

THE GREEN PAPER ON VULNERABLE CHILDREN POSITION OF THE CHILDREN'S COMMISSIONER

There is now a clear consensus among academics, practitioners and politicians from all parties that health, education and social outcomes for children in New Zealand are worse than they should be and we need to invest more in our children. It is clear that younger children are the most vulnerable and investment in younger children offers the greatest "return on investment". For example, the OECD report "Doing Better for Children"¹ notes the poor outcomes of New Zealand children relative to the rest of the world and that New Zealand spends less than the OECD average on young children and much less than it does on older children.

Defining who is vulnerable will be a difficult but important first step forward. I encourage those engaging in the debate and preparing submissions to give advice about how vulnerability should be defined. I also encourage officials preparing the White Paper to spend time developing a cross-agency, cross-sector approach to conceptualising vulnerability.

Total government funding should increase for children, and younger children in particular. Increased investment in early intervention also needs to occur. However Government faces a difficult challenge to improve outcomes for vulnerable children in the face of the most challenging economic conditions in a generation, an ageing population, increasing costs of interventions and increasing societal expectations of government services. Choices will have to be made. Government will need to consider its funding priorities to determine where the additional funding can be drawn from. Feedback from the public about New Zealanders' priorities gathered in the Green Paper consultation process should inform these decisions.

There are a number of key issues in the Paper that need in-depth discussion and I believe are essential to be addressed in the White Paper. These issues are discussed below using the headings of the Green Paper. Given the White Paper is likely to be a high-level, strategic document from which various streams of policy work follow, I have focused this document on identifying principles and areas where we may find consensus on what needs to happen to improve outcomes for children and young people.

Share responsibility

The Green Paper asks the question, have government agencies got the balance right in supporting parents, caregivers and family and whānau to meet their responsibilities, while also protecting the needs of vulnerable children, and when should government agencies step in and intervene with families and whānau?

As the Green Paper states, children will thrive, belong and achieve – not in isolation – but as part of families and whānau. Children's wellbeing is inextricably linked to that of their parents, caregivers, family, whānau, hapū, iwi and communities.

My view is that the Children, Young Persons and their Families Act 1989 already provides a sound legislative platform for balancing the roles of family and whānau and children in as far as the care and protection system is concerned. However I believe more thought needs to be given to the issue of neglect.

1 <http://www.oecd.org/dataoecd/20/42/43589854.pdf>. Accessed 16 September 2011.

Neglect

Recent research undertaken by my office² found a number of challenges in tackling child neglect including a lack of a common understanding amongst agencies of the definition of neglect, limited understanding of its prevalence and impact on children, and an absence of information about preventive interventions.

Our report made a number of recommendations, including that the Ministry of Social Development, together with Child, Youth and Family, the Ministry of Health, the Ministry of Education and the Police:

- develop a shared definition of child neglect
- develop practice manuals and guidelines and
- develop information collation and case auditing practices.

My position is improved inter-agency focus on neglect including development of shared definitions, practice manuals and guidelines and information collation is needed.

The Role of Communities

Deprived communities are characterised by high levels of benefit dependency, unemployment, low income, family breakdown, high levels of social dysfunction including crime, alcohol and drug abuse, low educational attainment and poor health outcomes. These communities also have strengths that are untapped and there are many community-led programmes funded to build on these strengths and address the above issues at a community level. However these programmes are sometimes not based on sound evidence, evaluated or sustained, and it is often difficult to demonstrate benefit.

Both New Zealand³ and overseas⁴ development programmes offer useful insights into effective funding of community development programmes. Initiatives like Whānau Ora⁵ provide a vision for new ways of working at the local level. The UNICEF Child-Friendly Cities⁶ approach offers a comprehensive approach to placing children at the heart of local government planning and this approach features in the new Auckland Council Draft Plan.⁷

My position is that Government needs to review its approach to investing in community-led development. Ministers should require all new investment in community-led development:

- Be based on sound evidence or have a clear theoretical underpinning (eg. UNICEF Health Cities approach, Ottawa Charter, Whānau Ora)
- Have a robust and appropriately funded evaluation built in from the beginning, including specific, measurable outcomes
- Be designed to reduce inequalities.

2 Mardani J (2010). *Preventing child neglect in New Zealand: A public health assessment of the evidence, current approach, and best practice guidance*. Wellington, Office of the Children's Commissioner. http://www.occ.org.nz/publications/reports_documents accessed 20 September 2011.

