



MANAAKITIA A TĀTOU TAMARIKI  
Children's  
Commissioner

# State of Care 2016

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.

Child, Youth and Family plays a lead role in delivering both of these functions.

Ko te ahurei o te  
tamaiti arahia o  
tātou māhi.

Let the uniqueness  
of the child guide  
our work.

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# CONTENTS

<b>Commissioner's statement</b>	<b>2</b>	What would enable residences to consistently meet the day-to-day needs of children and young people?	32
<b>Our monitoring in a changing environment</b>	<b>4</b>	All residences are moving in the right direction, from different starting points	35
<b>Our findings at a glance</b>	<b>6</b>	<b>Part 2: Children and young people's voices</b>	<b>36</b>
CYF's case management is not sufficiently child-centred	6	<b>What did children tell us?</b>	<b>36</b>
CYF residences are moving in the right direction, from different starting points	7	We need to feel like we belong	36
Children and young people want to belong, be listened to, and be supported by social workers	7	Involve us, listen to us, and communicate with us	40
<b>Conclusions and recommendations</b>	<b>8</b>	Social workers have a big impact on our lives	42
Becoming more child-centred can start now	8	<b>Part 3: What does all this mean in a changing environment?</b>	<b>44</b>
<b>About the <i>State of Care</i> report</b>	<b>10</b>	The reforms are heading in the right direction	44
<b>About our 2015-16 monitoring</b>	<b>11</b>	Success of the reforms depends on preparation	45
We conducted two thematic reviews	11	Preparing for potential risk to children during the change	45
We visited six CYF residences	12	Preparing for a child-centred operating model with a clear understanding of child-centred practice	46
We engaged with more than 60 children and young people	12	Preparing by taking practical steps now	46
We have monitored only some parts of the system	12	<b>Recommendations</b>	<b>50</b>
<b>Part 1: Our monitoring findings</b>	<b>14</b>	Recommendation 1	50
How we monitor	14	Recommendation 2	50
Overview of monitoring findings	15	Recommendation 3	51
Thematic review findings:		<b>Appendix 1: The care &amp; protection process</b>	<b>52</b>
CYF's case management is highly variable	17	<b>Appendix 2 : Demographic information</b>	<b>53</b>
Some elements of child-centred practice are present	19	<b>Appendix 3: Types of care placement</b>	<b>54</b>
CYF's case management is not sufficiently child-centred	19	<b>Appendix 4: Key terms</b>	<b>55</b>
What would enable CYF's case management to be more child-centred?	19		
<b>Residence findings: Moving in the right direction from different starting points</b>	<b>28</b>		
Residences are safe	29		
There is variability in residences' ability to meet children and young people's day-to-day needs	31		



# Commissioner's statement

This is my Office's second *State of Care* report. I am proud that presenting this report will be one of my last acts as Children's Commissioner before my term ends on 30 June 2016.

The Office of the Children's Commissioner (OCC) has always monitored and reported on the quality of services Child, Youth and Family (CYF) provides to children and young people, but it is only in the past two years that we have aggregated our findings in a public report like this. It couldn't be more timely; as we have worked to prepare this and the last *State of Care* report, the Minister of Social Development has overseen a parallel process of reviewing CYF. In its final report released in April 2016, the Expert Advisory Panel (EAP) recommended a wholesale reform of the care and protection and youth justice systems. I agree with the EAP's findings and am pleased with the direction of the reforms, which have the potential to significantly improve outcomes for children and young people.

The Minister and EAP have clearly signalled that a key objective of the new operating model will be to ensure that the care and protection and youth justice systems are child-centred. But what does this really mean?

Being child-centred means all decisions and actions are grounded in what is best for the child. It means understanding the child within the context of his or her family and whānau. Determining what is in a child's best interests involves talking and listening to them and their families and whānau, and it also requires that social workers and others use their professional judgement, expertise in child development and attachment, cultural competence, and knowledge of the individual child and their circumstances to make informed decisions that meet that child's needs.

This year, we focused our monitoring on the quality of CYF's case management for two vulnerable groups of children and young people, and on the situation for children and young people in CYF residences. I want to thank staff at all the sites and residences we visited for

being generous with their time and expertise, as well as the stakeholders who have shared their experiences with us. I especially want to thank the children and young people who told us their stories. This report is for them.

When we looked across all our findings and recommendations, we noticed a clear theme. The areas where we were most often making recommendations for improvements to CYF were those that would allow it to work in truly child-centred ways if implemented: upskilling staff to know how to work in child-centred ways, meaningfully engaging with children and young people and asking for their input, building cultural capability to meet the needs of the majority of children and young people in the system who are Māori, adequately resourcing CYF to reduce caseloads and access the services that children and young people need.

We have therefore focused this second *State of Care* report on what it means to be child-centred. We hope that it provides some clarity about what it means to work in child-centred ways, and offers some practical suggestions for how CYF can start to embed child-centred practices now, even in the context of a dramatically changing environment. This should mean that children have their rights upheld and their lives improved as a result of their contact with the care and protection and youth justice systems. After all, these services exist to protect children and young people, and help them to heal and recover so they can lead full and thriving lives. We should accept no less.

A handwritten signature in black ink, appearing to read 'Russell Wills'.

**Dr Russell Wills**

Children's Commissioner

# A child-centred organisation

ALL DECISIONS AND ACTIONS ARE GROUNDED  
IN WHAT IS BEST FOR THE CHILD

## Top-down leadership

For example:

- Setting a clear child-centred vision and direction.
- Designing policies and systems that support children's best interests.
- Providing time, funding, and professional development to support child-centred practice.
- Setting performance measures that encourage and reward child-centred practice.

↑  
DETERMINED BY THE  
ORGANISATION'S VALUES,  
ATTITUDES AND ACTIONS.



## Bottom-up practice

For example:

- Proactively expanding awareness and understanding of children's needs, interests, rights, and opinions.
- Authentically engaging with children, and their families and whānau.
- Acting in professionally-informed ways to support the best interests of children and young people.
- Using data and children's voices to inform and refine child-centred practice.





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# Our monitoring in a changing environment


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The OCC has a responsibility to monitor and report on how well CYF delivers services for children and young people.<sup>1</sup> We do this by visiting CYF sites and residences, assessing practice against an agreed framework, making recommendations, and gathering the views of children and young people, their families, whānau, and caregivers. We present these reports to CYF and the Minister of Social Development. Last year we reported our aggregated findings publicly for the first time.

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This is our second *State of Care* report. It aggregates the findings of our monitoring of CYF in 2015-16, gives expression to the voices and experiences of children we engaged with in that time, and makes recommendations for improvement. It focuses on the quality of CYF's services for children and young people, in particular, the quality of its case management and the situation for children and young people in CYF residences.

In assessing CYF's practice, we work on the principle (underpinned by the *United Nations Convention on the Rights of the Child* (UNCROC) and the *Children, Young Persons and their Families Act, 1989* (CYP&F Act)) that the best interests of children should be CYF's first and paramount consideration. In practice, this means working in ways that put children at the centre of all decisions and actions affecting them, listening to them, respecting them, making sound professional judgements about what is in their best interests, and consistently meeting their needs. It also means considering what children need in the context of their whānau, hapu and iwi, especially for the significant majority in the care and protection and youth justice systems who are mokopuna Māori<sup>2</sup>. Taken together, this is what we mean when we talk about being child-centred.



*When I walk down the street I see families walking along laughing happy and it is hard, knowing that I don't have a family like that.*

– Child in non-kin foster care.

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1. Our legislative requirements are set out in the Children's Commissioner Act 2003: <http://www.legislation.govt.nz/act/public/2003/0121/latest/DLM230429.html>
  2. Throughout this report, we use the term 'mokopuna Māori' to refer to children and young people who identify as or descend from Māori.

This report comes at a time of considerable change. The final report of the EAP on the modernisation of CYF was released in April 2016. It concluded that CYF is not child-centred. A major overhaul of the care and protection and youth justice systems is now underway to address this. *State of Care 2016* is not intended to duplicate the findings or recommendations of the EAP. We agree with the direction of the reforms. If well implemented and resourced, we would expect the transformation project to improve outcomes for children and young people in the medium and long term.

While we see great potential in the proposed reforms, we also see risk in the interim that progress towards more child-centred ways of working may slow or halt while the larger structural changes are implemented and embedded, and that CYF's current services may experience a dip in performance.

Our recommendations are focused on reducing any potential risk to the quality of services for children during the change process and continuing to strengthen and embed child-centred services that can be built on by the new agency. They do not depend on the structural changes that will occur as a result of the transformation process, but can be implemented immediately by CYF and then built on by the agency that replaces it.



