with the physical environment. While CYF operates the residences, they are maintained and upgraded by MSD property services, and we are aware that securing agreement to prioritise necessary upgrades has proved difficult in the past. CYF has recently appointed a manager to negotiate with MSD property services to progress this issue. This is a welcome step, but if progress continues to be slow, proactive engagement at the senior leadership level of both MSD and CYF may be required to ensure there is a shared understanding across both parts of the Ministry about what is required and why it is important.



RECURRING THEMES IN OUR MONITORING FINDINGS

We found some strong recurring themes on our monitoring visits during this period. In this section we outline these themes and provide commentary on what we saw and how we think CYF’s performance can be improved in these areas.

LOCAL PLANNING IS INCONSISTENT, LEADING TO A LACK OF CLEAR PURPOSE AND DIRECTION IN MANY SITES AND RESIDENCES

	Developing	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice
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This is the aggregated rating against the sub-domain “Purpose, Direction and Strategy” across three sites and five residences.

We made nine recommendations on this theme in our monitoring reports.

A critical element of any effective organisation is a clear vision and purpose that staff can align their activities to. CYF’s current strategic plan, *Ma Mātou, Ma Tātou*, has been in place since 2012. All sites and residences are required to complete a self-assessment against the strategic plan and develop an action plan to address the strengths and gaps identified. Yet despite this requirement, we frequently observed on our visits that staff in CYF sites and residences lacked a clear and consistent vision of what they were there to achieve, and how all staff could contribute to achieving it. While staff were aware of the strategy and its pillars, many did not have a clear understanding of how these translated into practice in their daily work.

This lack of direction manifests in different ways. In youth justice residences, we found it resulted in tension about the primary purpose of the residence. While we understand that youth justice residences serve multiple purposes, there is currently no consistent understanding across the whole of CYF about the relative weight that should be given to the related purposes of containing young people and holding them to account for problem behaviours, and providing therapeutic support to help them improve their outcomes. The physical environment in many of the residences certainly suggests an organisation geared towards containment and accountability, but in our view, a child-centred organisation should prioritise treatment and improving

outcomes. The time a young person spends in a youth justice residence is an opportunity to place support around them that can help them improve their outcomes when they leave, even for those young people who are only in residence for a short time (for example on remand). Some residences do this well. Yet without a clear direction from CYF national office that this is the primary purpose of all youth justice residences, this opportunity can be missed. Clarity is needed at the national level about the purpose and direction of CYF residences, and staff in each residence need to know how they can contribute to the realisation of a shared purpose in their daily work.

In sites, we often found local plans were not informed by feedback from external stakeholders and many staff were not clear about the priorities in their site’s plan. At some sites, the leadership was focused on one or two aspects of the site’s performance at the expense of others, while at others, the local plan did not match up with the site’s actual activities.

We found examples where a lack of clear direction and oversight impacted negatively on children. For example where oversight of young people on YSS placements was not included in site strategy or planning, young people on these placements did not receive adequate case management from their CYF social workers, and sometimes spent long periods in placements without knowing when they would leave. Young people in youth

justice residences where there was tension between the containment and therapeutic models received mixed messages and were treated differently by different staff, negatively impacting on their care and rehabilitation.

We also heard from external stakeholders involved in care and protection and youth justice work that when CYF is unclear about its purpose and direction, it is difficult for partner agencies to contribute effectively to improving outcomes for children.

All youth justice residences need a clear primary purpose, and all sites should involve external stakeholders in their self-assessment process

to ensure their priorities are appropriate to the local community and externally validated. Sites also need to ensure their local plans are living documents that drive site activities, rather than being an annual 'tick the box' exercise.

Plans should make clear how all staff can contribute to the strategic direction of their site/residence, and include a plan for how the site/residence will engage with children. We understand this was the intention of the *Ma Mātou, Ma Tātou* strategic plan and self-assessment process, but in our view, further work is needed to ensure consistent implementation of local plans.



What does it look like when it works well? A residence with a mission

We visited one youth justice residence with a clear vision. After a strategic planning day, the residence had adopted a vision that “young people, family and whānau are afforded a high level individualised plan of care that supports on-going safety, realising potential and opening opportunities.” Staff at this residence strongly support the vision, and health and education stakeholders also consider that they are part of one team working towards the vision. The residence has produced guidance documentation to help all staff understand what this means for their specific programmes of work. An important strategic relationship to help realise the vision has also been formalised in an MOU between the residence and a local Māori organisation.

As a result, members of the leadership team at this residence have a strong sense of ownership of the vision for the residence and actively model this in their communication and behaviour. The integration of the residence’s health and education stakeholders into the leadership team is providing tangible benefits for young people through the additional opportunities now available to both young people and staff. The strategy and policy guidance has ensured that staff are actively pursuing improved outcomes for young people. This example demonstrates that with strong leadership, positive practice can be achieved within CYF’s current strategic planning framework.

CULTURAL CAPABILITY IS NOT GIVEN SUFFICIENT PRIORITY

	Developing	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice
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We assess cultural practice at every site and residence we visit under the domain “Quality of Social Work Practice.” In addition, at six sites and five residences, we looked at culturally appropriate practice in more detail and gave a specific sub-domain rating. This is the aggregated rating for the sub-domain “Culturally Appropriate Practice” across these eleven sites and residences, but it also reflects our observations about cultural practice at all the sites and residences we monitored.

We made five recommendations on this theme in our monitoring reports.

There is ample evidence, both nationally and internationally, that access to culture and culturally appropriate social work practice are strong protective factors for children who come into contact with the care and protection and youth justice system.¹⁵ Positioning indigenous cultural identity as a strength can provide a foundation from which children can build resilience. This is particularly important in the New Zealand context, given that 58 percent of the care and protection population (and 68 percent of young people in CYF residences) are mokopuna Māori.

We are often asked whether mokopuna Māori need or value different things from the care system than non-Māori children. Our engagement with children suggests there is little difference in what is important to mokopuna Māori. All children who come into contact with CYF value connection with their birth family/whānau, high quality relationships with caregivers and social workers, the ability to have a say about decisions that affect them, stable care placements, and being treated with respect.

What does differ between children from different cultures, including mokopuna Māori, is how these services can be best delivered to them in a culturally appropriate way. This can be the difference between a positive and transformational experience with CYF, and a negative and destabilising one.

Therefore, when the majority of children in CYF care and in youth justice residences are Māori, it is of utmost importance that CYF sites and residences ensure their care workers and social work staff are well equipped to deliver culturally responsive services to mokopuna Māori. While we found examples of sites and residences that were doing an exceptional job of this, and many had made some effort (by, for example, including goals for mokopuna Māori in their site planning, or establishing roopu of Māori staff) our overall finding was that, at most sites and residences, cultural capability was not given sufficient priority.

We are aware CYF has given considerable attention to building Māori cultural capability in recent years. In recent years, CYF has employed two Principal Advisors (Māori) in the Office of the Chief Social Worker, who have led the development of an *Indigenous and Bi-cultural Principled Framework* to underpin CYF’s work with mokopuna Māori and whānau across the organisation. It has now employed an associate Deputy Chief Executive to oversee the implementation of this framework across the organisation. It has established a national Māori governance group (Te Potae Kohatu Māori), and Māori roopu in each of CYF’s operating regions have identified priority actions to improve how CYF works with mokopuna Māori and their whānau in the local context. Responsiveness to

15. See, for example, *Indigenous Social Work around the World: Towards Culturally Relevant Education and Practice*, ed. Mel Gray, John Coates, and Michael Yellow Bird, Ashgate, 2008.

Māori is one of the pillars in Child, Youth and Family's strategic plan, *Ma Mātou, Ma Tātou*, and site self-assessments and action plans are required to include detail about building Māori cultural capability.

Yet our findings suggest that, despite these promising policies and frameworks, cultural capability is not being prioritised in the daily practice of most sites and residences. At most of the sites and residences we visited, the effort that had been made to build cultural capability was not sufficient to produce improved outcomes for mokopuna Māori.

A disappointingly common practice was for oversight of culturally appropriate practice at a site or residence to be left solely to a roopu of Māori staff, so that Māori staff often ended up with extra responsibilities on top of their daily work, without accompanying resources or on-going support and acknowledgement of this additional work. Formal cultural supervision was often limited, and dedicated training opportunities for staff to develop expertise in culturally appropriate social work practice were rare. While staff may have access to *ad hoc* guidance and support from their Māori colleagues, which they value highly, there is little access to formal cultural supervision.

Most sites and residences would benefit from developing a Māori cultural capability plan in

partnership with iwi to support all staff to engage and respond effectively to the cultural needs of mokopuna Māori. However, such plans will only be effective with investment and leadership across the whole organisation. Strengthening staff cultural capability needs to be built into the training and development plans of the whole organisation, and where Māori roopu have been established, these need on-going support and resources. The creation of the new indigenous and bicultural framework is promising, but will need a high degree of commitment and leadership from CYF national office, as well as dedicated investment in building Māori cultural capability across the whole organisation, to produce the desired results.

Similarly, in the small number of sites and residences that had taken active steps to plan for the cultural needs of Pasifika children, more support was needed for these efforts, and we would like to see similar planning in more sites and residences. We are aware that CYF has appointed a Principal Advisor (Pacific) and adopted a Pasifika practice framework to guide best practice from CYF for Pasifika families. We look forward to seeing this framework implemented and embedded across all CYF sites and residences. Approximately eight percent of the care and protection population (and 13 percent of the young people in youth justice residences) are Pasifika.





What does it look like when it works well? Excellent cultural practice

We did see some exemplary practice in this area at individual sites and residences. Examples of transformational cultural practices in CYF residences included:

- The development and implementation of residence-specific cultural plans and Māori strategic plans;
- The use of kaupapa Māori as a pro-social model of behaviour for young people, for example by having young people and staff jointly lead Powhiri onsite, or by making time for karakia as young people arrive at a residence;
- The development of a comprehensive “Rangatahi Journal”, a culturally tailored resource handed to all young people on their arrival in the residence;
- Using extended family networks to connect young people with their whānau;
- Creating active opportunities for young people in residence to learn about their whakapapa and develop iwi connections with the assistance of residence staff; and
- Ensuring cultural programmes such as kapa haka, waka ama, carving and weaving are available so young people can learn about their culture while in residence.

In residences where cultural practice is strong, we have seen young people becoming more confident, learning the skills they need to change challenging behaviours, and taking pride in their cultural identity.

At the site level, a number of sites displayed elements of transformational cultural practice, including developing a clear site-wide vision for mokopuna Māori, resourcing specialist teams for this purpose, embedding cultural supervision, and cultivating strong and positive relationships with whānau, hapu, and iwi stakeholders in the community.

A key skill at the site level is the ability to engage with children and their whānau, hapu, and iwi using concepts and language that are familiar and meaningful, and incorporating cultural practices that put the child and their whānau at ease. When this works well, whānau feel safe and confident to engage positively with CYF and make the changes their children need.

**CYF’S PARTNERSHIPS AND NETWORKS WITH EXTERNAL STAKEHOLDERS
NEED STRENGTHENING**

	Developing	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice
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This is the aggregated rating for the domain “Partnerships and Networks” across all of the sites we visited.

We made four recommendations on this theme in our monitoring reports.

All CYF sites have a core group of key external stakeholders who are often directly involved in child protection work. These include government agencies such as the Ministries of Health, Education, and Justice, Police, and local health, education and service providers, as well as NGOs (such as YSS providers), iwi, and Māori social service providers. Sites also relate to a wider group of external stakeholders who work in the broader child and family area. These other stakeholders may refer children into the site, and may also receive referrals from CYF (known as partnered response) for children who do not meet the threshold for statutory intervention.

Strong, purposeful relationships with community stakeholders are critical for CYF to deliver high quality, joined-up services to children. Often the children and families CYF engage with are involved with numerous other services and agencies. Ensuring CYF is working effectively with these agencies can help to ensure that children are accessing all the support they need, with no gaps or double-ups.

The majority of key and other stakeholders reported that it is relatively easy to raise issues with CYF management and have them resolved. The relationships we observed between CYF sites and their key stakeholders are generally sound, though the wider group of stakeholders typically have less regular contact with sites and are less likely to be invited to attend site case consultations than the core group of key stakeholders.

However, there is inconsistent communication between sites and agencies across their communities to ensure optimal outcomes for children. At virtually all sites, community stakeholders complained about social workers not informing them about the outcomes of their reports of concern. Similarly, social workers are not reliably responding

to community requests for information about families or whānau who have either been referred to NGO partners for follow up or are involved in CYF service plans. If social workers do not return calls or messages from community providers, the quality of work these agencies can deliver to vulnerable children and their families and whānau can be compromised. This can have a large impact on stakeholder trust in sites, weakening the ability of sites to work effectively with community partners.