3 Coggan C, Patterson P, Brewin M, Hooper R and Robinson E. Evaluation of the Waitakere Community Injury Prevention Project *Inj Prev* 2000;6:130-134

4 Development Assistance Committee (1997). *Evaluation of Programs Promoting Participatory Development and Good Governance: Synthesis Report*. Paris: OECD

5 <http://www.tpk.govt.nz/en/in-focus/whanau-ora/> . Accessed 16 September 2011.

6 <http://www.childfriendlycities.org/> . Accessed 16 September 2011.

7 *Auckland Unleashed: The Auckland Plan Discussion Document*. 2011. Auckland: Auckland Council. <http://www.aucklandcouncil.govt.nz/EN/AboutCouncil/PlansPoliciesPublications/theaucklandplan/Documents/theaucklandplandiscussiondocument.pdf> . Accessed 16 September 2011.

Show Leadership

Vulnerable Children's Action Plan

I agree with the expectations set out in the Green Paper for a Children's Action Plan.

The Children's Action Plan will provide a framework upon which future policies and policy settings can be unified. In order for it to improve outcomes for children it should be focused on reducing inequalities, committed to furthering evidence-based policies and programmes and reflect the Government's commitments to all children under the United Nations Convention on the Rights of the Child (UNCROC) and specifically tamariki and rangatahi under the Treaty of Waitangi.

I believe seven core goals should sit at the heart of a Children's Action Plan. The goals reflect the Government's UNCROC obligations⁸, and would identify the responsible Government Ministries or Departments and the measures and targets to achieve those goals. (NOTE: the measures noted below are given as *examples only* and will require further analysis):

Goal 1: Address child poverty

- UNCROC Articles 6, 26, 27
- Accountable Ministry: Treasury, Social Development
- An agreed definition and measure of child poverty (eg. the proportion of children <18 living in households with incomes <60% of median income after housing costs, by ethnicity)
- 2-yearly targets to reduce child poverty.

Goal 2: Protect all children from all forms of abuse and exploitation

- UNCROC Articles 19, 32-36, 39
- Accountable Ministry: Social Development, Police, Justice, Education
- a measure of incidences of child abuse/offending against children
- a measure of incidences of domestic violence
- 2-yearly targets to reduce child abuse and domestic violence.

Goal 3: Ensure that all children enjoy their rights to an education

- UNCROC Articles 28, 29
- Accountable Ministry: Education
- Improved educational outcomes (eg. reduced suspensions, non-enrolled exclusions, non-enrolled truancy numbers, school leavers without qualifications)
- 2-yearly targets to improve educational outcomes and reduce educational inequalities.

Goal 4: Ensure that all children enjoy their right to the highest attainable standard of health

- UNCROC Articles 23-25
- Accountable Ministry: Health

8 Crossing these goals are general principles that apply to each:

- That the best interests of the child is a primary consideration in decisions that affect them
- The right to protection from discrimination
- The right to survival and development
- The right to be heard and participate in matters that affect them in a manner in keeping with their evolving capacity.

- Measures of inequalities in health outcomes. These could include measures, by ethnicity, over time:
 - of the effectiveness of the primary care system and primary-secondary integration
 - of the effectiveness of preventive systems, eg. vaccine preventable disease rates
 - that indicate the healthiness of the physical environment, where the interventions to improve health lie outside of the health system, eg. admissions with viral respiratory infections
 - that indicate the healthiness of the social and cultural environment, where the interventions to improve health lie outside of the health system, eg. non-accidental injuries
 - of adolescent health, eg. teen pregnancy, sexually transmitted infections, suicide, motor vehicle crashes, assaults
- 2-yearly targets to reduce health inequalities.

Goal 5: Support parents and families and whānau in their primary responsibility in the upbringing and development of children

- UNCROC Articles 9, 18, 19.2, 23
- Accountable Ministry: Social Development, Education
- Measures of special education needs including:
 - the proportion of children with severe learning difficulties, especially young children (eg. referrals to Ministry of Education: Special Education Service for learning difficulties, by ethnicity)
- 2-yearly targets demonstrating improved outcomes of programmes designed to increase participation in early childhood education and improve parenting skills
- 2-yearly targets to demonstrate improved outcomes for children with special education needs.