# Our findings at a glance

In 2015-16, we found that while CYF has many child-centred policies and strategies in place, these are not consistently given effect in practice, due to a variety of barriers.

We did find some examples of positive practice and strengths that can be drawn on. Most sites and residences have a child-centred vision. In general, leadership teams are well-respected and social workers are committed to doing their best for children and young people. There is a good understanding among staff of what is needed to provide high quality case management, even if this not consistently achieved in practice. Residences are moving in the right direction, albeit from different starting points – an encouraging improvement since our last *State of Care* report. Reassuringly, most of the children and young people we engaged with were happy with their current care arrangements.

Nevertheless, the overall picture across our findings is one of considerable variability in the quality of CYF's services for children and young people. As the EAP has also noted, CYF is not sufficiently child-centred, and the result is a system that often does not serve children and young people well.

## **CYF'S CASE MANAGEMENT IS NOT SUFFICIENTLY CHILD-CENTRED**

This year we paid particular attention to the quality of CYF's case management. This built on our findings in *State of Care 2015*. In our first report, we found that CYF placed more emphasis on intake and assessment processes than on long-term support for children in all types of care placement, and that CYF's case management of young people on Youth Services Strategy placements was not high quality.

In 2015-16, we wanted to assess CYF's case management for other types of placement, so we conducted reviews of CYF's case management for children and young people in non-kin foster care and for young people with both care and protection and youth justice status.

We found that CYF's case management is not sufficiently child-centred and is of variable quality. While most CYF sites have a child-centred vision, this falls down in practice due to a range of barriers, including insufficient resources to invest in what children need, a lack of skills and capability to work in child-centred ways (particularly lack of cultural capability), and not enough working collaboratively in the best interests of the child, both internally within CYF and externally with other stakeholders.

*Be honest; don't hide when something's hard to say.*


— Young person with dual care and protection and youth justice status.



## CYF RESIDENCES ARE MOVING IN THE RIGHT DIRECTION, FROM VERY DIFFERENT STARTING POINTS

We visited six out of nine CYF residences this year: four care and protection residences (C&P residences) and two youth justice residences (YJ residences).<sup>3</sup> On these monitoring visits, we looked for evidence that children and young people in the residences were safe, and that they were receiving care and services that met their daily needs and supported them to heal, recover, and change harmful behaviours.

All of the residences we visited were moving in the right direction, towards more child-centred and trauma-informed models of care, but from very different starting points. We are confident that children and young people are safe in these residences.<sup>4</sup> Most children and young people in CYF residences receive care and services that meet their daily needs, and two residences are modelling excellent practice to help children and young people connect with their culture and heal and recover in the long term. For most CYF residences though, there is more work to do on the path to delivering genuinely child-centred care.



*[My social worker is] kind of like family now; like a friend now.*

– Child in non-kin foster care.

## CHILDREN AND YOUNG PEOPLE WANT TO BELONG, BE LISTENED TO, AND BE SUPPORTED BY SOCIAL WORKERS

We engaged with more than 60 children and young people in the care and protection and youth justice systems through interviews, focus groups and surveys, to find out about their experiences with CYF in the past year. The experiences they related to us broadly matched our monitoring findings. Their responses can be categorised under three headings:

- **We need to feel like we belong.** Children and young people wanted help to manage relationships with family, opportunities to learn about and connect with their culture, and to be able to enjoy their childhoods with a range of activities, a positive school life, and no stigma attached to being a “CYF kid.”
- **Involve us, listen to us, and communicate with us.** Children and young people wanted to be given a voice in decisions that affect them, involved in care plans and transition planning, and communicated with clearly and respectfully.
- **Social workers have a big impact on our lives.** Children and young people spoke in detail about their interactions with social workers. Their comments highlighted that, as the chief interface between the child or young person and CYF, the social worker plays a critical role in determining whether the child has a positive or negative experience in the care and protection and youth justice systems.

3. One of the C&P residences is operated by an NGO approved under section 396 of the CYP&F Act and contracted by CYF to deliver residential services.

4. We did have serious safety concerns in one residence, but we are confident that these have now been addressed.

## CONCLUSIONS AND RECOMMENDATIONS

### BECOMING MORE CHILD-CENTRED CAN START NOW

CYF should be child-centred in everything it does. This has been the stated objective of CYF's strategic plan *Mā Mātou Mā Tātou* since 2012 ("We're putting children at the centre of everything we do").<sup>5</sup> Yet this has not translated into child-centred practice being embedded in CYF's day-to-day case management of children and young people in different types of placement, or to consistently child-centred provision of care and services in CYF residences.

There are many practical barriers that currently prevent CYF from working in more child-centred ways, such as insufficient resources and high caseloads. Yet we think a key barrier – perhaps *the* key barrier – is the lack of a child-centred organisational culture. This is expressed in conflicting understandings about what child-centred practice means – in staff attitudes, values, and beliefs, the skills and knowledge valued in the workforce, and the extent to which children are prioritised. Until these things are addressed, CYF and its workforce will not be ready to start working in truly child-centred ways.

The Minister of Social Development has indicated that within the next year, CYF – currently a service arm of the Ministry of Social Development (MSD) – will be replaced by a new agency with responsibility for the wider care and protection and youth justice systems. It is intended that this new agency will be fully child-centred and responsive to children's needs and aspirations. We have confidence in the direction of the reforms, and expect to see an improvement in outcomes for children and young people in the medium to long term as a result.

Nevertheless, the success of these reforms will depend on preparation. While there will be a new operating model, those responsible for making it work will largely be the existing care and protection and youth justice workforce. How ready this workforce is to start working in more child-centred ways will be critical. This preparation can start now, and CYF's programme of continuous improvement should be tailored to support this preparation with the existing workforce.

Around 60,000 children and young people come to CYF's attention each year for care and protection concerns, and there are around 5000 in CYF custody at any given time. Around 2500 each year are involved in at least one youth justice Family Group Conference (FGC). While decisions about the transformation project are made and implemented, these children and young people will continue to have day-to-day contact with CYF social workers, residence staff, and caregivers. These children and young people also deserve to benefit from more child-centred ways of working, and there is much that can be done in the short term to enhance CYF's current practice.

There are also potential risks during the transition between the current and future operating models. This is an uncertain time for everyone involved in the care and protection and youth justice systems, and organisational change models tell us there is increased risk of a dip in performance during a major transition. We see a need for planning and leadership to maintain the current level of care for children and young people in the system, and to improve the level of child-centred practice during the transition.

Based on the findings and recommendations of all our monitoring reports in 2015-16, we have developed three overarching recommendations to help CYF leadership prepare for the changes and improve child-centred practice now. These recommendations are designed to help CYF keep children at the centre during a period of change. These recommendations, in brief are:

5. See: <http://www.cyf.govt.nz/documents/about-us/publications/reports/our-strategy-final.pdf>

**RECOMMENDATION 1: PLAN TO REDUCE THE RISK TO CHILDREN AND YOUNG PEOPLE OF A DIP IN PERFORMANCE DURING THE TRANSITION PERIOD**

We recommend that the CYF leadership (in conjunction with the transformation team) develop a plan to reduce any potential risk to children and young people from a drop in CYF's performance during the transformation process. This plan should provide a means to assure the Minister that care and services to children and young people have not declined during this period.

**RECOMMENDATION 2: CLARIFY WHAT CHILD-CENTRED PRACTICE MEANS IN THE NEW ZEALAND CARE AND PROTECTION AND YOUTH JUSTICE SYSTEMS.**

We recommend that CYF develops, in collaboration with staff and in conjunction with the transformation team, a clear statement of what child-centred practice means in the New Zealand care and protection and youth justice systems. This statement should expressly address areas of current ambiguity, such as interpreting the views of the child, balancing immediate safety concerns with the child's long-term best interests, holding young offenders to account in a child-centred system, and considering the cultural needs of mokopuna Māori in a child-centred framework. It should also make clear how staff in all parts of the care and protection and youth justice systems can contribute to achieving child-centred practice.

**RECOMMENDATION 3: EMPOWER AND SUPPORT STAFF NOW TO STRENGTHEN THEIR CHILD-CENTRED PRACTICE**

We recommend that CYF leadership empowers and supports management and staff in sites and residences to get ready to work in more child-centred ways and strengthen current good practice so they can deliver the best possible services to children and young people in their care. Supporting staff to work in more child-centred ways will improve services to children and young people currently in the system, increase opportunities for children and young people to build their sense of identity and belonging by connecting with their culture, and lay the foundation for the new child-centred operating model.

These recommendations are outlined in more detail on pages 50-51.