In many areas both the key and wider group of stakeholders were frustrated with the ad hoc approach to involving them in case consultations, and wanted CYF to more consistently seek their expertise and advice. Very few sites provide formal opportunities for key external stakeholders to give feedback on their performance, despite the fact that sites that are responsive to feedback are more likely to work effectively with external stakeholders and achieve better results for children.

Of particular concern was our finding that the relationship between CYF sites and local Child and Adolescent Mental Health Services (CAMHS) was quite poor at about half of the sites we monitored for our Children’s Team thematic review. Children in the care and protection and youth justice systems have high rates of mental illness, addiction, and disability. Early referrals and close working relationships between CYF and relevant service providers can greatly improve their outcomes. On the other hand, problematic relationships between CYF sites and CAMHS have the potential to prevent children from accessing

the services they need. We strongly encourage all CYF sites and CAMHS to work together to build these relationships as soon as possible. This will require DHBs to actively prioritise these children and ensure their services are responsive to children's needs.

The lack of communication between CYF sites and community stakeholders is also apparent in a lack of clarity about CYF's threshold for statutory services. Some community stakeholders reported being mystified and concerned when CYF did not accept cases they had referred to them. Others disagreed with the threshold CYF sites were using to decide whether a case needed statutory

intervention. Sites will need to engage in much more communication and relationship building with all their community stakeholders to achieve a shared understanding of the threshold for referrals to CYF, particularly as the new Children's Teams and CAP are rolled out. We cannot overstate how critical good communication and engagement between agencies is for these changes to work as intended.



What does it look like when it works well? Strong, purposeful partnerships and networks

One site we visited as part of our Children's Team thematic review demonstrated transformational elements in its development and maintenance of partnerships and networks.

This site takes an active approach to building strong partnerships with key stakeholders and has demonstrated high levels of collaboration and mutual respect. Rather than working in isolation, it sees itself as a key partner in a collective response to the needs of children.

The site is well regarded and trusted by the majority of key stakeholders, who appreciated that site social workers engage with them and make use of their expertise. The site has developed a number of forums to formally consult with partner agencies. When making decisions about whether to refer a case to an NGO partner for follow up, the site's Differential Response Coordinator meets with the identified community provider to look at the case together and discuss how it should be allocated (rather than making the decision in isolation and forwarding the referral to the NGO, as previously happened).

A transformational element at this site is its responsiveness to stakeholder feedback. The site has developed feedback loops and consultation processes with key partners which are used to drive continuous practice improvement at the site. The site engages purposefully with other agencies, and proactively seeks feedback on what they are doing well and on areas for development.



Each CYF site has a dedicated Care and Protection Resource Panel (CPRP) comprising members of the local community with professional, community and cultural knowledge and/or experience with children and young people. CPRPs are statutory bodies. They meet regularly with sites, provide advice and support about care and protection matters, and review processes when required. We have not yet monitored the quality of relationships between CPRPs and CYF sites, so the comments in this section do not pertain to them.

THE QUALITY OF SOCIAL WORK PRACTICE IS INCONSISTENT

	Developing	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice
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This is the aggregated rating for the domain “Quality of Social Work Practice” across all of the sites and residences we visited.

We made nine recommendations on this theme in our monitoring reports.

At the sites and residences we monitored, the quality of practice of site social workers and residential care staff with children and their families and whānau was inconsistent. While CYF has developed many high quality operational policies and frameworks to guide the delivery of strengths-based, child-centred services, we found inconsistent adherence to them in practice. Specifically, while the quality of front-end social work practice we observed was generally high, this was not the case for “back-end” practices, i.e. the services that CYF provides to children following initial assessments and investigations. These services include case management for children in all types of care placement, and the day to day care of children in CYF residences.

CYF is focused on front-end intake and assessment processes

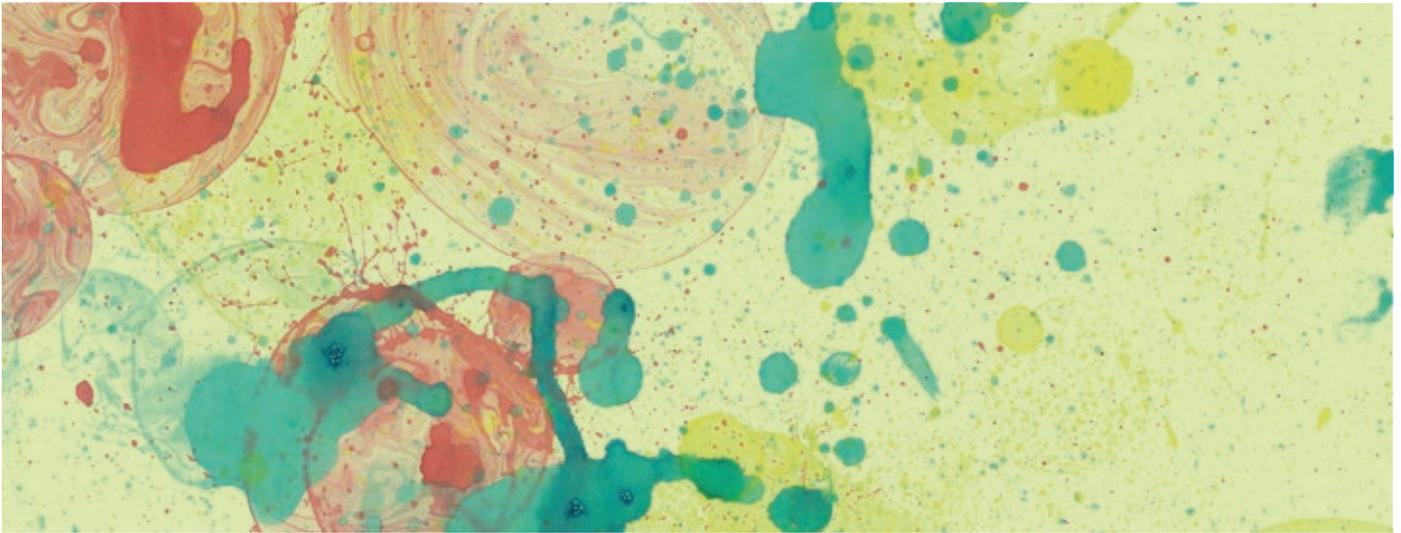
Much of CYF’s activity is focused on front-end assessment, triage and investigation in response to reports of concern about potential abuse and neglect. All such reports go to CYF, even though CYF’s core business is arguably the provision of intensive social work services to those children requiring a statutory response.

CYF generally does well at this side of the business, as evidenced by our Children’s Team thematic review, which found that most of the CYF sites we visited had good leadership and operating procedures associated with front-end intake and assessment, and were ready to work effectively with the new Children’s Teams.

However, we are concerned that this focus on front-end work can come at the expense of sound oversight and case management of children in care placements, particularly in sites that are fully investigating a high proportion of all the reports of concern they receive. There is considerable variability between CYF sites in the proportion of reports of concern that proceed to a full investigation. We asked CYF about the results of reports of concern handled by each site. While overall 22 percent of all reports of concern resulted in a full investigation, this varied from a low of 8 percent in one site to a high of 31 percent in several others.

Robust decision-making practices, sound professional supervision, and strong partnerships with external stakeholders can help to ensure that CYF makes the right decisions about when to investigate a report of concern. Our observation is that when these things are missing, CYF sites are more likely to proceed to a full investigation in order to “cover themselves”, when this may not be necessary. The higher assessment and investigation rates do not seem to be related to more statutory interventions, but rather to more investigations resulting in no further action.

A full CYF assessment or investigation is costly and time-consuming. It is also very intrusive and disruptive to the family concerned, and should not be undertaken lightly. In sites where almost a third of all reports of concern are resulting in a full assessment or investigation, CYF’s ability to deliver quality social work services to children in need of statutory intervention is likely to be compromised, and families are likely to be subjected to the intrusion of a CYF investigation unnecessarily.



Furthermore, even though CYF has generally done well at responding to the immediate safety needs of children who come to their attention through a report of concern, these front-end services and systems are currently geared towards investigating “event” based referrals. Many of the children now coming to the attention of CYF are doing so because of chronic long term issues that impact on their safety and wellbeing, for example entrenched family violence, neglect, parents with mental health or alcohol and drug addictions, or children experiencing long term severe poverty and material deprivation. The system as it currently operates does not always respond effectively to children with these chronic and cumulative threats to their wellbeing, and staff are not well-equipped to do this work. It is intended that the new Children’s Teams will respond to instances of chronic and cumulative harm in future. This will depend on strong multi-disciplinary approaches between CYF, the Children’s Teams, and other agencies.

We agree with the Office of the Chief Social Worker’s Caseload and Workload Review that the Key Performance Indicator (KPI) framework could be an important tool to help rebalance the activity and focus of the organisation. The current KPI framework measures timeliness of assessment and volumes. Refocusing the KPIs to assess the quality of social work or outcomes for children could help to achieve change.

Care placements are not well supported

Feedback from stakeholders and children is that once children are taken into a residential or foster care placement, the level of service provided by CYF social workers to support that placement is variable. We have observed inconsistent follow up and engagement with children, and a lack of active case management and oversight. This was particularly highlighted in our review of case management of YSS placements, which found largely poor supervision and oversight of these cases, although it is something we have heard also applies to other care placement types as well.

No matter what form of placement a child or young person is in – group home, YSS, in residences or in foster care – their care should be based on a well-developed understanding of their needs and supported by an integrated and multi-disciplinary care plan. This cannot happen when care staff are not well-supported, and is exacerbated when there is irregular contact or poor case management by CYF social workers.

Ineffective case management can lead to care placements breaking down and children having to move. This is unsettling for the child, and disrupts their healthcare and education. Multiple shifts in care harm children, and were frequently raised by the children we talked to as a negative aspect of their experience with CYF. In the course of our preparation for this report we heard of children who had had upwards of 20, 40, and in one case over 60 care placements in their short lives. This is not acceptable.

Lack of access to quality supervision

A key contributor to the inconsistent quality of social work and care practice is the level of quality of supervision social workers receive. Regular, high quality supervision is essential for the professional development of social workers and care staff, and for the ability of CYF to deliver high quality, culturally responsive services.

Site social workers generally have “open door” access to informal casework guidance and support from senior staff. This type of support can best be characterised as on-the-spot assistance for case-related decision making and planning. Although this type of support is essential, on its own, it is not sufficient to allow social workers and care staff to deepen their understanding and enhance the quality of their practice.

Due to high workloads and demanding roles, and the tendency across the organisation to focus on front-end intake and assessment work, many staff miss out on opportunities for regular, individual formal professional supervision. This is critically linked to the variable overall quality of social work practice at CYF sites.

The problem of inadequate supervision is particularly pronounced in residential care teams.¹⁶ Residential care teams receive the lowest amount of supervision and support, despite working with young people with high and complex needs. Care staff often lack qualifications or experience in managing complex young people with challenging behaviours, and they need senior staff to work alongside them, modelling best practice and providing coaching to build their skills and confidence. Unfortunately, we did not observe this happening, as the high ratio of care staff to residence supervisors makes regular individual supervision impossible. The situation is further exacerbated by residences employing many care workers on a casual basis. These staff often have fewer qualifications than permanent residential care staff and do not routinely attend office training days or receive any formal supervision.



What does it look like when it works well? Quality investigation, assessment and clinical services in residences

A positive theme of our monitoring has been the overall quality of residence clinical teams and the services they deliver. In contrast with the care teams, clinical teams are typically well trained and well supported. Clinical teams are made up of qualified professionals, such as social workers, psychologists and counsellors, and usually receive regular supervision from their Team Leader of Clinical Practice.

In most residences, each young person is assigned their own case leader from the clinical team. The case leader is responsible for undertaking assessments and associated intervention planning. This generally works well to ensure that young people’s needs are identified early in their residence stay. Clinical teams are often involved in delivering a range of high quality clinical interventions, including group and individual therapeutic programmes for young people.

Having sound assessments, clinical interventions and regular monitoring in residences means that young people’s changing needs are more likely to be accurately identified and met, and there are regular opportunities for young people to have a say in their care. Outcomes for young people will further improve when residences consistently share information effectively between their clinical and care teams, and when care teams receive a higher level of supervision and support to implement the care plans for the young people they work with.