Goal 6: Provide special protective and rehabilitative measures for all children involved in the care and protection system

- UNCROC Articles 9, 20, 37, 39
- Accountable Ministry: Health, Social Development
- Measures of the effectiveness of the care and protection system, including care and protection and disability support services and ethnicity indicators
- 2-yearly targets demonstrating improved outcomes of:
 - the care and protection system, eg. permanency indicators
 - the disability system, eg. S141 referrals.

Goal 7: Provide special measures for all children and young people subject to a criminal justice intervention or who are a victim of or witness to crime

- UNCROC Articles 37, 39, 40
- Accountable Ministry: Health, Social Development, Justice
- Measures of effectiveness of rehabilitation or therapeutic approaches
- 2-yearly targets demonstrating improved outcomes of rehabilitation or therapeutic approaches for:
 - Children and young people subject to a criminal justice intervention
 - Children and young people who are victims of or witnesses to crime.

My position is that the Children's Action Plan include the seven core goals identified above and each goal be supported by the following actions:

- Development and implementation of comprehensive strategies to achieve each goal by the identified lead Ministry/ies, coordinated across government departments and agencies by a high-level co-ordinating mechanism such as a Chief Executives' or Deputy Chief Executives' Forum.
- Lead Ministries be required to include the strategies and report progress in meeting the Action Plan goals as part of their Statement of Intent and annual reporting obligations respectively.
- Development and implementation of national and local governance frameworks to bring together policy makers, managers and senior practitioner leaders to write, implement and evaluate each strategy.
- Each strategy to include a commitment to realising the implementation the United Nations Convention on the Rights of the Child¹, (UNCROC) and the principles of the Treaty of Waitangi.
- Commitment to base policy and programmes on evidence and growing the evidence base, including evaluation of programmes developed in New Zealand.

Legislation Changes

I support the enactment of a Children's Action Plan through specific legislation such as a Children's Act. This would provide the Plan with full legal status and raise levels of accountability by creating a legal commitment upon Government departments and instruments of the Crown charged with the Plan's implementation. The Plan would therefore have greater status than a statement of policy and would be more likely to endure. Finally, a Children's Act would represent a strong statement of our values and says to the world that children are our greatest taonga (treasure) and most valuable resource.

I support Child Impact Assessments as a mechanism for prospectively assessing legislation and policy change against UNCROC principles for their effect on children. Child Impact Assessments ensure decision makers are conscious of the intended and unintended consequences of their actions on children.

National progress on the Action Plan should be reported on by an Independent Crown Entity with a legislative mandate, such as the Children's Commissioner or an Officer of Parliament such as the Chief Ombudsman.

Advantages of having an Independent Crown Entity fulfil this role are:

- Constitutional independence from the executive branch of government
- Credibility with the public and NGOs as a result of this independence
- Less likely to be reduced in status with changes in Government or Ministry policy
- Ability to work across sectors including the universities, NGOs and business sector to achieve a whole-of-society overview.

My position is that a Children's Act must be enacted that:

- Enacts the Children's Action Plan into legislation
- Mandates Child Impact Assessments for all legislation and major policy change
- Provides for annual national progress reports by an independent crown entity
- Incorporates the UN Convention on the Rights of the Child.

Working with whānau, hapū, iwi and Māori leaders

Reducing inequalities between Māori tamariki and rangatahi and other New Zealand children is most likely to occur through a working partnership between Government agencies and iwi, hapū and urban Māori organisations. While Whānau Ora is still in development as an approach and the full implications are yet to be understood, I believe it offers a genuine opportunity to progress this partnership. Whānau Ora promotes a wrap-around approach to service delivery and a partnership approach to working with whānau to address issues. It is therefore a practical reflection of the partnership between the Crown and Māori in Te Tiriti o Waitangi.

Governance, management and clinical leadership in Māori organisations needs continued investment. Proactive support, sensitive to local relationships, principles of good commissioning⁹ and the principles of prioritisation, should underpin development in this area.

My position is that:

- Whānau Ora continue to be implemented, including a continued investment in evaluation
- An explicit commitment to developing governance, management and clinical leadership within kaupapa Māori organisations, using local relationships, principles of effective commissioning and the principles of prioritisation be made
- That the Children's Action Plan include a clear commitment to the principles of Te Tiriti o Waitangi.

Pasifika Children

I note that the Green Paper does not explicitly discuss strategies for supporting Pasifika children and their families and communities. Strategies that address the specific needs of Pasifika children will need to be mandated under the Children's Act and Action Plan.