*I feel really comfortable talking to my new social workers. I've got a plan now and I understand and agree with it. I never had a plan before.*

— Young person with dual care and protection and youth justice status.



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# About the *State of Care* report

Since our inception in 1989, we have monitored the policies and practices of CYF under the CYP&F Act. We also have a mandate to monitor community services that deliver functions under section 396 of the CYP&F Act, but we generally focus our limited resources on monitoring CYF, as the primary service responsible for the care and protection of vulnerable children. Although the wider care and protection and youth justice systems involve more agencies than CYF, we do not have a legislative mandate to monitor other state agencies involved in the provision of care and protection and youth justice services.


In 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. As part of this new approach, we decided to produce an annual public report that aggregates the findings of our monitoring activity, gives expression to the voices and experiences of children, and makes comprehensive recommendations to improve services for children and young people. 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.

This is the second *State of Care* report. The first was published in August 2015 and is available on our website.<sup>6</sup>

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 2017.

For a description of the care and protection process, and age and ethnicity information about children and young people in the care and protection and youth justice systems, see Appendices 1 and 2.



*I don't feel connected to any of my cultures... that would change if I went home to Mum.*

– Child in non-kin foster care.

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6. See: <http://www.occ.org.nz/assets/Publications/OCC-State-of-Care-2015.pdf>

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# About our 2015-16 monitoring

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Between June 2015 and June 2016, we presented eight monitoring reports to CYF and the Minister of Social Development: two thematic reviews and six residence reports. Across these reports we made a total of 27 recommendations.

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## **WE CONDUCTED TWO THEMATIC REVIEWS**

In a thematic review we focus on a particular aspect of the care and protection or youth justice system and monitor it across multiple CYF sites to give a picture of practice across the whole organisation.

This year we focused on case management, building on our findings on last year's *State of Care* report. In 2015 we found CYF's case management of young people in specialist youth services care placements was generally poor. In 2016 we wanted to know about CYF's case management of children and young people in other types of placement, so we looked at how well CYF's case management practices were meeting the needs of two particularly vulnerable groups.

Our first thematic review looked at how well five care and protection sites (C&P sites) were managing the cases of children and young people living in non-kin foster care placements. This is a group of children and young people who, at the time of our visits, could not be placed with family or whānau. They are therefore more likely to experience multiple changes of placement, especially if a permanent foster care placement has not been secured.

Another vulnerable group is children and young people who go on from the care and protection system to commit offences. This is a common experience: almost 60 percent of young people referred to CYF by Police for youth offending have previously been notified to CYF as a result of care and protection concerns.<sup>7</sup> Our second thematic review assessed the quality of case management at four youth justice sites (YJ sites) for young people with dual care and protection and youth justice status. This means they were in care immediately prior to committing an offence serious enough to result in a placement in a YJ residence. These young people have complex needs alongside their offending and place additional requirements on YJ and C&P sites to work effectively together in order to achieve successful outcomes.

In total, across both thematic reviews, we visited 5 out of 58 C&P sites, and 4 out of 24 YJ sites.

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7. Source: Expert Panel Final Report: Investing in New Zealand's Children and their Families, December 2015, page 48 (from an unpublished 2014 data-matching exercise).

## WE VISITED SIX CYF RESIDENCES

Under our monitoring framework, we visit all nine CYF residences at least once every 18 months. Some of these visits are pre-arranged with the residence, and some are unannounced.

In 2015-16 we visited six CYF residences: four C&P residences (including one operated by an NGO approved under section 396 of the CYP&F Act and contracted by CYF to deliver residential services) and two YJ residences.

Three of these visits were unannounced spot visits, assessing the residences against New Zealand's international obligations under the *Optional Protocol on the Convention Against Torture* (OPCAT), and three visits were pre-arranged with the residences, assessing them against OPCAT and a wider range of domains under our general monitoring framework.

## WE ENGAGED WITH MORE THAN 60 CHILDREN AND YOUNG PEOPLE

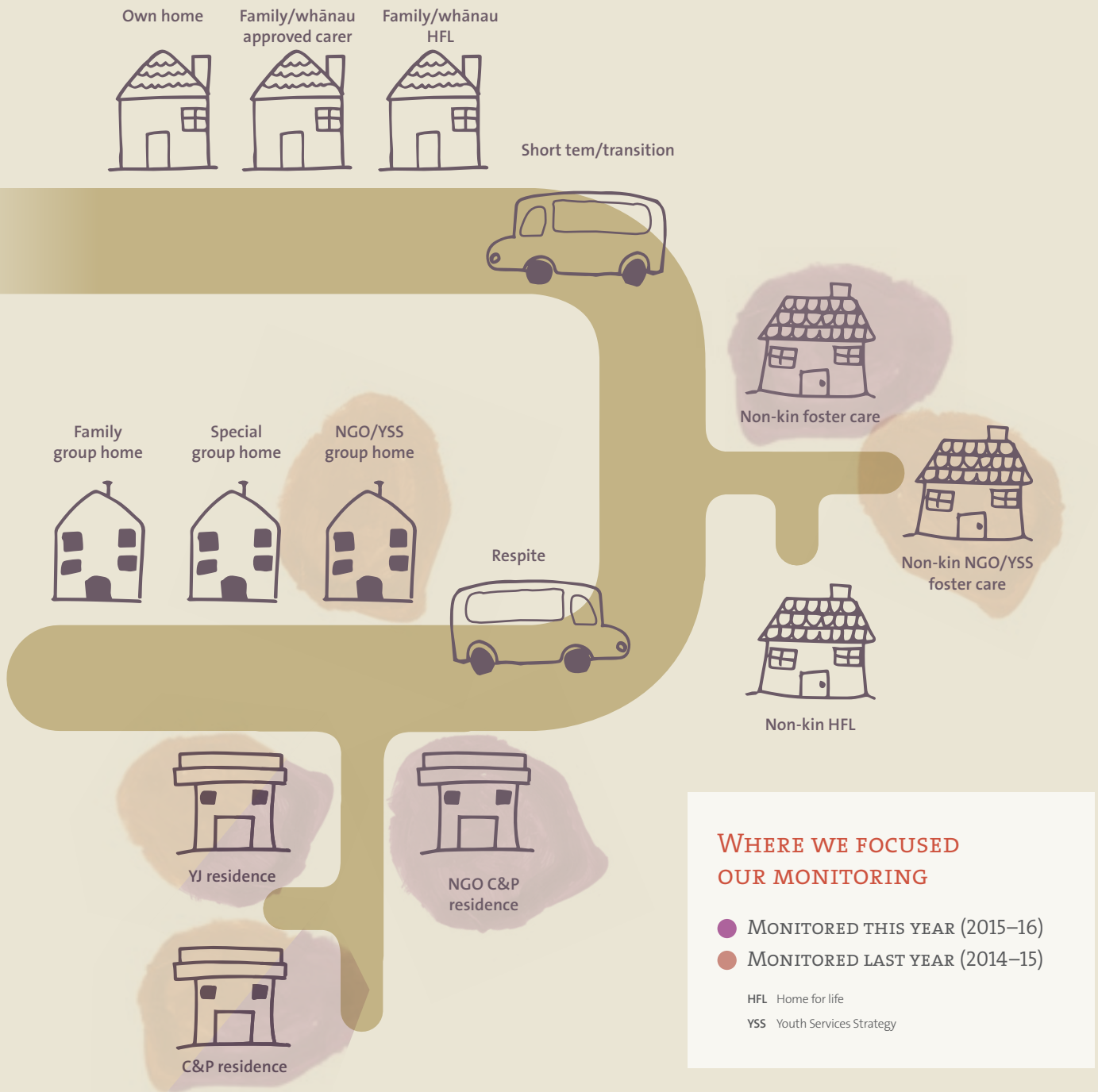
As part of all our monitoring work, we actively seek the views of children and young people about their experiences with CYF and the issues and decisions that affect them. This year we heard from more than 60 children and young people, the majority of whom identified as Māori, about their experiences with CYF. This included one-on-one interviews with 24 children in non-kin foster care and 13 young people with dual care and protection and youth justice status, as well as focus groups, interviews and surveys of 26 young people in CYF residences.

## WE HAVE MONITORED ONLY SOME PARTS OF THE SYSTEM

The following graphic shows the different types of placements children and young people in the care and protection and youth justice systems could be living in at any given time. The parts of the system that we have focused on in our 2015-16 monitoring reports are highlighted.