16. CYF residences have at least one clinical team and one or more care teams. Clinical teams undertake assessments of young people, and develop and monitor their care plans. Care teams usually consist of youth workers, whose role is to work with young people day to day, manage their behaviour, and implement parts of their care plans.

WHAT IS BEHIND THE RECURRING THEMES IN OUR FINDINGS?

The recurring findings in our monitoring of CYF sites and residences between January 2014 and June 2015 – of inconsistent adherence to site and residence plans, insufficient priority for cultural capability, under-developed partnerships and networks, and variable social work practice – share a common driver: a lack of capacity and capability within CYF to deliver on priorities other than the current focus on front-end intake and assessment processes.

The ability of CYF's current workforce to improve the outcomes experienced by children in the care system is constrained in various ways: limited resources, high caseloads, the organisation's current KPIs which focus on timeliness of front-end work and not on-going support of care placements, and the need to invest in training across the organisation to develop a workforce with the appropriate skillset. Issues regarding workforce capability, recruitment, training and retention were raised during almost every visit we undertook, and we believe these are behind much of the variable practice we have observed. We made eight recommendations on this theme in our monitoring reports.

THERE ARE FREQUENT ISSUES WITH WORKFORCE CAPACITY AND CAPABILITY

We are concerned there is a lack of capacity and capability in the CYF workforce to optimise outcomes for vulnerable children and their families and whānau. Issues raised with us included difficulty recruiting and retaining staff, and capability issues meaning some staff do not have the skills and capability necessary to do their job well. These are interrelated issues, and until they are addressed, CYF will struggle to consistently meet expectations and improve the outcomes of the children it comes into contact with.

Some sites struggle to fill vacancies

Child protection work can be stressful and comes with a high level of responsibility. Some sites and residences told us they struggle to recruit staff and many hold unfilled vacancies. Being chronically short-staffed puts additional pressure on existing staff and affects morale.

We were also told that it can be particularly challenging for sites and residences to recruit Māori staff. We have not come across many sites or residences that are well set up to attract and support Māori staff. Māori practitioners often lack access to on-going cultural supervision themselves, and Māori social workers and care staff are often called on to support their colleagues to engage with mokopuna Māori and their whānau, without being allocated any extra time or resources, or acknowledged by management for doing so.

Sites and residences also reported issues with retention of staff. Staff seemed to be moving on for two main reasons: they gain experience at a CYF site and then go elsewhere in the sector, or they get burnt out and leave due to the stressful nature of the work. Both of these reasons contribute to staff turnover.

As a result of capacity issues, staff who perform well are frequently seconded into more senior roles. While this can present valuable professional development opportunities for the individuals concerned, it can have harmful effects for the site or residence as a whole, particularly when the secondee is a site or residence manager. Their absence leaves a leadership vacuum which other staff can struggle to fill in addition to their core responsibilities. Secondments also result in many staff working in acting roles, which creates uncertainty and instability. We observed this in action on many of our monitoring visits.

Many existing staff do not have the necessary skills

Equally as problematic is that existing staff do not always have the skills and support to do their jobs well.

While CYF has a well-considered learning and development programme, the workforce as a whole remains insufficiently trained and supported to deliver effective services to children and their families and whānau with high and complex needs.¹⁷

CYF reports that many new graduates they employ lack the required level of knowledge of child protection, youth justice, child development, mental health, addictions and family violence. This means new social workers need to learn these skills on the job. This requires intensive coaching, regular supervision, and tailored training opportunities in a context where these are often not available. Providing this training and support also takes experienced social workers away from front line practice, further exacerbating the capacity and capability issues mentioned above.

Furthermore, capacity issues mean that even when other community agencies initiate training opportunities in these subjects, site social workers often feel they do not have the time to participate.

Having poorly trained care staff in residences can increase risk for both young people and staff. Inconsistent management of young people results in young people acting out, sometimes aggressively, putting themselves and staff at risk. This in turn reduces staff confidence and increases their anxiety about managing challenging behaviours, often resulting in a reluctance to intervene when such behaviours occur. In the face of limited supervision and support, this results in care staff being less able to care for and manage young people effectively, further exacerbating an unstable environment. By contrast, clinical teams in CYF residences generally deliver a high quality service.

Related to issues of workforce capacity and capability is the level of training and support provided to CYF foster carers. While we did not look at this issue as part of our monitoring in 2014-15, several stakeholders, including the national network of foster carers, have raised this with us as a key concern. We will look at this issue in our monitoring in 2016.

A PLAN TO ADDRESS THE SERIOUS CAPACITY AND CAPABILITY ISSUES IS NEEDED

Issues of recruitment, retention, and capability-building for both staff and carers are system-wide and long-standing. While a recruitment strategy is in place in some of CYF's "hard to recruit" sites, these issues need to be addressed at the system level, rather than expecting individual site and residence managers to overcome these obstacles.

We believe a comprehensive, multi-disciplinary strategy is needed to develop a trained, skilled and supported workforce that can deliver services that meet the increasingly complex needs of the children in care. Explicit in this will be establishing systems to disseminate best practice and build capability within CYF and the wider care and protection and youth justice systems.

To be clear, this will require considerable new investment to allow CYF to extend its focus beyond its current emphasis on front-end intake and assessment processes to include an equal level of focus on on-going support for care placements. Until this happens, CYF will struggle to consistently implement well-intentioned national policies and frameworks across all sites and residences, and we are unlikely to see much improvement in the outcomes experienced by children who come into the care system.

17. In the last year, CYF's learning and development unit has re-oriented their approach to training to take into account that the greatest learning occurs through experience rather than training events per se. This approach has not yet had a chance to show results, but it represents a great opportunity to address the legacy of a previously insufficiently trained and supported workforce.

Part 2: The voices and experiences of children

“The children of the State have a voice and know the system better than anybody. Please ask us.”

– Participant in youth voices workshop.

Children are CYF’s *raison d’être*. The agency exists to keep them safe and ensure they get what they need to thrive. CYF’s guiding legislation stipulates that CYF must make the best interests of the child their first and paramount consideration at all times.

We wanted to get a sense of how well CYF was doing at keeping the best interests of children at the centre of all it does, and we did this in two ways:

1. Alongside our formal monitoring work, we engaged directly with children in the care and protection and youth justice systems to understand – from their unique perspective at the centre of the system – how well CYF was delivering for them.
2. As part of our monitoring work, we looked for evidence of child-centred thinking at the sites and residences we visited. We also wanted to know how well CYF sites and residences engage with children and take their feedback on board.

We learnt that, no matter where they are in the care and protection or youth justice systems, children tend to value the same things. They want:

- **To be told what to expect and what they are entitled to;**
- **That the people taking care of them (including caregivers, care staff in residences, and CYF social workers) will be qualified for the job, keep them safe, and treat them with care and respect;**
- **To be supported to maintain positive relationships with their birth family/whānau;**
- **To have the number of movements between placements that they have to make kept to a minimum; and**
- **To have a say in decisions about their own care, and for their voice to be listened to.**

Based on what we observed in CYF sites and residences and what children told us, our conclusion is that CYF is not as child-centred as it should be. In this section we present our findings and make a number of suggestions about how this could be improved.

WHAT CHILDREN TOLD US

Between January 2014 and June 2015, we directly engaged with children in the care and protection and youth justice systems who fell into two broad categories: children in CYF residential care, and children in the wider care system (including those on YSS placements).

These groups had different experiences of being in care.

While they reported specific areas of concern, children in CYF youth justice residences generally spoke positively about their experiences, and indicated that their stay in residence had been of therapeutic and rehabilitative value to them:¹⁸

“I personally learn things every day. And I get opportunities I never thought I’d ever even think I’d get near to. My time at [name of residence] is so awesome. I’ll leave feeling good.”

– Written survey response in a youth justice residence.

“I felt very lucky to come back here to do my time because I was actually locked up in [name of prison] for two months on remand until my Family Group Conference where the police and courts decided to give me a chance to do my sentence here. Being in [name of residence] helped me refocus and think about how I want my future to be.”

– Written survey response in a youth justice residence.

“I would like to say that this place is a good place to make young kids learn their lessons because I know that being away from my family made me learn my lesson big time. I know that what I did that made me get in here would not happen again because I wouldn’t want to be separated from my family ever again.”

– Written survey response in a youth justice residence.

When children made negative comments about their experiences in residence, either in written survey responses, or in focus groups, these tended to be focused on the physical experience of being in residence, for example:

“The courtyard is meant to be outside time but we hardly ever get it.”

– Focus group participant at a youth justice residence.

“We need bed rest if we are sick but we are not allowed to go to bed until bedtime; we are told to lie down on couches.”

– Focus group participant at a youth justice residence.

At one residence, young people consistently expressed that the mattresses were “too thin” and “too hot”, and reported sleeping on the floor.

18. Direct quotes from young people in CYF residences in this section are all from youth justice residences. The opinions of young people in the two care and protection residences we visited are reflected in the aggregated survey responses, but not in direct quotes.

Children in the wider care system (for example, in foster care) reported more variable experiences. When we conducted focus groups with children in the wider care system, we asked them to draw a picture representing their journey in care,

showing the “highs, lows, and bumps in the road” on that journey. These illustrated a wide range of experiences, from the relatively positive (from a focus group participant in Auckland):

Highs	Lows
Being watched out for	Not living with mum
Being able to communicate	Not being able to see mum as much
Still in touch with family	
Still living with family not strangers	
Living life the way your spouse to [sic]	
Being with brothers and sisters	
Being in school	
Not being child abused [sic]	

To the overwhelmingly negative (from a participant in our youth voices workshop):

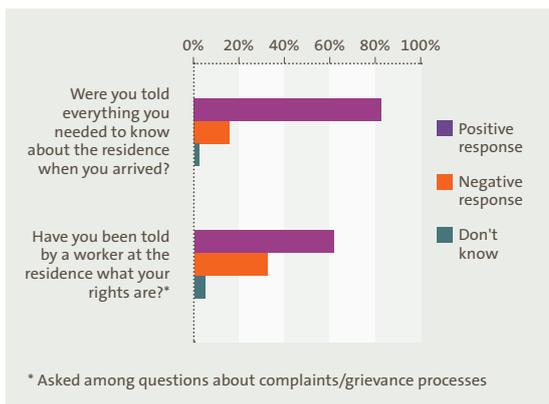
Highs	Lows
Got a job	Abuse at home... run away
Got a car	Sexual, physical, verbal abuse in [foster] homes
Went flatting	Home to home to home
Raised my dog	Separated from twin
	Shit social workers. Never listened or followed through with promises
	Constant change
	Bible bashers
	Expelled from school
	Went on the run
	Depression
	Drugs
	Police anger management course
	Alcohol

Below we present the results of our engagement with children in CYF residences and the wider care system against the things they themselves identified as important. All quotes come directly from children, and we have attempted to let them tell their own stories with as little editing and interpretation as possible. Information that could identify the child, a CYF staff member, or the CYF site or residence concerned has been removed.

Taken together, the feedback from children suggests a system that is not centred on their needs, and does not fully take into account the potential negative consequences of many actions on these children.

“TELL US WHAT TO EXPECT AND WHAT WE ARE ENTITLED TO”

The aggregated results of the surveys we conducted in CYF residences suggest young people generally felt well-informed when they arrived in residence, with 83 percent indicating they were told everything they needed to know when they arrived. However, there are opportunities for better communication to ensure that children understand what their rights are, with a third reporting they had not been told about their rights by a worker in residence.



In the wider care and protection system, young people commonly reported not being told what was happening, with care placements often stretching out for much longer than they were initially told. This led to frustration and disappointment, and sometimes contributed to a loss of trust and breakdown in relationship with social workers.

“She said I was only going to be in care for a week. It’s been three years.”

– Participant in youth voices workshop.

“I don’t know what’s happening [...] They said I would only be here a couple of months, then they said a year. They’re moving it every time. It’s getting annoying. I wanted them to give me a proper date and all that. Then everything would settle down.”

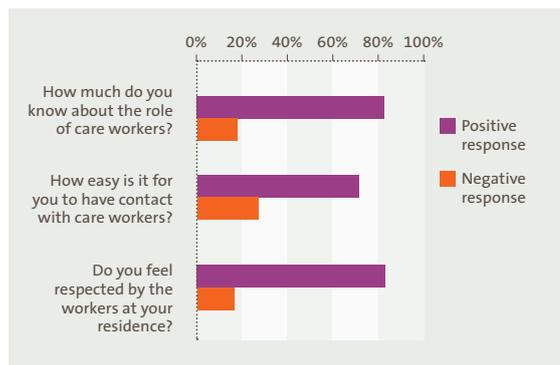
– Interview with young person on a YSS placement.