I recommend that specific attention be paid to Pasifika children and their families and communities in the White Paper and the Children's Act and Action Plan.

Make child-centred policy changes***Priorities for vulnerable children for the early years, primary school and adolescence***

I believe it will be difficult to get consensus across sectors on *which* programmes and services should be prioritised. Instead, I believe it is more realistic to attempt to find a consensus on *principles* for prioritising resource allocation.

Government should develop general principles for prioritisation and resource allocation that could include:

- High quality evidence of substantial benefit, including understanding of key success factors
- Applicability in the New Zealand setting
- Ability to reduce outcome inequalities
- Capability of providers to provide the service
- Systems to ensure fidelity to the evidence base
- Systems to ensure robust performance monitoring

9 Imison C, Naylor C, Goodwin N, Buck D, Curry N, Addicott R and Zollinger-Read P. 2011. Transforming Our Health Care System: Ten Priorities for Commissioners. London: The Kings Fund.

- Life course approach (services should fit within a continuum of services from pregnancy through antenatal care to early childhood, and through to adolescence and transition to adulthood)
- Suitability of the programme for the client group
- Where a problem is urgent and evidence is lacking, investment may still be appropriate when a robust evaluation capable of demonstrating that the intervention is or is not effective is included.

Targeted and Universal Services

I note that the Green Paper focuses on the needs of vulnerable children only, rather than on all children. Targeted approaches are appropriate when the outcome of interest is concentrated in a narrow and readily identifiable group of children, and the intervention is most effective, or only effective or appropriate with that group, eg. child abuse and special education interventions.

For other issues, a universal approach is necessary, eg.:

- “Shifting the curve” may be a more cost-effective approach to reducing the problem of interest, eg. fluoridation of water supplies, immunisation, education.
- When poor outcomes are widely spread throughout the population, so focusing only on the most disadvantaged risks missing many who need the service
- To reduce stigmatisation. A standalone “child abuse prevention programme” is likely to be shunned by parents.

Progressive universalism allows provision or additional resource to those most in need within a universal programme and is already a feature of some New Zealand services, eg. the Well Child/ Tamariki Ora Framework and literacy support programmes within schools.

There is scope for increased investment in evidence-based programmes in all three groups – targeted, universal and progressive universal programmes.

I agree that Government provide more targeted services for vulnerable children, and younger children in particular. However, I recommend that Government maintain an investment in evidence-based universal and progressive universal programmes.

Where should funding be taken from?

It is clear that Government will need to re-prioritise spending in order to invest more in vulnerable children. To determine which services to fund, a set of principles should be developed and applied to ensure the best outcomes are achieved.

I agree that funding should be reviewed and, subject to review, withdrawn from non-performing services or programmes to enable increased investment in vulnerable children to occur.

Principles upon which decisions to cease or reduce funding are made should include:

- There is credible evidence the service or programme causes harm
- There is credible evidence the service or programme does not provide a demonstrable benefit
- There is significant professional or public support to reduce or cease a programme.

Feedback from the public about New Zealanders' priorities gathered in the Green Paper consultation process should also inform these decisions.

Managing contracts and purchasing social services are complex tasks involving data analysis, understanding of local and national circumstances and provider performance history, relationship management and negotiation skills, leadership and capacity building and often requiring considerable courage.

Many NGO services are purchased from several different purchasers (eg. different units within the Ministry of Health, a DHB, Ministry of Social Development, Te Puni Kōkiri and Ministry of Pacific Island Affairs), creating an unnecessary reporting burden on services and ensuring that no purchaser has the complete history of a provider's performance.

In my experience, purchasing is often not done as well as it could be and this contributes to under-performance and inefficient use of taxpayer resource. I believe there is a pressing need for capacity development among purchasers. This may require consolidation at a local level between health and social service purchasers.

My position is that Government should:

- Invest in capacity development of purchasers and purchasing systems
- Investigate consolidation of purchasing of health and social services at a local level.

Vulnerable Child First Allocation Policy

While I support continued provision of effective universal services to children, I consider that a principle-based funding allocation policy that prioritises the needs of vulnerable children is consistent with the need to ensure that those who benefit most from services should receive them first and a children's rights approach (UNCROC "Principle of First Call"¹⁰).