# Where a child could be placed\* by CYF



\*See Appendix 3 for more details

# Part 1: Our monitoring findings

## HOW WE MONITOR

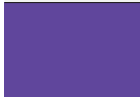




We fulfil our responsibility to monitor and assess CYF by visiting sites and residences, and by talking to staff, other community and agency stakeholders, family, whānau and caregivers, and children themselves. We assess aspects of care policy and practice against our monitoring framework.<sup>8</sup> Soon after our visits, we discuss our findings with the affected CYF sites and residences, and we follow up with subsequent visits, phone calls or video conferences to see how our recommendations are being progressed. We deliver our final monitoring reports to CYF and the Minister of Social Development.

Our monitoring framework is based on evidence regarding what works for children and young

people and practice experience. It captures the range of elements that we expect to see when an organisation is delivering consistent, high quality services that will lead to better outcomes for children and young people. Underpinning our framework are two key elements that are particularly important for improving outcomes for children and young people in New Zealand:

- The extent to which CYF listens to, communicates and involves children and young people in decisions that affect them.
- How well CYF delivers services that meet the needs of mokopuna Māori.

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.

8. Our full monitoring framework is available at: [www.occ.org.nz/our-work/state-of-care](http://www.occ.org.nz/our-work/state-of-care)



A well-functioning CYF site or residence should 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 in the identified areas. We consider orange 'minimally effective' and red 'detrimental' ratings to indicate the site or residence has failed that domain or sub-domain and would expect immediate action to address the identified issues.

## OVERVIEW OF MONITORING FINDINGS

The following table provides an overview of all our findings in 2015-16.

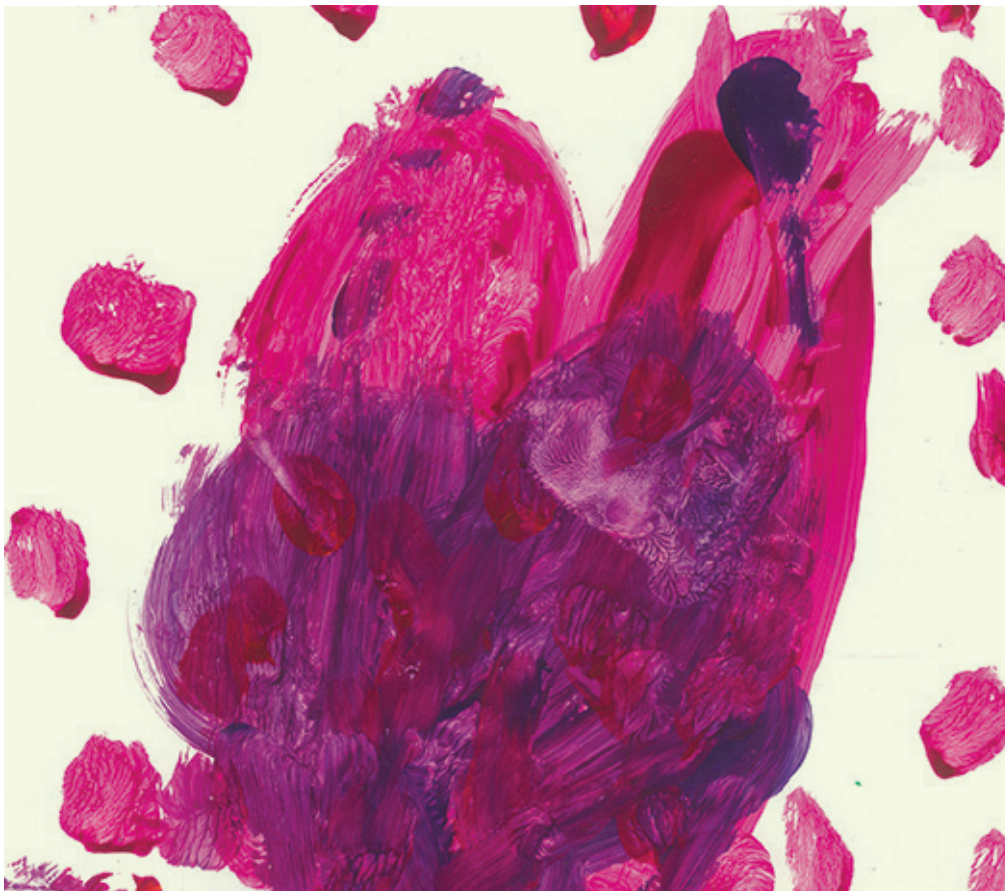
Overall, we found that the case management observed in the thematic reviews was variable: while there were developing and well placed findings, there were also many minimally effective elements, particularly related to

workforce development, supervision, culturally appropriate practice, and caregiver support service.

We observed some excellent practice in the residences, with some transformational elements related to two residences' material conditions and one residence's activities and contact with others.

However, for the first time, we have rated one residence with detrimental elements for the OPCAT assessment related to the treatment of young people.

We elaborate on these findings below by summarising the key themes that emerged from our two thematic reviews, followed by the main findings from our residence visits.



### OPCAT monitoring

As a National Preventive Mechanism (NPM) under the Crimes of Torture Act 1989, the OCC has responsibility for monitoring C&P and YJ residences to ensure their compliance with OPCAT. This role involves making sure children and young people are not being subjected to torture and other cruel, inhuman or degrading treatment or punishment. Our OPCAT monitoring assesses residences' performance against six domains:

- Treatment
- Protection system
- Material conditions
- Activities & contact with others
- Medical services and care
- Personnel

Anonymised aggregated ratings from our monitoring reports, June 2015 – June 2016

	TR1* (FOSTER CARE)	TR2 (DUAL STATUS)	R1 (YJ) OPCAT	R2 (YJ) OPCAT	R3 (C & P) OPCAT	R4 (C & P)	R5 (C & P)	R6 (C & P)
<b>Overall assessment</b>	Yellow	Yellow	Yellow	Green	Green	Green	Green	Yellow
<b>Leadership &amp; direction</b>	Yellow	Green				Yellow	Green	Green
• Purpose, direction and strategy	Yellow	Yellow				Yellow	Yellow	Green
• Leadership	Green	Green				Yellow	Green	Green
• Values, behaviour and culture	Yellow	Green				Yellow	Green	Yellow
<b>Operational management</b>	Yellow	Yellow						
• Systems & structures	Yellow	Yellow						
• Roles & responsibilities	Yellow	Yellow						
• Allocation of resources	Yellow	Green						
<b>People development</b>	Yellow	Yellow					Green	Green
• Workforce development	Yellow	Yellow					Yellow	Green
• Performance management							Green	Green
<b>Quality of social work practice</b>	Yellow	Yellow				Yellow	Green	Yellow
• Effective use of legislative, policy & practice frameworks	Yellow	Yellow				Yellow	Green	Green
• Supervision	Yellow	Yellow				Yellow	Green	Yellow
• Culturally appropriate practice	Yellow	Yellow				Yellow	Yellow	Yellow
• Quality investigation & assessment						Green	Green	Green
• Robust intervention practice	Yellow	Yellow				Yellow	Green	Yellow
• Access to complaints system	Yellow							
• Transitions between & from care		Yellow				Green	Green	Green
<b>Caregiver support system</b>	Yellow							
• Caregiver support services	Yellow							
<b>Partnerships &amp; networks</b>	Yellow	Green						
• Collaboration & partnerships with stakeholders	Yellow	Green						
<b>OPCAT domains</b>			Yellow	Green	Green	Yellow	Green	Yellow
• Treatment			Yellow	Green	Green	Yellow	Green	Yellow
• Protection system			Yellow	Green	Green	Yellow	Green	Yellow
• Material conditions			Yellow	Green	Green	Yellow	Green	Yellow
• Activities & contact with others			Yellow	Green	Green	Yellow	Green	Yellow
• Medical services and care			Green	Green	Green	Yellow	Green	Green
• Personnel			Yellow	Green	Green	Yellow	Green	Yellow

\*Note: TR = Thematic review; R = residence; YJ = Youth Justice; C&P = care and protection

## THEMATIC REVIEW FINDINGS: CYF'S CASE MANAGEMENT IS HIGHLY VARIABLE


We conducted two focused reviews on the quality of case management for vulnerable groups of children: children and young people living in non-kin foster care, and young people who had dual care and protection and youth justice status.

Across both reviews, we gave CYF's case management for these two groups of children and young people an overall rating of "developing". Our aggregated rating across both thematic reviews reflects the variable quality of case management we found at the sites. There were some pockets of strong performance, but there were also areas of concern, particularly across the C&P sites. We also found minimally effective elements in the wider CYF system.