“PROVIDE US WITH HIGH QUALITY CAREGIVERS AND SOCIAL WORKERS”

Young people in CYF residences reported a good understanding of the role of their care workers, and relative satisfaction with the ease of making contact with their care workers. It was pleasing to see that 84 percent reported feeling respected by the workers at their residence.

“[Name of residence] is respectful understanding and all about young people. And that’s what I love. Staff are coming to work and enjoying their engagement to be at work.”

– Written survey response in a youth justice residence.



For children in the wider care system, having a good relationship with their CYF social worker was very important. Having a social worker who they can relate to and who they see often can be the difference between a positive and transformational experience with CYF and a negative and destabilising one.

Some children reported positive interactions with their social workers:

“[The social worker’s role is] just to see if I am getting the support I need and doing good with everything. She visits me every six weeks to catch up and mails my aunty and keeps in contact with her and knows what’s going on.”

– Interview with a young person on a YSS placement.

“The best social worker I ever had was a guy. He really stood up for me a lot.”

– Participant in youth voices workshop.

“There are some really good social workers. My sister has a good one now. You can’t categorize all social workers as bad. A good way [to help improve things] is to sort out communication.”

– Participant in youth voices workshop.

While others had less positive experiences:

“I can’t think of any support [social worker] has offered since I’ve been here. My CYF social worker has changed a lot since I’ve been here.”

– Interview with young person on a YSS placement.

“I wouldn’t have a clue what they do. I know they give permission for me to go home.”

– Interview with a young person on a YSS placement.

Similarly, children reported mixed – and often negative – experiences with CYF approved foster carers. One participant in our youth voices workshop asked:

“Do you do background checks on foster parents? Cos there are some people out there who shouldn’t be anywhere near children.”

A group of young people taking part in our youth voices workshop reflected:

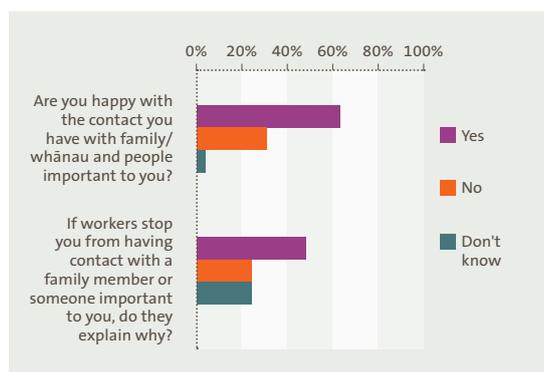
“We felt in our experience that love was one of the main things that was missing a lot of the time.”

“SUPPORT US TO MAINTAIN POSITIVE RELATIONSHIPS WITH OUR BIRTH FAMILY/ WHĀNAU”

Contact with family was a very important issue for children in all types of care placement. While the majority of children in CYF residences reported being happy with the level of contact they were allowed and the explanations they were given for not being allowed more, a third were unhappy with the amount of contact and a quarter with the explanation they received for not being allowed more contact. We would expect to see fewer negative responses on an issue that is clearly of great importance to children.

“[I am] just missing my family a lot of the time.”

– Written survey response in a youth justice residence.



When asked to share highlights of their time in care, children in the wider care and protection system who were in regular contact with their birth family/whānau, in particular their siblings, almost always reported this as one of their highlights:

“Being able to see my brother once a fortnight.”

– Focus group participant.

“Hearing from my sisters every day.”

– Focus group participant.

“Getting in touch with my biological family this year after being taken off them when I was about 4 or 5 years old.”

– Participant in youth voices workshop.

Some of the most poignant comments from children in the wider care and protection system came from those who had lost contact with their birth family/whānau.

“Feeling really depressed lately because I really missed my family.”

– Written survey response in a youth justice residence.

“I was with my sister till the age of eight and I haven’t seen her since... I think my other brother is now in his twenties...I don’t know but I haven’t seen him since I first moved into care.”

– Participant in youth voices workshop.

“I’m one of four but I’ve never met my siblings. We were separated at birth. They won’t introduce you.”

– Participant in youth voices workshop.

“I just asked for one thing, which is to stay with my brother... [CYF] just can’t do it.”

– Participant in youth voices workshop.

We understand the amount of contact a child or young person may have with their family is not always in CYF’s control (for example when rules about contact are made by the Family Court or Youth Court). Even so, children are very clear that maintaining a relationship with their birth family/whānau is of utmost importance to them. Likewise, the guiding principles of the *Children Young Persons and their Families Act 1989* are also very clear that effort should always be made to support young people to maintain contact with their family, and when this is not possible, the reasons should always be clearly explained.

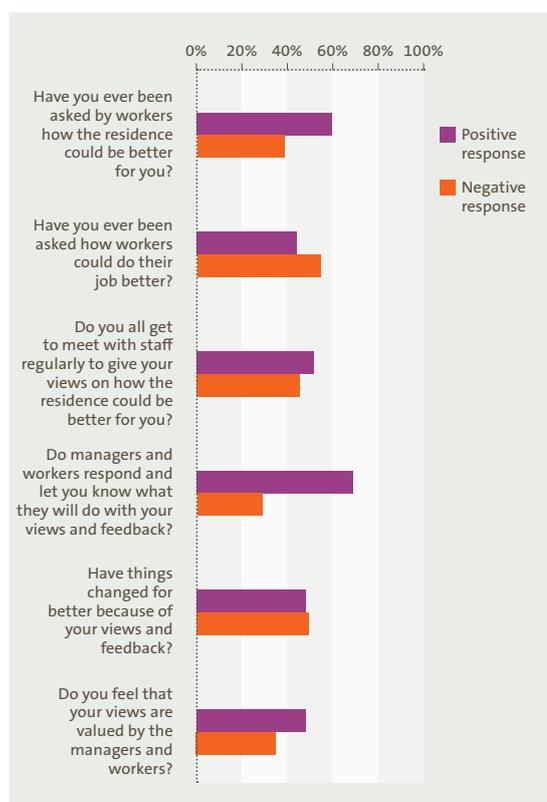
“GIVE US A VOICE IN DECISIONS ABOUT OUR OWN CARE, AND LISTEN TO WHAT WE SAY”

Children frequently raised the ability to have a say in decisions that affect them as something that was important to them in both CYF residences, and the wider care and protection system. Their right to do this is clearly set out in the *Children Young Persons and their Families Act, 1989*, as well as CYF’s *Charter for Children in Care and the United Nations Convention on the Rights of the Child*.¹⁹

Yet a reasonable proportion of children in CYF residences reported not having opportunities to give feedback on their experience in residence, or not feeling like their feedback was used and valued.

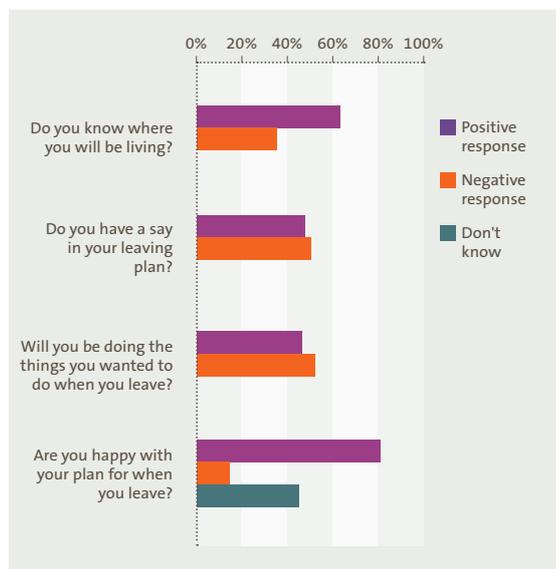
“Young people’s questions ‘get shut down’ a little bit; we don’t have a forum for raising genuine issues.”

– Focus group participant in a care and protection residence.



19. CYF’s Charter for Children in Care (under 12): <http://www.cyf.govt.nz/documents/about-us/publications/charter-for-children-and-young-people-under-12.pdf>
 CYF’s Charter for Children in Care (over 12): <http://www.cyf.govt.nz/documents/about-us/publications/charter-for-children-and-young-people-over-12.pdf>
 United Nations Convention on the Rights of the Child: <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

Children in residence also reported a high level of uncertainty about – and little say in – planning for their transition out of residential care at the end of their stay.



Children in the wider care and protection system also said how important it was to be involved in decisions about their own care and listened to by CYF social workers.

“CYFs children should have the option to say what they think about home placements.”

– Participant in youth voices workshop.

“To be a good social worker, you must have patience. You must listen to your client and talk to them as if you were to talk to your beloved child.”

– Focus group participant.

“The children of the State have a voice and know the system better than anybody. Please ask us.”

– Participant in youth voices workshop.

After being given the opportunity to provide feedback about their experience with CYF in one of our focus groups, children in the wider care system typically expressed surprise and gratitude for the opportunity, which suggests this type of forum is not something that is regularly built into CYF’s processes:

“The fact we get the opportunity to make a change is truly AMAZING.”

– Participant in youth voices workshop.

“Today I had a great day, I met new people and I got to have my say. I got to say I am thankful I got to be part of this.”

– Participant in youth voices workshop.

“I feel my impact has been valued and will be acted on. I hope that things do change and the journey is made easier for people.”

– Participant in youth voices workshop.

“All this to give us an opportunity to voice our opinions and give our outlook on what actually happens throughout CYF care.”

– Participant in youth voices workshop.



WHAT WE OBSERVED ON OUR MONITORING VISITS

To enhance our understanding of how well CYF is doing at providing child-centred services, we looked for evidence of high quality engagement with children at all of the CYF sites and residences we monitored in 2014-15.

ENGAGEMENT WITH CHILDREN IS INCONSISTENT

We were pleased that in our Children's Team thematic review, we found that most CYF sites had robust front-end social work practices, including engagement with children. Most residences had developed strong processes for involving children in the development of their own Individual Care Plan (a document agreed between CYF, the child, and their family/ whānau about the goals of their care placement).

However, there were few opportunities for children in CYF residences to have input into the residence's planning and priority-setting processes, and when this did occur it was generally ad hoc and not consistently embedded. Similarly, there is little opportunity for children in the wider care system to provide input into the direction and priorities of sites. We also identified poor communication between CYF staff and children when decisions had been made about their care, particularly for young people on YSS placements.

We found that most CYF sites and residences would benefit from developing regular, formal opportunities for children to give feedback about their experience with CYF, as well as clarifying expectations for staff regarding timely communication with young people when plans (including transition dates) change.



What does it look like when it works well? A great feedback mechanism

One CYF site we visited had developed a new youth feedback form to allow young people to provide feedback on the quality of service they received from their social workers. The feedback is now used in the development of individual and site-wide team, service, and professional development plans. As a result, young people's voices have become embedded in the thinking and dialogue that occurs during supervision of social workers, and are used to identify interventions that work best for young people.

UPTAKE OF THE COMPLAINTS AND GRIEVANCE PROCESSES IS LOW

Despite reporting a number of negative experiences with CYF, children were unlikely to make a formal complaint in the care and protection system. In the previous two financial years, only nine of the formal complaints made about CYF's care and protection services (outside of CYF residences) were made by children. Given the negative and harmful experiences children shared with us in focus groups, interviews, and surveys, we think it unlikely that this low volume of complaints is indicative of a high level of satisfaction with CYF's services. Rather, it is likely to reflect a complaints system that is not sufficiently accessible to children.

In CYF residences, there is a high degree of awareness of the formal grievance process amongst young people, and the uptake of the process is higher. Even so, almost half of the young people we surveyed in residences in the last year stated they had wanted to raise a grievance at some point but didn't for various reasons. These reasons (and percentage of those who didn't make a complaint when they had wanted to) were:

- Didn't think they would be taken seriously (48 percent);
- Didn't think anything would be done about it (19 percent);
- Thought they would lose privileges or be treated differently (14 percent);
- Didn't know how to make a complaint (12 percent);

- Thought they might have trouble with staff (12 percent); and
- Thought they might have trouble with another young person (10 percent).

CYF is aware that uptake of the grievance process is an issue in residences, and in response, it has recently launched *Whaia Te Maramatanga*, a new, more child-friendly approach to gathering feedback, suggestions, and complaints from young people in CYF residences. We endorse this new approach and hope to see an increasing uptake of the channels available to young people to give feedback in residences, and increasing responsiveness from CYF to their concerns. CYF also commenced a project in 2012-13 to improve the wider complaints system for children, which included getting feedback from children about why it was or wasn't working. Developing a more accessible complaints process has since been subsumed into MSD's wider work programme and little progress has been made, which is disappointing. We are pleased to see the complaints system is part of the terms of reference for the Expert Panel.