The following principles could apply to decisions prioritising funding allocations to services directed to vulnerable children:

- Clear identification of the specific 'vulnerabilities' being addressed
- Evidence the service will, or is likely to, benefit the vulnerable children it targets
- Evidence that the removal of a service will not cause harm to others.

Adults and carers who care for vulnerable children should be prioritised for services in circumstances where the adults' issues directly affect children, eg. parents and carers with mental illness, addictions, acute or chronic illness that affect their parenting ability and those affected by family violence.

Research and evaluation

Sometimes overseas models do not work as well in New Zealand, in some areas or with some groups. Evaluation and research is required to identify the key success factors in the New Zealand context.

There are locally-developed innovations that appear to work well that cannot be grown due to lack of evaluation, and some programmes that, despite strong local support, do not demonstrate benefit when evaluated or do not scale up because the key success factor was not inherent in the programme but related to charismatic leadership.

Lack of evaluation and research capacity seriously restricts our ability to evaluate both overseas-developed and locally-developed programmes. These factors together reduce the effectiveness of the investments made.

10 UNICEF (1990). First Call for Children: World Declaration and Plan of Action for From the World Summit for Children. Geneva, United Nations.

http://www.unicef.org/about/history/files/WSC_declaration_first_call_for_children.pdf. Accessed 16 September 2011.

My position is that the Children's Act and Children's Action Plan should include an explicit commitment to:

- Including funding for evaluation in all contracts for pilot and demonstration projects
- Funding research aimed at evaluating both locally-developed programmes and local implementation of overseas-based models
- Growing the evaluation and research workforce.

Watching out for vulnerable children

The ability to monitor vulnerable children is crucial for keeping children safe and reducing inequalities by ensuring those experiencing barriers to access to services receive them. For example, the National Immunisation Register (NIR) has led to 2-year immunisations increasing from 70% to 93% and rates for Pacific and Māori as good as or better than New Zealand European in some District Health Boards (DHBs).

We already have systems to monitor children including the NIR Immunisation Register, the District Truancy Service (DTS) system, Child, Youth and Family's national database CYRAS and the Child Protection Alert System. Systems to share information include the National Health Index number and systems to electronically communicate referrals and discharges between primary and secondary care.

Problems with existing systems include that changes of address are not shared between systems leading to appointments being sent to old addresses, inconsistent uptake between services and DHBs, lack of connectivity between systems and not using the available data to manage provider performance and reduce inequalities. These are discussed more fully in my paper in the Spring 2011 edition of "Children", the journal of the Office of the Children's Commissioner.¹¹

My position is that:

- The National Health IT Board and Regional Information Services Plans prioritise connectivity between systems for children, eg. Well-Child/ Tamariki Ora (WCTO), NIR, Oral Health, General Practice (GP) and District Health Board systems
- Enrolment of infants on the NIR and with a GP and WCTO provider be an opt-off system, ie. automatic unless parents sign a form requesting that their child not be enrolled
- Enrolment on the NIR and with a GP and WCTO provider be completed before discharge from delivery suites or if born outside of hospital or birthing centres before the end of the first week of life.

The public must have confidence that their information will only be accessed and used appropriately. All the above systems have comprehensive processes to minimise inappropriate accessing and sharing of information. These include:

- Policies on accessing and sharing of information are reviewed by experts on privacy and confidentiality to ensure they adhere to national standards that strictly regulate accessing and sharing of information
- Staff receive training on and are required to adhere to these policies
- Random audits to identify unauthorised access
- Strict penalties for unauthorised accessing or sharing information (termination of employment and referral to Police)
- Access limits that prevent certain staff accessing information they are not entitled to.

11 Wills R. Monitoring and Information Sharing. *Children* 2011 (78): *In Press*

These protections generally work well and should be retained. One exception is where there are child protection concerns and privacy rules prevent senior staff (eg. a paediatrician and a social worker in an NGO social service or a school principal) from discussing these concerns without parent permission. The New South Wales Government introduced a legislation change in 2009 that authorises 'prescribed bodies' – government agencies and NGOs - to share information that helps deliver the best possible services to children in need and their families. Consent is not required, but keeping everyone informed is considered best practice.¹²

My position is that the Government consider adopting legislation similar to the New South Wales' Chapter 16A Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009.