	Developing:	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice.
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When we aggregated the findings and recommendations of our thematic reviews, a clear theme emerged that the elements that were missing from CYF's case management of these groups were those that would make it child-centred: upskilling the workforce to operate in child-centred ways, increasing staff cultural capability, giving children and young people the opportunity to have a say, resourcing CYF social workers and caregivers adequately to enable them to meet children's needs, and working together effectively with other stakeholders in children's best interests.

We have therefore framed our findings in this section around the missing elements of child-centred practice in CYF's case management, and how it could be supported to address these.



**Young people who have dual care and protection and youth justice status** were those young people on a care and protection order issued under section 101 of the CYP&F Act, who over the past 6 months, had been in a YJ residence (either on remand or a supervision with residence order) for a period of at least 14 days.

**Foster care** is the term used here to describe children living in non-kin foster placements on custody orders issued under section 101 of the CYP&F Act. These children have been removed from their family or whānau of origin and placed with caregivers who are not related to them. These children are formally in the custody of the Chief Executive of MSD.



### What does child-centred case management look like?

*Case management involves working collaboratively with others to oversee young people's plans and taking ongoing action to ensure young people's needs are met. **Child-centred case management** puts children at the centre of decisions, actions and practices that affect them. The child is not viewed in isolation, but rather within the context of his or her family and whānau who are fundamental to the child's wellbeing and connectedness.*

Social workers practising child-centred case management are always guided by what is in the **best interests of the child** or young person. They have **regular contact** with the children and young people for whom they are responsible and therefore **get to know them** well. They always know how their young people are doing and ensure they are **available when young people need them**.

These social workers **work in joined-up ways** with others to **identify children's needs** and collect information that will enable them to understand the potential impact of decisions and processes on children. They don't let disagreements between professionals block progress for young people but instead **work actively to resolve misunderstandings** and work out the best way forward. They ensure that **children and young people always have a say** in decisions that affect them. They genuinely involve children and young people and their families and whānau in planning for the future. Although what children ask for will not always be in their best interests, these social workers will always **let children and young people know what to expect** and communicate clearly with them any reasons why their preferences can't be accommodated. They will also always let children and young people know if plans change, and why.

They know that all children and young people need to experience warm, loving relationships and to have a sense of belonging. When appropriate, they facilitate safe ways for children and young people to maintain **meaningful, ongoing contact with their families** and whānau. They ensure that young people have adequate **opportunities to build their sense of identity** and develop **pride in their culture**.

When they cannot meet a young person's needs, they **refer them to other services** and make sure that children are successfully connected to the help and support they need. They **keep track of children's progress** and celebrate milestones with them. They **don't give up** when there are set-backs but continue to hold hope and encourage positive change.

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### **SOME ELEMENTS OF CHILD-CENTRED PRACTICE ARE PRESENT**

CYF has in place some aspects of both the top-down leadership and bottom-up practice components of child-centred practice. C&P and YJ sites do have a child-centred vision for children and young people in the groups we assessed and national office has provided clear policies and practice frameworks to support the associated work. Site staff generally understand what is required to provide high quality case management for children and young people in both groups. In general, leadership teams are well respected and social workers are committed to doing their best for children and young people. At the local level, sites have internal systems and structures in place intended to enable high quality case management of the children and young people in foster care and dual status young people.

Unfortunately, the national policies, local site structures and staff good will are not consistently translating into effective, child-centred case management on the ground. This was the case for both children in foster care and dual status young people.

### **CYF'S CASE MANAGEMENT IS NOT SUFFICIENTLY CHILD-CENTRED**

While social workers are generally meeting policy requirements to have face-to-face contact with children and young people at least once every eight weeks, we found large variability in social workers' ability to put children at the centre of decisions, actions and practices that affect them and consistently achieve child-centred case management.

As noted in *State of Care 2015*, CYF as an organisation has been geared towards risk management and ensuring safety, rather than delivering what children and young people and their families, whānau and caregivers need on an ongoing basis. This is consistent with what we have observed this year and with the findings of the EAP. Both C&P and YJ sites are stronger in their operational management and associated internal procedures than in their day-to-day case management. There is a lack of the right type of training and support provided by CYF for social

workers to effectively carry out their roles, and for caregivers to provide a safe, secure environment for children and young people.

To a large extent, site managers and staff are doing the best they can in an organisation that does not have the capacity and capability to deliver the child-centred case management necessary to meet children and young people's needs. There are many things that site managers would change if they could. For example, C&P site managers would like to reduce the caseloads of social workers, send their staff on more external training opportunities, and provide more support to caregivers. Similarly, social workers mostly do their best, but high care and protection caseloads and associated time constraints limit the effectiveness of the case management for both the children and young people in foster care and the dual status young people.

Such variable quality case management has a large impact on both groups of children and young people. We found children and young people in foster placements 'drifting' in care, without permanent placement goals and experiencing multiple placements. We know from numerous longitudinal studies that many of these children are likely to go on to commit offences, some on a trajectory towards imprisonment. Children and young people who experience unstable care arrangements are also at much higher risk of perpetuating the intergenerational cycle of disadvantage when they have their own children.

### **WHAT WOULD ENABLE CYF'S CASE MANAGEMENT TO BE MORE CHILD-CENTRED?**

Many elements of child-centred practice were absent from the C&P and YJ CYF sites we monitored, or present only in pockets. Our key findings provide clear indicators about the parts of the system that CYF should focus on to increase their ability to provide child-centred case management. For example, at the national level, CYF lacks an implementation strategy that is designed and resourced to build the capacity and capability necessary to deliver consistent child-centred practice. At the local level, there is insufficient listening to children and young people and prioritising of cultural competence.

Below are some of the elements of child-centred practice that our findings suggest CYF needs to pay more attention to, and which could provide the basis of a more child-centred system.

### **Prioritising engaging with children and young people, and supporting their wellbeing**

When case management prioritises engaging with and listening to children, children are happier and more likely to have their needs met. This includes involving them in decisions that affect them, having a good complaints system so that issues can be identified and rectified, and understanding their need for identity and belonging, including cultural connection.

### ***Listening to and involving children and young people and giving them a voice***

Central to a child-centred system geared to meeting children and young people's needs is really listening to children and young people. Unfortunately, this is not done well. CYF's 2014 workload and casework review identified the need for social workers to spend more time with children and young people. In our thematic reviews children and young people we spoke to frequently told us that they want to have more of a say in decisions that affect them. One young person's comments reflect his lack of involvement in planning:

*I can relax to a point... but it's becoming more long term without anybody talking to me... there's no discussion and there are no options or choices.*

All too often we heard about things happening to children and young people without social workers having taken the time to explain why. One young person said:

*My previous social worker told me I would go home at Christmas and then stay there but now there are complications... I don't get my hopes up too high when she said that, as social workers often don't follow through.*

Nor are children and young people consistently given the opportunity to have input into the direction and planning of C&P and YJ sites. Some sites have started holding forums with young

people as part of their annual self-assessment process, but many others are not doing this consistently. Children and young people have many good ideas for what sites can do differently to improve their experience of the system. We believe sites should provide children and young people with regular opportunities to inform service delivery priorities.

### ***Making the complaints system child-friendly***

A concerning related issue is that many children and young people in the groups we spoke to do not understand how to make a complaint about CYF. While children and young people in residences generally understand how to use the grievance system if they are unhappy about something, this is not the case for children and young people living with caregivers. In our first thematic review when we tested children's understanding of the complaints system, most of them responded that they did not understand how to make a complaint.

In the 2015-16 financial year (up until March 2016), CYF had received only two complaints from young people outside of residences. This is an exceptionally low number given what has been documented in *State of Care 2015* and by the EAP in its interim and final reports about the ways in which CYF is not currently serving children and young people well.

The complaints system for children and young people living with caregivers is not child-friendly. Young people's comments suggest they are heavily dependent on social workers advocating for them if something is not right at home. If a child's caregiver or social worker is not meeting their needs or responding appropriately to them, children and young people can easily become isolated and not know what to do. It is therefore vitally important that they know how to raise these issues and are provided with a safe, accessible and responsive mechanism to do so. It is a welcome development that the EAP has recognised the importance of independent advocacy for children and young people at individual and system levels, and the government is now in the process of establishing an independent advocacy agency to give effect to the voices of children and young people.



## Why is cultural competence so important?

Culture is an important aspect of identity. Cultural competence is a set of attitudes, knowledge and skills that affect the quality of social workers' practice with all children and young people. When we use the word 'culture' in this report, we are using it inclusively. CYF should aim to meet the cultural needs of all children and young people it works with.

That being said, our monitoring prioritises the assessment of cultural competence for working with mokopuna Māori because this group makes up a significant majority (61 percent) of children in the care and protection system.<sup>9</sup> This proportion is even greater in CYF residences, where up to 70 percent of the young people are Māori.