CYF IS NOT SUFFICIENTLY CHILD-CENTRED

Our conclusion, after reviewing what children told us and assessing what we saw in our monitoring, is that CYF and the wider care and protection system is not as child-centred as it should be. *The Children, Young Persons and Their Families Act 1989*, stipulates that the best interests of the child must be CYF's first and paramount consideration. CYF's current strategic plan, *Ma Mātou, Ma Tātou*, also sets the explicit goal of putting children at the centre of everything CYF does. Yet, taken together, the feedback we have gathered from children suggests an organisation that is not consistently focused on their best interests, and highlights practices that have had unintended negative consequences on children. We made 11 recommendations about child-centred practice in our monitoring reports.

The feedback we have gathered from children can also tell us a lot about how this can be improved. Based on what children told us, a child-centred care and protection system would:

- Ensure children know what to expect and what their rights are;
- Ensure children interact with high quality social workers and caregivers;
- Support children to maintain and strengthen relationships with their birth family/whānau;
- Avoid moving children excessively from one placement to another; and
- Ensure children have a voice in decisions about their own care.

We have a number of suggestions that could help to achieve this.

CONSISTENT INVOLVEMENT OF CHILDREN IN PLANNING AND DECISION-MAKING ABOUT THEIR CARE

"CYFs children should have the option to say what they think about home placements."

– Participant in youth voices workshop.

Children have the right to be involved in planning and decision-making on issues that impact them. They should be included regularly in discussions from placement in care to transition out of care and be kept informed when plans and timeframes change. This will require developing regular, formal opportunities for children to participate in these planning discussions and to be informed when the plan changes. This process will also involve ensuring children are always informed about their rights and about what to expect in all their interactions with the care and protection and youth justice systems.

BETTER MECHANISMS FOR GATHERING AND ACTING ON CHILDREN'S FEEDBACK

"Young people's questions 'get shut down' a little bit; we don't have a forum for raising genuine issues."

– Focus group participant in a care and protection residence.

Most CYF sites and residences do not do well at gathering and acting on the feedback of children. We did observe one youth justice site which had developed excellent methods for doing this – allowing young people to provide feedback, then using that feedback to contribute to the

development of plans and policies and during supervision of staff and social workers. Making the whole system more child-centred will require a similar process of embedding children's voices throughout the system.

A MORE ACCESSIBLE COMPLAINTS SYSTEM

"I just asked for one thing, which is to stay with my brother... [CYF] just can't do it."

– Participant in youth voices workshop.

The system needs to improve the accessibility of the complaints system so that children feel comfortable using it. Data about the number of complaints taken by children, and calls to our Child Rights Line, suggests that children do not use the complaints process for a variety of reasons: because they don't know about it, or don't trust it, because they think there will be negative repercussions, or because it is not set up in a way that is meaningful for them.²⁰ There is currently no statutory requirement for CYF to provide an accessible and effective complaints process to children. It is also important that the complaints process works well for Māori given mokopuna Māori make up over half of CYF clients.

Understanding why the current complaints process is not working for children will require gathering detailed feedback from children through a range of methods, then analysing and reflecting critically on the results. CYF will need to be willing to listen to the voices of children, and make changes to the current complaints process based on what they learn. Key elements of a child-centred complaints mechanism might include more proactive publicity, and ensuring that any child who comes forward with a complaint only has to tell their story once.

INDEPENDENT ADVOCACY FOR CHILDREN IN CARE

"The children of the State have a voice and know the system better than anybody. Please ask us."

– Participant in youth voices workshop.

As we have established, the current care system is not very child-centred, and children in the care system often feel isolated and stigmatised. There is currently no mechanism for them to connect with each other, and there are few opportunities for their voices to be heard. It is important that children know what to expect from the care system and what their rights are, and that they are supported to have a say in decisions about their own care.

The current system is missing an avenue for connecting, empowering and advocating for children in care. An accessible, independent, culturally responsive advocacy service could provide a powerful mechanism to empower children in the care system to understand their rights, and improve their experience of the care system both individually and collectively.

While CYF social workers are expected to act in the best interests of the child, they will always be subject to CYF's policies, practices and leadership. If these conflict with a child's best interests, social workers can be placed in a difficult position. In situations like this, an independent advocate can act in a child's best interest, and uphold their rights, with no potential conflict of interest.

Several overseas jurisdictions have successfully introduced independent advocacy for children in care, using a range of different models, from matching children with a mentor who has experience navigating the care system, to provision of advocacy through the equivalent of the OCC.²¹

20. The OCC has an oversight role in the complaints process, and resources permitting, our Child's Rights Line sometimes monitors the system for a complainant, "walking with them" through the process. In 2013-14, 44 percent of calls to the line were related to CYF practice.

21. See, for example, the advocacy services provided by Who Cares? Scotland: <http://www.whocarescotland.org/our-advocacy-services/> and by the Office of the Public Guardian in Queensland: <http://www.publicguardian.qld.gov.au/child-advocate/opg-child-advocacy>



A key factor in the success of independent advocacy services for children in care is that the advocacy service is given sufficient resource and status within the wider system to effect genuine change for the children it works with. Such services also depend on a culture of responsiveness among social workers and managers within care and protection services, and a willingness to take the feedback of advocates on board. Finally, it is important that advocates are skilled in negotiation, conflict resolution, and confidential listening, and that they are provided with on-going training, support, and supervision.

Based a review of what works well in other jurisdictions, and our observation of what is required in New Zealand, we support the creation of an independent advocacy service for children in care to:

- Connect children in care together, reducing the isolation that can be experienced in foster care and helping them to establish a positive identity as part of a wider family of children and young people in care;

- Listen to children in care, giving them a collective voice and using the themes and issues they raise to drive system change;
- Advocate for individual children in care, helping to make their care experience more positive and reducing the negative outcomes they can face; and
- Empower children in care, supporting them to speak up about what they need and investing in training and development to grow youth leadership from within the care system.

The establishment of an independent advocacy service for children in care would be a significant step towards a more child-centred care and protection system. It would address a clear gap in the system, connect children together, empower them to have a say about decisions that affect them, uphold their rights, and provide information that could help to improve the services they receive at a system level.

TRANSITIONS OUT OF CARE

“When you get to that crucial point when you’re 17 everything hits you at once. You may not be prepared for it and when it does hit you it’s a bit scary if you don’t have any support in place.”

– Participant in youth voices modernisation workshop.

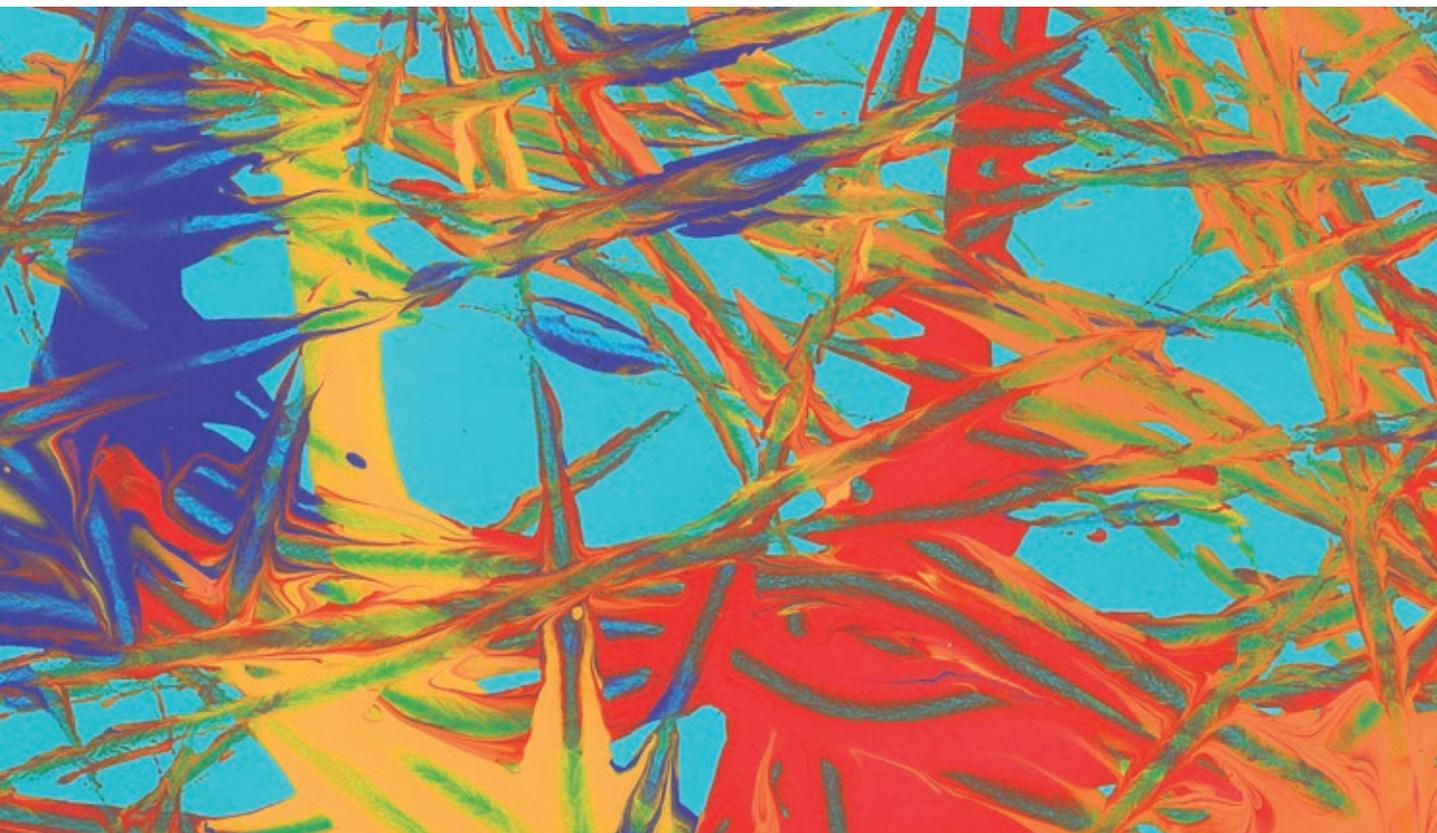
A final way the care and protection system could become more child-centred is by improving the support provided to children leaving care. Children often report not being kept informed about their transition plans, or plans changing at the last minute, and describe considerable fear and uncertainty about the future as they approach their 17th birthday and prepare to “age out” of the care system.

We have not been able to source reliable data about what happens to children after they leave care (for example how many go on to higher education and training, employment, and how many are safely housed), but feedback from key stakeholders and from children themselves who have been through this experience is that it is not uncommon for

a young person leaving care to quickly end up homeless, jobless, and lacking support from a caring adult. Many will become parents themselves very young. Others end up in prison.

In our wider advocacy work, we have consistently advocated for the upper age in the *Children Young Persons and Their Families Act 1989* to be raised from 17, which would go some way towards improving the critical transition from care to independence. From 1 July 2016, CYF will be required to provide additional support and advice to care leavers up to the age of 20. This is a welcome step in the right direction, but we remain concerned that, while work will be done with young people before they turn 17 to put the right support in place, the provision of this support after they turn 17 remains dependent on the young person requesting it.

In our view, the maximum age to remain in the care of the State should be raised to at least 18, with a possible opt-out extension even further. Such a change would work best alongside a formal transition service that provides a more comprehensive support package to all care leavers.





Part 3:

Are children better off as a result of state intervention?

Our monitoring framework places a strong emphasis on making use of data to inform our monitoring and recommendations. To monitor CYF effectively, we need to understand how well CYF is currently doing at improving the wellbeing and outcomes of the children it works with. To put it simply, we need to know if children are better off as a result of their contact with CYF. This requires access to high quality, detailed, aggregated data.

Having good data is also important for CYF. CYF's practice framework talks about keeping children safe from abuse and neglect, providing them with secure care, addressing the effects of any harm they have already suffered (and holding them accountable for any offences they have committed) and restoring and improving their wellbeing. CYF is in the process of creating an outcomes framework and in future will look to ensure that children are safe, healthy, achieving, belong, participate, and have improved life outcomes. CYF's ability to do this will depend on the collection, analysis, and public reporting of relevant data, particularly on the outcomes of children in CYF care.