Make Child-Centred Practice Changes

Children's workforce and improving collaboration between professionals and services

Collaborative intersectoral working builds trust between services and professionals, which in turn facilitates further insectoral collaboration and improves outcomes particularly for complex and mobile children and families. Mutual learning and sharing of resources occur, further improving outcomes at reduced or the same cost. New Zealand examples include Family Violence Intervention Programmes¹³, Before School Check¹⁴ and the Positive Behaviour for Learning Program.¹⁵

My experience is that successful programmes share common features, such as the following:

- A shared values system that puts children at the centre of practice and which views families as partners in decision-making processes that occur
- They involve senior staff across several agencies (eg. NGOs, Ministry of Education, Police, Child, Youth and Family, Paediatrics and/or Child and Adolescent Mental Health Services) working with high trust in multi-disciplinary teams
- They aim to intervene at the earliest opportunity in the life of the child or the life of the problem, before the need for statutory intervention
- They use nationally agreed, evidence-based tools, standards and resources
- Staff are well trained with skills relevant to modern practice with vulnerable children and families, eg. resilience, attachment, trauma, recognition and management of child abuse, neglect and domestic violence, and challenging conversations.
- Staff also have excellent relationships with other sectors and send high quality referrals that are readily accepted
- Effective use of IT systems to
 - give regular feedback to and guide performance management of providers
 - ensure the register of contact details remains current
- Innovative processes to connect people to services and deliver the programme close to where people live, eg. actively maintaining up to date contact details, text-to-remind, community workers, delivering service in homes and on marae, outreach programmes

12 <http://www.legislation.nsw.gov.au/maintop/view/inforce/act+13+2009+cd+0+N>

13 Wills R, Ritchie M, Wilson M. Improving detection and quality of assessment of child abuse and partner abuse is achievable with a formal organisational change approach. *Journal of Paediatrics and Child Health* 2008(44):92-98

14 Wills R, Morris-Matthews K, Hedley C, Freer T, Morris H. Improving school readiness with the Before School Check: early experience in Hawke's Bay. *NZMJ* 2010,123(1326):47-58.

15 <http://www.minedu.govt.nz/theMinistry/EducationInitiatives/PositiveBehaviourForLearning.aspx>. Accessed 16 September 2011.

- Some programmes use “navigators” – senior professionals who can support a family through multiple assessments and interventions, eg. Gateway assessments
- Some programmes use education facilities as community hubs where a range of services can be delivered or referral to other services not delivered on site, eg. multidisciplinary teams (GP, nurse, counselor) in some secondary schools
- Ongoing evaluation and continuous quality improvement
- Freedom to implement according to local circumstances
- Time is set aside for staff to meet and address issues as they arise
- There are formal mechanisms to address disagreements between sectors, eg. memoranda of understanding
- They are informed by both a sound understanding of underlying statutory and children's rights principles; ie. section 6 of the CYP&F Act 1989 (paramountcy principle), Article 3 of UNCROC (best interests of the child) and Treaty of Waitangi principles; and have a commitment to reducing inequalities.

While examples of good practice incorporating these principles are increasing, they are not yet routine. In some areas relationships are poor between these services or dependent on relationships between individuals. Some professionals lack an understanding of other professionals' skill base and are not taught the value of collaboration or how to collaborate.

Gaps in the skills of those working with children, such as the ability to assess child abuse and family violence, addictions, and normal and abnormal development, and how to talk to and advocate for children and young people can be identified. While some disciplines have a single national standard graduate examination including at least some of these skills (eg. Medicine, Nursing) others do not (eg. social work, psychology, counselling).

In my opinion, the workforce for children includes:

- Health professionals working directly with children and young people and with parents
- Psychologists, psychotherapists and counselors who work with children, young people and their families
- Legal or justice sector professionals who work with children ie. judges, lawyers (particularly lawyers for the child or youth advocates, community legal service providers, lay advocates, youth justice co-ordinators for example
- Social Workers working with children and young people and families
- Teachers, and teacher aides
- Volunteers working with children/young people and families
- Police.

My position is that:

- Further research be undertaken to further examine successful locally-grown and imported programmes for common key success factors and principles
- Purchasing, monitoring and performance management of programmes for vulnerable children be required to follow these principles
- A common skill set for the children's workforce should be agreed among those training the 'workforce for children'. Skills should include the ability to assess child abuse and family violence, addictions, and normal and abnormal development.
- For the existing children's workforce, continuing professional development programmes should include these values and principles, knowledge and skills.