From a client-centred perspective, understanding the majority of its clients, and ensuring their needs are identified and met, should be a core part of CYF's everyday work. CYF's role as an agent of the Crown also creates specific responsibilities to work with mokopuna Māori in ways that honour *Te Tiriti o Waitangi* and its principles.

For mokopuna Māori, culture is a key element of identity that can influence their sense of belonging either positively or negatively. When children's cultural needs are met, their sense of belonging is enhanced. When they are disconnected from their culture, the opposite is true. Therefore Māori cultural competence is crucial in a child-centred system.

Children and young people may not always express a desire to be connected with their culture. This is usually related to their previous experiences and exposure to their culture, and whether that has been positive or negative. While offering access to cultural activities is important, it is not the only, or even the most important, element of ensuring children and young people's cultural needs are met.

For children of all cultures, taking a holistic approach to meeting cultural needs involves providing opportunities to see their culture positively depicted and respected by those around them, and providing the chance to learn more about their culture in a safe and supportive environment. The aim should be to enhance children and young people's understanding and attitude towards their culture, give them a sense of agency about their cultural identity, and increase their access to cultural activities and opportunities to connect with their culture.

Learning to work in culturally competent ways therefore requires more than providing access to cultural activities on request, or implementing practice frameworks and protocols. It also requires staff to understand their own underlying attitudes to culture, and to build their own awareness, skills, and knowledge.

### **Supporting psychological needs and cultural connections**

CYF generally does well at meeting children's need for immediate safety and ensuring their physical needs are addressed. However, a child-centred system would prioritise making sure that children's full range of social, emotional, and psychological needs are also met.

The comments of children and young people we spoke to over the last year reveal they have a strong desire to belong – at home, in their family, within their hapu and iwi, at school, and in their care placements. This sense of identity and belonging is fundamental to children and young people's psychological wellbeing. They need to feel loved and connected to the people important to them. CYF has not done well at prioritising these equally important needs alongside children's physical safety.

9. Footnote: in addition, 28 percent are Pākeha, 7 percent Pacific, and the remainder a mixture of Asian, European, and other ethnicities. See Appendix 2.

Culture is a key element of identity that influences young people's sense of belonging and connectedness. Our monitoring over the last year has shown that the majority of sites could do much more to work in culturally appropriate ways with mokopuna Māori. There is inadequate understanding across C&P and YJ sites of the importance of culture to children and young people's wellbeing, and many staff treat culture as a 'nice to have' rather than as integral to children and young people's sense of belonging and connectedness. Inadequate attention to building culturally appropriate practice means that children and young people are not given sufficient opportunities to build their sense of identity, develop a sense of pride in their culture, or achieve self-actualisation and fulfilment.

### **Investing in what children and young people need**

Across both thematic reviews, we found that tightly constrained staffing and operational budgets available to C&P sites are a barrier to child-centred decision making and are not enabling site staff to consistently meet the needs of children and young people. When children and young people's needs are not adequately met early in their care and protection history, these needs can compound and affect behaviour and wellbeing. Without adequate support, caregivers often struggle to manage the challenging behaviours of young people in their care. As a consequence, caregivers' ability to provide a safe, secure environment for children and young people is compromised and placements often break down. The majority of children and young people we spoke to had experienced multiple placements. This is not unusual. By the age of eight, children in care will have experienced on average seven to eight placement changes.<sup>10</sup>

### **Reducing high care and protection social worker caseloads**

At the C&P sites we visited, the reported caseloads for care and protection social workers (who work with the children and young people) ranged from 15-30 cases and for caregiver social workers (who work with caregivers) from 40-60

cases. These caseloads are too high to undertake the intensive and often time-consuming work required to meet the complex needs of vulnerable children and young people. There is just not enough time available for care and protection social workers to achieve high quality child-centred case management.

Staff resourcing issues at the C&P sites have negative flow on effects for the YJ sites, particularly related to the management of dual status young people. Across most of the YJ sites, we found resource allocation is generally flexible and caseloads are reasonable, reportedly ranging from about 7-10 cases per youth justice social worker. However, YJ social workers often reported difficulties getting hold of their care and protection colleagues to collaborate and share information to meet the needs of children and young people.

### **Funding more services to meet children and young people's needs**

The operational budget for purchasing both basic and specialist services is inadequate to meet children and young people's needs. Comments we heard from site managers, staff, caregivers and key stakeholders lead us to conclude that operational budgets for C&P sites are so tight that it is very difficult to get funding for services that some consider are basic health, education and recreation supports. We found the most commonly unmet needs for children and young people were for the following:

- Support for children and young people to deal with the impact of previous trauma and develop their ability to self-regulate their emotions via either counselling or psychotherapy.
- Support for children and young people with particular learning needs to receive the education tuition or teacher aide support they need.
- Support for children and young people with disabilities to receive timely wrap-around care and services needed to sustain them in their placements.

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10. Source: *Expert Panel Final Report: Investing in New Zealand's Children and their Families*, December 2015, page 43 (from an analysis carried out on CYF data in 2014).



### ***Providing more training and support for caregivers***

Similarly, the operational budget is insufficient to provide active and regular support, training, information and advice for families, whānau and caregivers. At all C&P sites, we heard about families and whānau not receiving the therapeutic support needed to make meaningful changes or to enable children and young people to transition home successfully.

Consistent with the EAP report, we found the biggest gap for caregivers is the limited professional support they receive to manage the complex behavioural, emotional and mental health issues of children and young people in their care. Caregivers who have mokopuna Māori placed with them also need more guidance and support to promote children and young people's understanding of whakapapa in a way that identifies and strengthens their connection with whānau, hapu and iwi. Although caregiver social workers support caregivers as best they can, their limited time and skills in some areas have led to some caregivers having low expectations. One caregiver said:

***You can talk to caregiver social workers but they can't actually do anything for you.***

During our thematic review on children and young people in foster care, we found a significant unmet need for respite care to provide caregivers with temporary relief from the demands of their caregiving responsibilities. Across both thematic reviews, we heard frequently about care placements breaking down due to inadequate support and respite care. Inadequate resources for caregivers contribute to an overall lack of stable, high quality care placements for children and young people with complex needs.

### ***Funding more community placements***

A significant challenge identified in our monitoring was the lack of suitable community placements for young people who have offended. This is a contributing factor to the high number of young people being placed in YJ residences while on remand and some young people being locked up for offences that would not trigger a custodial remand for an adult offender. The result is that these young people may be dislocated from their families and communities, often for months at a time when their needs would be more appropriately met in high quality community placements.

### ***Removing barriers to accessing funding***

Procedures to secure funding are also barriers to child-centred decision making, particularly at C&P sites. Many expenses associated with social workers' case management for the two groups are at the discretion of site managers, but there is uncertainty at some C&P sites about the criteria site managers use to make funding decisions. Many care and protection social workers we spoke to in our second thematic review have the perception that they cannot access sufficient resources for young people in care who are committing 'low level' offences until their offending gets serious enough for Police to refer the young person to a youth justice FGC.

In addition, funding does not follow children and young people when they are transferred to a new C&P or YJ site so all funding that is considered 'additional' (such as for a teacher aide) has to be reapplied for by the new social worker. The significant variability we observed in social workers' time, capacity, capability, and diligence to write business cases to secure funding means that some children and young people and their families, whānau and caregivers receive the support they need, while others miss out.

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**Having highly skilled, culturally competent social workers**

When social workers are not responding appropriately or meeting children and young people's needs, the system does not prioritise a child-centred response.

***Prioritising cultural competence for working with mokopuna Māori***

There is a lack of coordinated activity and resources to build cultural competence across the CYF workforce. We found there is virtually no formal, cultural supervision in place across either C&P or YJ sites. With a significant majority of children and young people in the care and protection and youth justice systems being Māori, priority to developing staff's cultural capability in a regular, systematic way is critical. Without this, CYF interventions and placements do not consistently address cultural needs which are fundamental for children and young people to develop their own firm sense of identity, pride and belonging.

***Providing more training and professional development for social workers***

Our monitoring in the last year has revealed there is no consistent message across sites about the professional practice or social work knowledge and skills required to successfully achieve early, permanent placements for children and young people in the two groups we looked at.

It is not surprising then that there is a lack of training and professional development for social workers in the knowledge and clinical practice skills needed to meet the needs of the groups we monitored. We found there is varying understanding amongst social workers about what it means to work in child-centred ways. Social workers must often work out for themselves how to successfully engage with and listen to children and young people, and then be able to weigh different factors to make professional judgements about the response that will be in the best interests of the child. There is also variable understanding in other areas that should be considered basic building blocks, such as child development, child attachment, and child behaviour management, let alone in the latest thinking, frameworks, and therapy models to


manage complex young people with histories of significant attachment disruption and trauma. At many C&P and YJ sites we visited, social workers expressed a desire for more training in such areas.