This section provides a snapshot of what we currently know about the outcomes experienced by children in care, based on the available data, the findings of Parts 1 and 2, and our engagement with key stakeholders.

THERE IS LITTLE RELIABLE DATA ABOUT CHILDREN'S OUTCOMES

In preparation for this report, we requested a range of information relating to children's experiences with CYF and their health, education, and youth justice outcomes. We wanted to add to the picture we have built up from our monitoring and engagement with children and assess what the data tells us is being achieved for these children. We hoped that accessing this data would give us a sense of whether children's experiences with CYF are setting them up to thrive later in life, and inform our recommendations about how the system could be improved to maximise children's welfare.

Unfortunately, the data we got back was limited, and we were not able to construct much of a picture. In our view, CYF's systems are not currently set up to measure and aggregate the information that matters.

Difficulty accessing key data

We found it very difficult to gather information about the reasons that children leave the care system. Of the 1743 children who left CYF custody in 2014, 284 “aged out” of the care system when they turned 17, and 417 achieved a permanent “home for life” foster placement. CYF could not tell us the reasons why the remaining 1042 left care. We know the custody order was discharged by the Family Court because they were seen to be no longer in need of care or protection, but without individually reviewing each file, CYF could not give us a breakdown of the reasons why those custody orders were discharged. We had similar difficulty tracking down information about how many children who have left CYF care end up back in the system as a result of a new report of concern. The lack of aggregated information about why children leave care and how many come back into the system after leaving it is a real barrier to understanding how well CYF is doing at keeping children safe and improving their outcomes long term.

We understand that CYF’s case management and data collection systems are complicated, and that social workers generally do a good job of recording important information within individual case files. Responsibility for the collection and analysis of aggregated data is now the responsibility of the newly formed information service within MSD (known as iMSD). We are also aware that data held by the Ministries of Health, Education, and Justice is critical to understanding the outcomes being achieved. The data that exists currently is fragmented and held in multiple locations.

Even so, to understand how well CYF is doing at meeting the needs of children across the board, CYF staff need to be able to track, and analyse relevant information about the needs and outcomes of the children accessing its services at an aggregate level. This information needs to be systematically examined and used to inform policies and practices throughout the organisation. This may require investment in new information and technology systems, and greater integration between CYF, MSD, and the Ministries of Health, Education, and Justice. In our view, better collection and analysis of data is essential for CYF and other state agencies to improve its services and for the Government and the public to have confidence the state care system is improving outcomes for these vulnerable children.

There are many initiatives currently underway to improve data sharing and reporting. For example, the Statistics New Zealand Integrated Data Infrastructure (IDI) project combines information from a range of organisations (such as health and education data), with all personal information removed, to provide the insights to improve social

and economic outcomes for New Zealanders. Having CYF data incorporated into the IDI could transform the system level data available on children in care.

CYF’S DATA MATCHING REPORTS WERE NOT AVAILABLE

CYF has commissioned research matching the data of cohorts of children in care from 2011 until 2014 against a range of health, education and justice data, and the 2011 data match has been completed for some time. We requested copies of these reports in preparation for this report. For example, we wanted to know what percentage of children in care received their B4 School Check, and a breakdown of their results compared to those of all New Zealand children. However, CYF advised us that they are not able to release any results (including the completed 2011 data match) until the 2012-14 cohorts have also been completed. This limits our ability to comment on the outcomes CYF is achieving for children in care.

What we do know from our monitoring visits is that in a number of sites and residences, services are not well-integrated between CYF and local health service providers (especially mental health services) meaning that children sometimes miss out on the services they need. We would like to see better collection of individual data that can be aggregated to better quantify the extent of this problem, and other areas where children may not be achieving the outcomes we would like.

THE DATA WE DO HAVE ABOUT CHILDREN'S OUTCOMES IS CONCERNING

GATEWAY ASSESSMENTS PROVIDE SOME INFORMATION ABOUT HEALTH AND EDUCATION

Since 2011, the Government has provided funding for children in the care system to go through a "Gateway Assessment" aimed at building up a complete picture of their health and educational needs, and connecting them with relevant services.

Gateway Assessments are available to every child entering care (around 2200 per year), and are gradually being provided to children already in care. 2013-14 was the first full year of nationwide Gateway Assessments. As at 1 July 2014, 5056 children were in CYF care, and 71 percent of these had been referred for a Gateway Assessment. After a Gateway Assessment has been completed, a cross-agency meeting discusses the findings and agrees the necessary actions for each child. From here, referrals are made to appropriate services. Ideally the child's social worker develops a plan with the child, their family/whānau, and other agencies, and the arrangements are reviewed after three months.

The most common health needs identified by Gateway Assessments were:

- Emotional and behavioural (34 percent);
- Dental (21 percent);
- Incomplete immunisations (13 percent);
- Mental health (12 percent);
- Hearing (12 percent);
- Vision (12 percent); and
- Skin problems (9 percent).

The Gateway process also involves a comprehensive educational assessment. Educational information has been slower to obtain: in 2013-14 CYF requested 2593 education profiles, and 1931 were uploaded into the Gateway database, leaving a gap of some 650 yet to be completed.

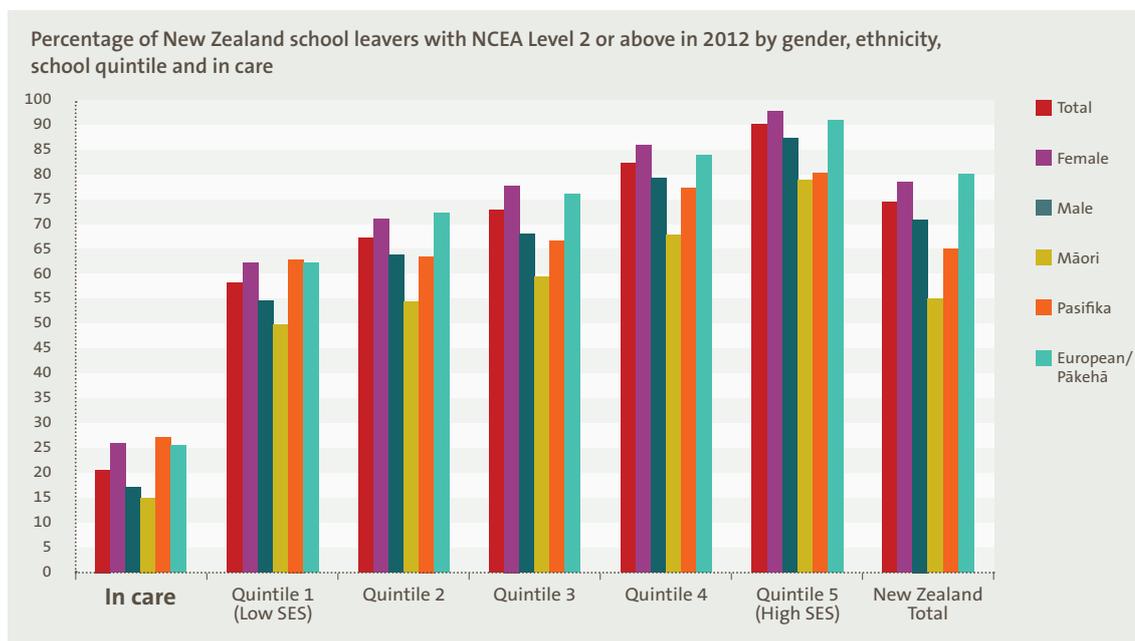
Those that were completed and uploaded suggested the most common educational needs of children entering the care system were:

- Below peers in maths (24 percent);
- Below peers in reading (24 percent);
- Social skills affecting learning (9 percent); and
- Disrupted schooling (7.5 percent).

Children in the care system are some of the most vulnerable in New Zealand. Given the abuse and neglect many of them have experienced, followed by the often destabilising experience of being in care, it is not surprising that they have poor health and struggle at school.

The introduction of Gateway Assessments is pointing at some clear issues that need to be addressed across agencies and between local CYF staff and their counterparts in education and health organisations. We have seen a number of individual case studies that show appropriate interventions being put in place as a result of Gateway Assessments. However, we were disappointed when CYF told us they did not have any aggregated information about the progress of children who have now been through the Gateway Assessment process, and whether they were getting their health and educational needs met.

The responsibility for ensuring the needs of children in care are met sits with CYF. While delivery of follow-up referrals for health and education services depends on support from other agencies and service providers, ultimately, CYF needs to take leadership and overall responsibility for the process. We think a logical consequence of completing a Gateway Assessment should be that the identified health and educational needs are monitored, and improvements are tracked and recorded.



EDUCATIONAL DISADVANTAGE COMPOUNDS FOR CHILDREN IN CARE

It would appear the educational disadvantages signalled in the Gateway Assessments compound over time.

CYF shared with us the percentage of school leavers with NCEA Level 2 or above in 2012, broken down by gender, ethnicity, school quintile (an indicator of socio-economic status), and those children who were in care. The result was very concerning.

As might be expected, the number of school leavers with at least NCEA Level 2 was lower for those from lower quintile schools, but even in the lowest quintile, more than 50 percent of school leavers achieved at least NCEA Level 2, and the national average was over 70 percent.

By contrast, only around 20 percent of children in care left school with at least NCEA Level 2 in 2012. The result was even worse for mokopuna Māori: just 15 percent of Māori children in care left school with NCEA Level 2 in 2012.

To have almost 80 percent of children in state care leaving school without NCEA Level 2 is unacceptable.

While we understand there are currently some supports in place designed to improve educational outcomes for children in care, it is clear that these are not operating at a scope or scale to lift educational outcomes of children in care across the country.²² We can, and must do more to help. There should be an explicit expectation that both CYF and the Ministry of Education will plan for and prioritise lifting the educational outcomes of children in care.

CHILDREN IN CARE ARE MORE LIKELY TO OFFEND

In 2014, 328 young people aged 14-16 with open care and protection files committed an offence resulting in a court-directed family group conference.²³ This accounts for about 13 percent of all court-directed referrals to youth justice during this period. This means about 30 percent of children in care between the ages of 14 and 16 are being charged with offences, compared to about 1 percent of children this age cohort in the general population.

22. An example of an initiative to improve educational outcomes for children in care is a Ministry of Education funded, multi-year partnership with Ngati Whakaue in Rotorua, designed to support mokopuna Māori in CYF care to engage in secondary schooling.
 23. A court-directed family group conference is the most common form of family group conference convened to make decisions and recommendations about a young person who has committed an offence. More information about family group conferences in the youth justice system is available at: <http://www.justice.govt.nz/courts/youth/about-the-youth-court/family-group-conference>

This is not new. In a 2010 paper for the Cabinet Social Policy Committee, the former Minister for Social Development stated “I am starting with children in State care as a priority because we know from data matching and predictive modelling that they are at highest risk of negative outcomes, including offending. ... Children with a Child, Youth and Family notification are fifteen times more likely to end up with an adult conviction that results in a Corrections-managed sentence as young adults, than their peers with no Child, Youth and Family notification.”²⁴

SOME CHILDREN IN CARE ARE BEING FURTHER ABUSED

Each year, some children who have been removed from their families because of substantiated findings of abuse and neglect are re-abused while in CYF care. It is likely that not all of this abuse is reported; some form of abuse while in care was quite commonly described by children in our focus groups and surveys, for example, but the numbers of substantiated abuse cases are quite low.

Clearly, any child suffering abuse and neglect while in CYF care – the agency tasked with keeping them safe – is unacceptable. CYF has started to centrally collect and report on rates of abuse in care. It is too soon to report on trends, but we should expect to see a substantial reduction in these cases in the coming years.

We understand that a number of actions to address recurring factors associated with children being abused while in state care are included in CYF’s 2015-16 business plan, including increasing the national oversight of children abused and neglected while in care, improving how the child protection protocol process is being implemented in these cases, improving the process for assessing caregiver safety, and developing a plan to keep children safe from peripheral people in care placements. We intend to check regularly on CYF’s progress at implementing these actions and reducing the

rate of abuse and neglect of children in care. In addition, the introduction of an independent advocacy service for children in care (see Part 2) could empower more children who may have been abused while in CYF care to report this abuse.

WE DON’T KNOW IF CHILDREN ARE ANY BETTER OFF AS A RESULT OF STATE INTERVENTION, BUT THE INDICATIONS ARE NOT GOOD

The limited evidence we have seen from Gateway Assessments, NCEA results, and rates of offending by children in care, is concerning. It shows a pattern of high health and education needs, very poor educational attainment, and a much higher likelihood of committing an offence for children in care compared to the general population. However, we do not have enough information to be able to say conclusively whether or not children are better off overall as a result of state intervention. This needs to change. These are vulnerable children who have been removed from their family for their own safety; we need to do better to track and measure their outcomes so that we can ensure the services they receive from CYF and other agencies are working effectively to mitigate the harm they have experienced and improve their outcomes in the long term.