Similarly, we found that caregiver social workers are not typically trained in how to be effective coaches for caregivers managing the behavioural and emotional issues presented by children and young people. Compounding issues for young people with both care and protection and youth justice status, social workers we met with reported to us that YJ social workers lack knowledge of the care and protection system, and vice versa. Even more worrying, there does not appear to be any workforce development plan in place to upskill social workers in the above areas, and no budget to enable social workers to attend external training.

Another consistent theme from our visits to C&P and YJ sites is a lack of regular supervision where social workers have opportunities for critical reflection to inform their practice development. On the basis of our evidence, we conclude that social workers do not receive enough of the right type of support to improve the quality of their case management practice.

***Increasing support for performance management***

Under-performing staff can have a large impact on children and young people's wellbeing, but currently there is a lack of active performance management of under-performing staff at C&P and YJ sites. Under-performing staff need appropriate support from supervisors and opportunities to improve their practice. If poor practice continues, managers must follow the formal performance improvement plan process. However, C&P and YJ sites lack the capacity to manage performance issues efficiently and effectively. This means that negative impacts on children and young people can be prolonged and exacerbate existing trauma.



## ***Te Toka Tumoana*: The Indigenous and Bicultural Principled Framework**

*Te Toka Tumoana* provides guiding principles for working responsively with Māori. However with no resourced implementation plan, work to implement *Te Toka Tumoana* so far has been limited. This has resulted in variable uptake across sites and minimal organisational performance improvement for mokopuna Māori and their whānau. At the time of writing, *Te Toka Tumoana* had not been published on CYF's online practice centre for staff to access, however we understand this is in progress.

Notwithstanding these limitations, *Te Toka Tumoana* is a promising development. Trials are in place across five sites in two different CYF regions. We visited one of the trial sites as part of our monitoring in the last year but, at the time, it was only in the beginning stages of implementing the framework.

The trials are focussing on gathering evidence of what works for Māori and will support building readiness for implementing the new framework nationally, through giving attention to:

- **Individual staff readiness:** individual staff build their awareness, understanding and skills that promote the importance of culture and the need to support mokopuna Māori to build a positive identity.
- **Site readiness:** site managers and leaders of practice strengthen the systems and enablers that build an engaged workforce committed to applying *Te Toka Tumoana* principles in their work, including building relationships with local iwi, Māori NGOs and the wider Māori community.
- **Regional readiness:** regional directors and their operations managers identify developmental needs and gaps and find ways within existing resources to support site readiness and monitor developments in service effectiveness for mokopuna Māori and whānau.

In addition, practice leaders from the five trial sites are working together to develop practice guidance for applying the principles of the framework at each key decision-making point in CYF's intervention for mokopuna Māori and whānau.

The trials are an important start. They are based on the premise that when individual staff, their sites and their regional office all commit to developing the cultural awareness and understanding required to respond effectively to mokopuna Māori and whānau, attitudes and behaviours will shift. This has the potential to create an organisational culture where achieving culturally competent practice will become the norm. Early indications suggest that the trials could result in improved outcomes for mokopuna Māori, through committed regional and site leadership and a willingness to reprioritise some existing regional resources. However without sustained leadership commitment, organisational effort and additional resources, we believe that most mokopuna Māori and whānau who are currently in the statutory system will not experience the benefits inherent in the implementation of *Te Toka Tumoana*.

In parallel to *Te Toka Tumoana*, CYF has recently developed a cultural framework for working with Pacific children and young people, called *Va'aifetu*, which is being trialled in several locations.



### Best practice example: excellent cultural practice

During our thematic review on the quality of YJ sites' case management of dual status young people, we found examples of effective cultural practice with mokopuna Māori. One site works in a tikanga based way and describes its social work practice as “*working with young people within a whānau focus*”. At this site, we found the following elements were supporting good cultural practice:

- Staff operate with mokopuna Māori at the centre and within a whānau focus.
- The YJ site manager and staff have a clear vision for mokopuna Māori and are passionate about young people having a positive cultural identity and a clear sense of belonging within their whānau, hapū and iwi.
- Staff take collective responsibility for integrating tikanga Māori into their daily practices and processes, and they see themselves in the service of young people, whānau and the community.
- As most staff at this site are Māori, they are able to practice tikanga Māori in culturally authentic ways. Non-Māori staff become immersed in the tikanga approach and are supported to build their cultural capability and confidence by their Māori colleagues.
- Staff are confident and comfortable in making cultural connections for mokopuna Māori and their whānau. They focus on strengthening whānau to grow their ability to mentor and support their young people.
- Staff view iwi and Māori social services as the experts on engaging with Māori in their community. They have the confidence of local Māori providers and have worked alongside them to develop culturally appropriate programmes for young people.

### Working collaboratively in the best interests of the child

In both our thematic reviews, we found there is not enough joined-up working to meet the needs of both children in non-kin foster care and dual status young people. There are often tensions between the different groups of CYF staff whose coordinated input is essential to achieving good outcomes for children and young people.

In our first thematic review, we found differing views between care and protection social workers and caregiver social workers regarding what is in the best interests of the child. These tensions are most pronounced when the two groups of social workers are not aligned in seeing the child as their main client.

In a child-centred organisation, there should be no doubt that although caregiver social workers work directly with caregivers, they do so in order to maximise the best interests of the child by supporting caregivers to meet the child's needs. Across most C&P sites we visited, we found examples of care and protection and caregiver social workers working against each other due

to non-aligned objectives. For example, tensions can arise over the level of contact children and young people have with their family or whānau of origin. These visits can be difficult for caregivers, particularly if the child's behaviour becomes more challenging after a visit, as can sometimes be the case. If the caregiver social worker sees the caregiver as their main client, they may support the caregiver to limit the child's access to their family or whānau to minimise this disruption. Yet this often works against the child's care plan and undermines their rights to maintain contact with their family and whānau. Unfortunately, most sites do not have consistent, effective systems in place to enable staff to come together, share information and work through these kinds of differences in the best interests of the child.


Similarly, in our second thematic review, we found there is no robust system in place to support a consistent interface between YJ and C&P sites. If offending is serious enough, Police refer young people to YJ sites for an FGC. When these young

people also have care and protection status, the referral to a youth justice FGC usually triggers a case consultation designed to bring youth justice and care and protection staff together to share information. Initial decisions regarding whether the youth justice or care and protection social worker will take the lead for dual status young people are appropriately made on a case by case basis, depending on the young person's relationship with their care and protection social worker and/or the length of time they are expected to spend in the youth justice system.

However, ongoing information sharing and joined-up working between youth justice and care and protection social workers is required for effective case management. In practice, we found significant variability in the level of ongoing contact and collaboration between youth justice and care and protection social workers. There was even less systematised contact between youth

justice and care and protection social workers for children and young people with care and protection status whose offending was not yet serious enough to trigger a Police referral to a youth justice FGC. When C&P and YJ sites do not collaborate closely, tensions go unresolved and important information is not adequately used to inform service decisions. As a result services for children and young people in the cohort are poorly coordinated, more subject to delays, and generally less child-centred.

For both C&P and YJ sites, we observed there is insufficient proactive partnering with key external stakeholders to enable coordinated, joined-up services around children and young people in the two groups. Sites' collaboration and communication with key stakeholders was variable, and there was a lack of systematic consultation to share information and develop joint plans.



### **Best practice example: high quality youth justice case management of dual status young people**

During our thematic review on the quality of YJ sites' case management of dual status young people, we found examples of excellent child-centred case management. One YJ site stood out due to the consistency of its interface with its partner C&P site. At this site, we found the following elements were supporting good practice:

- A joint youth justice/care and protection plan has been developed to support the goal of consistent, collaborative, cross-site practice between the YJ site and their partner C&P site.
- The YJ manager works closely with the C&P manager at their partner C&P site to model collaborative cross-site relationships from the top.
- The YJ social workers operate as a joined-up team with colleagues from their partner C&P site. The YJ and C&YP social workers take shared responsibility for developing plans and providing coordinated support and care to dual status young people, their families and whānau, for example by both attending FGCs and Court hearings. This YJ site has a mantra of "one team, one approach".
- There is a strong Māori roopu (group) who are viewed by management and staff as integral to achieving effective practice with dual status mokopuna Māori. This group has expertise in tikanga Māori and is well connected with Māori communities who provide essential support to this group of young people.