According to reports prepared by CYF for the Minister of Social Development, in 2013-14, there were findings of substantiated abuse relating to 117 children in the custody of CYF. Of these, 88 were in the care of a CYF caregiver, 25 were formally placed with their parents, but still officially in CYF custody, and five were abused while living with an unapproved caregiver or in an unapproved placement. Of those with a CYF caregiver at the time of re-abuse, 39 were abused or neglected by their CYF approved caregiver and 44 were abused or neglected by a third party, for example a relative or another unrelated child. One CYF staff member was involved in the abuse of two young people. The most common form of re-abuse of children while in CYF care was physical abuse.

24. The full paper is available at: <http://www.treasury.govt.nz/downloads/pdfs/b11-1915281.pdf>

BETTER OUTCOMES WILL REQUIRE BETTER CROSS-AGENCY COLLABORATION AND ACCOUNTABILITY

A common observation we made on our monitoring visits and heard from key stakeholders was that poor collaboration and planning between CYF and the agencies and organisations delivering essential services to children in care can mean that children miss out on the services they need to stay well and thrive. There needs to be more shared responsibility for outcomes for children in state care. To achieve better outcomes requires an integrated response at both the policy and service delivery level across the health, education and social sectors.

At the policy level, agencies need to take shared responsibility for prioritising children in care as a population group, alongside robust data collection and reporting on needs, trends and outcomes. CYF and other responsible agencies can then use this data to set targets to improve outcomes, including expectations for local service providers.

At the service delivery level, assessments of the health and education needs of individual children need to be accompanied by regular reporting on what services are provided to these children and what progress they make as a result.

All of this will rely on good relationships, information-sharing protocols between agencies, and clear accountabilities on all agencies involved in the provision of services to children in care.

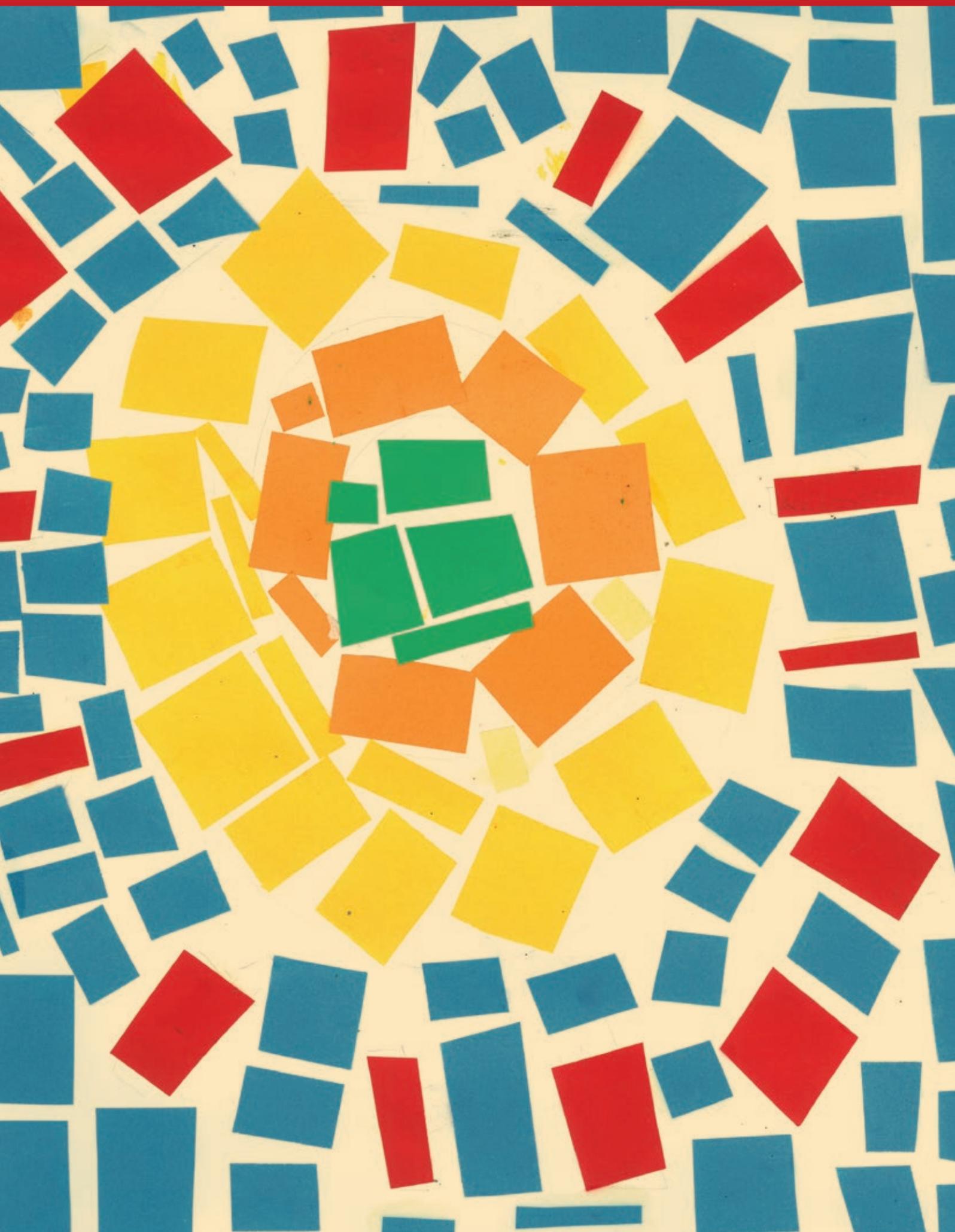
A greater level of cross-agency collaboration is anticipated in the *CAP*, which called for a cross-agency care strategy, with government departments sharing accountability and responsibility for results. An interagency cross sector forum has been chaired by the Deputy Chief Executive of CYF since 2011. We understand CYF developed a document entitled *The Strategy for Children in Care: the first steps to a Multi-Agency Strategy for Children in Care* in November 2014, and invited all government and non-

government agencies involved in the provision of social, health, education, justice and other services to identify their commitment to children in care, and participate in the development of a multi-agency strategy. While we welcome the intent signalled in the *CAP* to share responsibility for improving the outcomes of vulnerable children across all agencies engaged in service delivery, we are concerned that progress towards developing this strategy has been slow.

Improving the integration of services for children in care requires all agencies to work together to focus on these children and intentionally plan for resourcing services to an acceptable level.

One option that might be considered is placing obligations and functions on other agencies such as the Ministries of Health and Education to improve the outcomes of children in care. This would require clear policy direction and resourcing within central agencies, and for these agencies to use the tools at their disposal to signal these expectations to local service providers. Another option that might be considered is having wider independent monitoring and oversight of the entire care and protection and youth justice system.

Either way, explicit targets should be set for all state agencies involved in delivering services to children in the care and protection system and in CYF residences, and these should be reported on publicly. This would increase transparency about the quality of services currently being provided, and clearly show how well all agencies are doing at achieving better outcomes for these children.





What does all this mean?

ALONGSIDE CHILDREN'S IMMEDIATE SAFETY, CYF NEEDS TO FOCUS ON IMPROVING THEIR OUTCOMES

Child, Youth and Family is the primary service responsible for the care and protection of children in New Zealand. This means CYF has a duty to not only keep children safe from immediate harm, but also, to work with other state agencies to make sure children get the support they need to recover from any harm they have experienced, and to improve their outcomes in the long term.

For a variety of reasons, CYF has become focussed on the first of these outcomes – keeping children safe from immediate harm. As an organisation, CYF is oriented towards front-end intake and assessment processes. Its KPIs and operational model have evolved to support and reinforce this focus. As a result, its front-end processes are generally sound, and we are confident that CYF generally makes good decisions about whether a child is at risk and what sort of intervention might be required to keep them safe. This high quality of front-end practice needs to be maintained.

After these front-end decisions are made, however, CYF's case management and quality of social work practice is highly inconsistent. As far as we can assess, the effects of harm that children may have experienced are not being mitigated, and the long-term outcomes of children in the custody of the Chief Executive of MSD are not being monitored. Currently it seems the longer a child spends in the care system, the more likely they are to experience harmful consequences as a result. These consequences can be life-long and intergenerational. We don't have good information about the impact this is having on children long term, but what we have learned about their health, education, and justice outcomes is concerning.

CYF's variable practice is due to a variety of factors, but we think most are linked to issues of capacity and capability across the CYF workforce and a lack of systems to support quality practice. With limited resources and a KPI framework that places a great deal of emphasis on timeliness and volumes of reports of concern, it is understandable that CYF has invested more in front-end intake and assessment processes than in the skills and training needed to support a workforce that can provide high quality support for children in all types of care placement.

Yet proactive social work with the families and children requiring a statutory response needs to be a major focus of CYF's work. There is no other agency with the statutory power to remove children from their homes to keep them safe. If CYF does not lead the provision of high quality services and case management to these children in state care, no-one else will. We need to see KPIs that emphasise this, and the use of data to drive improved outcomes across the system.

CHILD, YOUTH AND FAMILY MUST TAKE THE LEAD FOR VULNERABLE CHILDREN

The fact that we found a number of examples of transformational practice in CYF sites and residences is encouraging. It shows that with strong leadership, innovative approaches, and a genuine commitment to child-centred thinking, it is possible to achieve great outcomes for children.

It could be argued that pockets of excellent practice must always come at the expense of other areas of practice due to resource constraints and high case volumes; that staff make trade-offs in their daily work between strong practice in some areas and weak practice in others. We are not convinced that this is always the case. While we certainly observed trade-offs being made, we also visited sites and residences that were strong across the

board, achieving great results for children, with a high level of morale and a shared sense of purpose. Limited resourcing and high caseloads alone do not explain the variable practice we have observed.

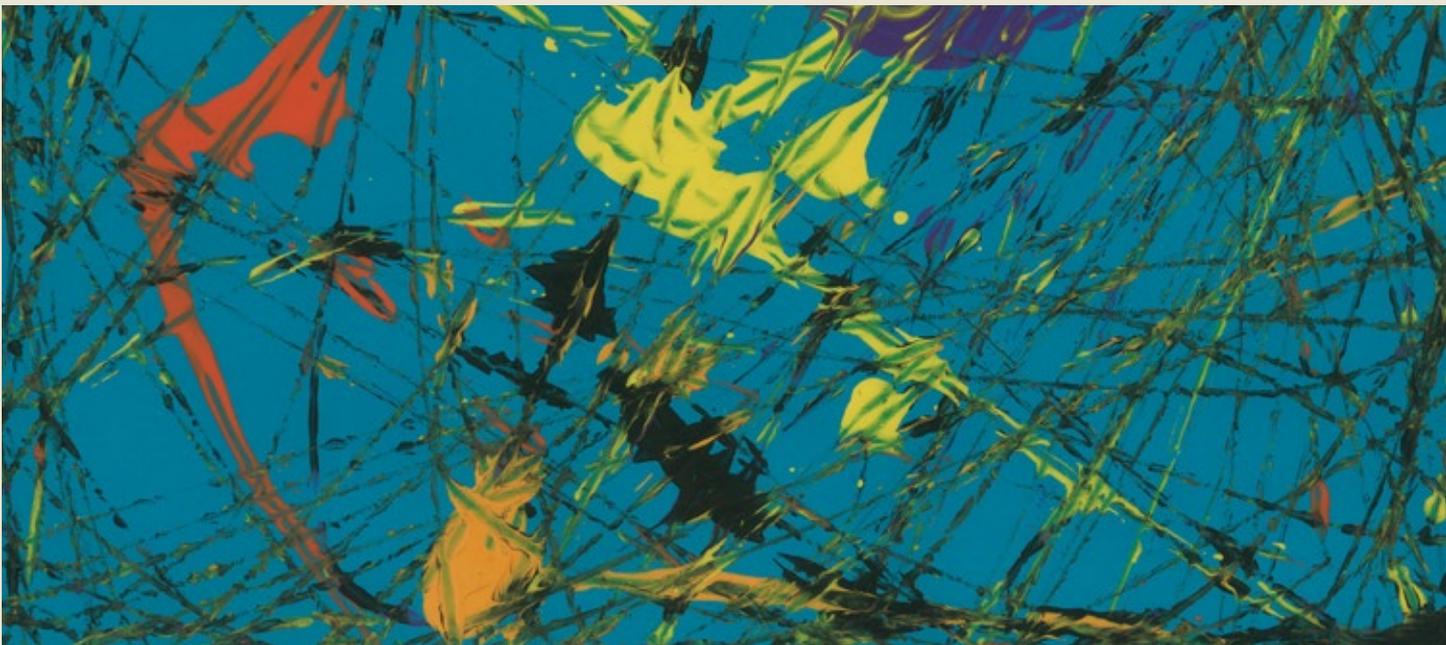
Moving to a situation in which transformational practice becomes the norm, therefore, will not only require greater investment in children in all types of care placements, but also strong leadership at the senior management level, a genuine commitment to child-centred practice, and a consistent plan that all staff are engaged with to allow CYF to both maintain its focus on front-end intake and assessment processes, and provide more and better on-going support for children in all types of care placements.

A number of changes are underway that may eventually reduce the volume of front-end intake and assessment work CYF has to undertake. The CAP, Vulnerable Children's Board, and new Children's Teams envisage local hubs made up of multi-disciplinary teams including representatives from health, education, Police, justice, iwi and NGOs, that can undertake a more integrated initial assessment and triage, and refer families with chronic long term issues to the support they need. If successful, these changes would free CYF up to provide a higher quality service to the children in need of a statutory response.

However, it will be a long time before any of these new services are operating at a level to actively reduce the volume of reports of concern that CYF must process each year. It is clear from the findings of this report that we cannot afford to wait until these initiatives are fully functional to improve the lives of the around 5000 children who are currently in state care. CYF needs to maintain its robust front-end practices, but investment is also required now to ensure children receive high quality on-going support and case management from CYF and other state agencies.

We acknowledge that the responsibility for improving outcomes for these children lies not only with CYF. When children are in the care of the State, all state agencies need to be responsive to their needs and accountable for their outcomes. That is why we recommend greater collaboration and accountability across government agencies to improve the outcomes of children in care.

But there will always need to be one agency or service that takes the lead for children in state care. That is CYF. When children are in care, CYF is effectively their parent. We expect parents to love and nurture their children, to provide them with everything they need to thrive, and to advocate on their behalf when accessing health, education, and other services. It is critical for these vulnerable children that their parent is willing, able, and well-supported to do the same.



WHAT NEEDS TO CHANGE?

Below are seven aggregated, recommendations that will help CYF and the wider care and protection and youth justice sectors to address current shortcomings and improve children's outcomes. We developed these recommendations after reviewing all 53 individual recommendations in our monitoring reports between January 2014 and June 2015 within the context of the themes emerging from our monitoring findings, our engagement with children, and the available data about children's outcomes. They are consistent with our aggregated monitoring findings and with the feedback we receive from a wide range of stakeholders, including children.

RECOMMENDATION ONE: SET CLEAR EXPECTATIONS

Set a clear, child-centred purpose and direction for CYF and update the current strategic planning framework to:

- a) Articulate the overall philosophy of the organisation;
- b) Clarify its core purpose (and, in particular, resolve the tension between containment and therapeutic models of care in youth justice residences);
- c) Ensure the threshold for statutory intervention is well understood by all actors in the new care and protection landscape (taking into account the *CAP, Vulnerable Children Act 2014*, Vulnerable Children's Board, and the new Children's Teams);
- d) Articulate the long-term outcomes CYF aims to achieve for children and set measures and indicators of how these will be measured; and
- e) Align site and residence plans, KPIs, and staff performance assessment systems to the achievement of these outcomes.

RECOMMENDATION TWO: BE FULLY CHILD-CENTRED

To ensure that CYF is fully child-centred:

- a) Consistently involve children in planning and decision-making about their own care;
- b) Develop mechanisms to routinely collect and embed children's feedback about their experience with CYF, and act on this information;
- c) Review how children in the care and protection and youth justice systems can be helped to feel safe making a complaint;
- d) Ensure children are always informed about their rights and know what to expect in all their interactions with CYF;
- e) Establish an independent advocacy service for children in care; and
- f) Raise the maximum age to remain in the care of the State to at least 18, alongside a more comprehensive support package for all care leavers.

RECOMMENDATION THREE: INVEST IN CHILDREN IN CARE PLACEMENTS

Prioritise on-going support to children in all types of care placements by:

- a) Increasing investment in these children;
- b) Setting clear expectations (including via CYF's KPI framework) that improving outcomes for these children is a high priority;
- c) Ensuring an adequate level of social work resource to allow for high quality on-going case management for these children;
- d) Providing relevant training, and sufficient on-going support for staff to improve the way they work with these children (see Recommendation four); and
- e) Prioritising actions to reduce the rate of re-abuse of children in care.

RECOMMENDATION FOUR: ADDRESS CAPACITY AND CAPABILITY ISSUES

Develop a strategy for a skilled workforce that is trained and fully supported to meet the complex needs of children in care. Ensure this includes:

- a) Systems to disseminate best practice and build capability across the whole of CYF;
- b) Opportunities for staff to develop skills and strategies for providing on-going support to children in all types of care placements;
- c) Systems to build cultural capability across the whole of CYF (see Recommendation five); and
- d) Regular opportunities for professional development and capability building across the organisation.

RECOMMENDATION FIVE: IMPROVE CULTURAL CAPABILITY

Require every site and residence to prioritise Māori cultural capability building in partnership with iwi and:

- a) Support all staff to engage and respond effectively to the cultural needs of mokopuna Māori;
- b) Include strengthening staff capability to deliver culturally responsive services for mokopuna Māori into training and development plans;
- c) Ensure Māori roopu have on-going support and resources; and
- d) Ensure staff have regular access to high quality cultural supervision.

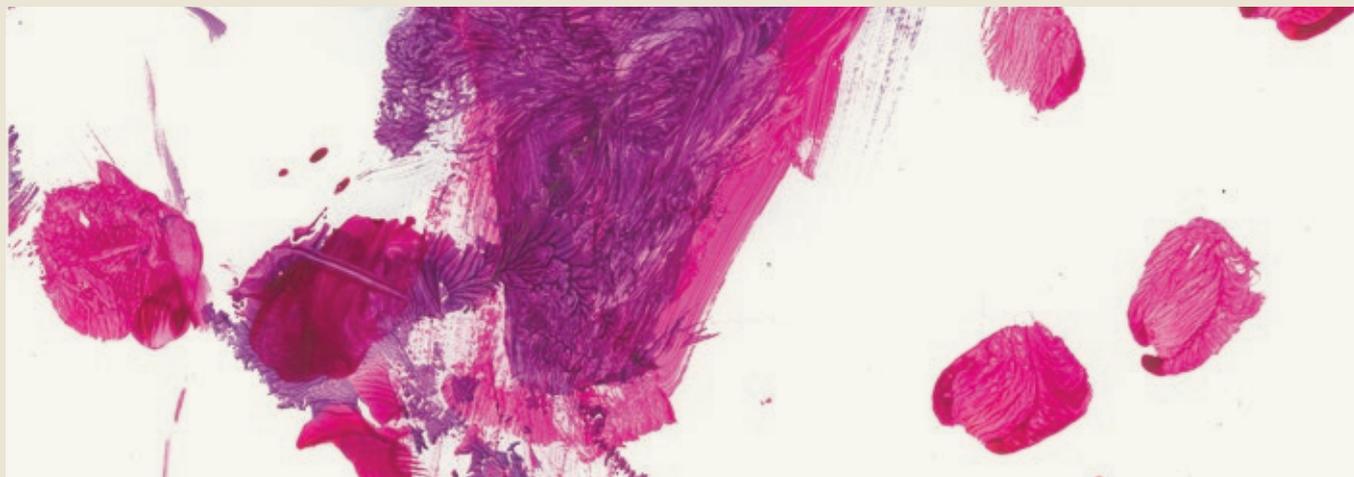
RECOMMENDATION SIX: USE DATA TO DRIVE IMPROVED OUTCOMES

Collect, analyse, and publicly report on data on the long-term outcomes CYF and other state agencies are aiming to achieve for children. This will require CYF and other agencies to work together to:

- a) Monitor the health and educational needs of individual children, and track and record the results of any interventions procured as a result of a Gateway Assessment;
- b) Explicitly track and conduct assessments on exits from CYF care to understand the outcomes that have been achieved;
- c) Use data to drive improved outcomes for children and inform policies and practices throughout the system.
- d) Report publicly on the outcomes being achieved so that key stakeholders and the public can make informed judgements about how well all services are delivering for children.

RECOMMENDATION SEVEN: SET CLEAR EXPECTATIONS FOR OTHER STATE AGENCIES

Set explicit expectations for other government agencies responsible for improving outcomes of children in care (in particular the Ministries of Health, Education and Justice) to plan for and improve the educational achievement, health status, and rates of offending and re-offending by children in care.



Key Terms

Child/young person	The United Nations Convention on the Rights of the Child (UNCROC), and our governing legislation, the Children’s Commissioner Act 2003, defines a child as a person under the age of 18 years. This is the OCC’s preferred definition. However, under the Children Young Persons and Their Families Act 1989, child means a boy or girl under the age of 14, and young person means a boy or girl aged between 14 and 17. Throughout this report, we mainly use our preferred definition of child, but occasionally use “young person” when we need to refer to this specific age group.
Child, Youth and Family (CYF)	CYF is a service arm of the Ministry of Social Development (MSD) and is supported by MSD information technology, property, human resources and reporting systems. The Chief Executive of MSD has legal powers to intervene to protect and help children who are being abused or neglected or who have serious problem behaviour or have committed offences. CYF’s work with children falls into two main categories: care and protection, and youth justice. In both care and protection and youth justice services CYF works with a range of other agencies and external stakeholders that form part of a wider system. Throughout this report we use the term CYF to refer to the statutory child protection and youth justice services provided by MSD, as this reflects public understanding about who is responsible for these services.
Care and protection	CYF’s care and protection work involves providing social work services to keep children safe from abuse and neglect, investigating reports of concern, finding care placements for children who need them, and maintaining oversight and responsibility for children in care placements.
Youth justice	CYF’s youth justice work involves working with children who have committed offences to help them to take responsibility for their offending and deliver services to help them to rehabilitate.
CYF sites	A CYF site is a local CYF office from which social work services are delivered. CYF sites are guided by policies and strategies set by CYF’s national office, but they have autonomy over how they organise internally to deliver against these policies and strategies. CYF delivers frontline services from 76 sites around the country (58 care and protection sites, and 18 youth justice sites).

CYF residences	CYF operates eight residences where children can stay if they are at risk in the community: four care and protection residences for children and young people who need care and protection but cannot be safely placed at home or in their community, and four youth justice residences. CYF also contracts Barnados to provide a ninth residence which provides specialist treatment services to children who have committed sexual offences.
Children’s Action Plan (CAP)	The CAP is the Government’s strategy to identify, support, and protect vulnerable children. It is focused on early intervention and prevention services to assist children at risk of abuse and neglect before they require CYF’s statutory services.
Children’s Teams	As part of the CAP, Children’s Teams are being set up around the country. These are multidisciplinary teams made up of practitioners and professionals from government agencies, iwi/Māori and non-government organisations (NGOs) (e.g. paediatricians, psychologists, social workers). Their role is to accept referrals and work with vulnerable children and their families who do not meet the threshold for statutory intervention by CYF, but who would benefit from hands-on, child-centred, wrap-around support.
Youth Services Strategy (YSS)	The YSS is a strategy for children aged 12-16 with high needs who are in the care and protection of CYF and are not able to be supported within their families or whānau or in their usual caregiving environment. As part of the strategy, CYF contracts a number of specialist providers to deliver intensive one on one and group home care services. Placements are meant to be for a period of no longer than 12 months, though extensions are possible. The strategy has been in place since 1998.
OPCAT/Crimes of Torture Act 1989/NPM	Alongside our core monitoring work, the OCC is a designated National Preventive Mechanism (NPM) under the Crimes of Torture Act 1989, responsible for ensuring that children held in all nine residences around the country are not subject to any cruel, inhuman or degrading treatment. As an NPM, we monitor CYF residences under the Optional Protocol on the Convention Against Torture (OPCAT). The Human Rights Commission collates findings from our visits, and those of other NPMs, in an annual OPCAT report to the Government.
Supervision	In a social work context, supervision means the process by which a supervisor enables, guides and facilitates a social worker to meet certain organisational, professional and personal objectives. These objectives are: professional competence, accountable & safe practice, continuing professional development, education and support.



MANAAKITIA A TĀTOU TAMARIKI

**Children's
Commissioner**