## RESIDENCE FINDINGS: MOVING IN THE RIGHT DIRECTION FROM DIFFERENT STARTING POINTS

We visited six out of nine CYF residences: four of these were C&P residences and two were YJ residences. One of the C&P residences is run by a contracted NGO provider under section 396 of the CYP&F Act. Three of our visits were unannounced where we examined CYF's compliance with the six OPCAT standards. The other three announced visits covered OPCAT assessment plus other aspects of the quality of CYF's performance.

We wanted to see if CYF residences are safe, and whether children and young people are receiving care and services that meet their day-to-day needs and support them to heal, recover and change harmful behaviours in the longer term.

Our overall rating of the quality of CYF residences' care and services for children and young people is "developing with well placed elements". This rating represents our aggregated rating for both our general and OPCAT monitoring. We found that CYF residences are safe, but there is variability in their ability to meet children and young people's day-to-day needs, and only a few are practicing in a way that could enable young people to heal, recover and change harmful behaviours.

		Developing with well placed elements::	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice. Well placed elements in some residences with strong performance, strong capability, and consistent practice.
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We are encouraged that despite having different starting points, both C&P and YJ residences now seem to be moving in the right direction, towards more child-centred care. They are doing this by creating more therapeutic environments for children and young people. Residences have some very promising building blocks in place that will provide a firm foundation for future changes. All four C&P residences we monitored in the last year have adopted therapeutic practice models that take a child-centred, trauma-informed approach to treatment and care. This is an encouraging improvement since our last State of Care report.

However, each C&P residence is using a different therapeutic model and there is a lack of capacity and capability in residences to ensure consistent, effective implementation of the models. Staff need a better understanding of how these practice models relate to their residence's vision, and more training, supervision and both cultural and clinical support to embed new ways of practising. These findings are elaborated on below.

### Role of care and protection and youth justice residences

There are five C&P and four YJ residences in New Zealand. They are designed to be safe and secure places where some children and young people live when they are in CYF care.

A child or young person might stay at a **C&P residence** if they can't live safely in a family or community placement for a while. This might be the case when their actions are putting themselves or others at serious risk of harm.

A young person may stay at a **YJ residence** if:

- They have been arrested by the Police and put in the care of CYF until they go to Youth Court.
- They have been remanded by the court and need to stay at a residence until the court deals with the case.
- They have been sentenced by the Youth Court for a period of between three to six months.



## What is trauma-informed care?

Trauma-informed care is an organisational structure and treatment framework that involves understanding, recognising, and responding to the effects of trauma.

Trauma disrupts healthy child development, adversely affects the security of children's attachments and relationships, and contributes to young people's mental health issues, including anxiety, depression, substance abuse, and conduct problems.

To provide trauma-informed care to children and young people involved with CYF, professionals must understand the impact of abuse and neglect on child development, including children's view of themselves and others, and learn how to effectively minimise its effects without causing additional trauma.

For mokopuna Māori, trauma-informed practice also takes into account the impact of colonisation on Māori – for example the severed ties with whakapapa, the separation from language, the loss of identity – which have all contributed to the disadvantages that Māori experience today. We would therefore expect a trauma-informed approach for mokopuna Māori to include cultural interventions required to move young people towards 'ora' or wellbeing.

## RESIDENCES ARE SAFE

CYF residences are generally safe for children and young people. At the time of our visits, we had confidence that four of the six residences were providing a safe environment for children and young people.

One YJ residence was not compliant with the OPCAT conditions. This residence received a rating of detrimental elements related to the treatment of young people – the first time we have given such a rating.

At the time of our visit, we had significant concerns about the safety of the environment for young people and staff at this residence. A constellation of factors had left care staff struggling to manage young people's challenging behaviour consistently and effectively. As a result, young people were acting out more and there were a relatively high number of incidents, with high use of staff restraints and secure care. The leadership team was struggling with many inter-related issues related to staff capacity and capability and a lack of suitable activities for young people to engage in.

One other residence was struggling with leadership and practice issues and also had an unsettled environment for young people and staff.

We raised our concerns about both residences with CYF national office and the residences

themselves, and have monitored their response closely. Subsequent follow-ups confirm that concrete steps have been taken to address our recommendations and we are now satisfied that both residences are back on track. We will be monitoring these residences closely in the next year to ensure progress continues to be made.

### Residences' grievance system is working

The protection system in place at the residences we visited is sound. The rules, regulations, and grievance process are explained to young people upon admission, and care staff hold regular sessions with young people to reinforce these. Encouragingly, young people we spoke to generally understood the rules, regulations, and grievance process.

*Whaia Te Maramatanga*, CYF's revised grievance process, is now fully implemented at all the residences we visited. Under the new system, residence staff are starting to receive more 'suggestions' that would previously have been grievances.

Importantly, most young people we interviewed reported they feel safe to make a grievance or suggestion. They know they can ask for a youth advocate to help them make a grievance, although this rarely happens in practice. We think this is because youth advocates do not

### What is the purpose of YJ residences?

In the past, YJ residences struggled to define whether their primary purpose is to control and contain young people or to care for them and provide services that support their wellbeing and recovery. At present, young people are still being detained in YJ residences to hold them accountable for their offending. At the same time, YJ residences are moving towards creating more therapeutic environments that are more likely to prevent future offending.

have sufficient engagement with residences for young people to establish relationships with them. Instead, young people turn to trusted staff members to help them to make grievances. In the current financial year (up until 31 March 2016), young people in residences made a total of 599 grievances. The vast majority of these were investigated within the compulsory two week time frame. Most of the young people we spoke to in residences also know they may request the residence's Grievance Panel to investigate further if they are unhappy with the outcomes of an investigation into their grievance. As of 31 March 2016, young people had made 35 requests for a Grievance Panel to review their grievance. This represents only 6 percent of all grievances made, suggesting that most young people are satisfied with the outcome of the initial investigation into their grievance.

Finally, young people may escalate their concerns to the OCC if they are still unhappy after the Grievance Panel has reviewed their grievance. Understanding of this option has improved. We have seen an increase in the number of grievances escalated to us – from one in 2014-15, to seven in 2015-16. This may be due to young people viewing the new videos which explain the whole grievance process, introduced through *Whaia Te Maramatanga*.

### Young people have good access to basic health services (but not always to the specialist services they need)

We are confident that young people have good access to basic health services while in residence. Physical and mental health needs are met by onsite health teams made up of nurses and visiting general practitioners. However, we saw a

difference in access to specialist mental health services between C&P and YJ residences for young people with serious mental health issues. Young people in YJ residences now have good access to Regional Youth Forensic Services, whose staff now provide in-reach services to both of the YJ residences we monitored. One of these YJ residences has set aside space to enable the youth forensic team to spend some time co-located at the residence. Such arrangements enable complex mental health needs of young offenders to be addressed.

Unfortunately, specialist mental health services are not as easily available to young people in the C&P residences we monitored. Although C&P residences' clinical and health teams undertake assessments and do what they can to address serious mental health issues, their ability to successfully treat young people with serious mental health issues often depends on their relationship with local specialist Child and Adolescent Mental Health Services (CAMHS), managed by district health boards. We reported in *State of Care 2015* that the quality of relationships between CYF and CAMHS is variable around the country, and this remains the case. Only one of the four C&P residences we monitored was receiving regular in-reach services from their local specialist mental health services. This gap in the ability of C&P residences to meet the needs of young people with serious mental health problems is a significant problem, given the number of children and young people in C&P residences with complex mental health issues.

### The physical environment in residences is adequate but not child- or youth-friendly

Material conditions at most residences are adequate, but most YJ and C&P residences have an institutional feel that is not particularly youth-friendly or home-like. Many secure units, even at C&P residences, are prison-like and unwelcoming. The majority of residences are marked with numerous tagging on the walls and scratching in the windows. In addition, we have found problems with broken air-conditioning units, windows and gates. Such physical environments might be safe, but are not conducive to the therapeutic environment that residences are increasingly aspiring to provide.



While CYF operates the residences, they are maintained and upgraded by MSD's property services. A key part of the issue is the slow response time by MSD's property services to upgrading the youth residences. We understand that MSD is working on developing a 10 year asset management plan, where all residences are on a schedule to be upgraded. However this does not help residences that need a fast response to fixing a material issue or improving their environment. We appreciate the relatively high costs associated with regular upgrading of residences, but we believe it is vital that whoever is responsible for maintaining the physical conditions of the residences must be able to respond in a timely way and understand how to create youth-friendly environments.

Relatively small changes and upgrades can make the residential environment significantly more child-friendly. For example, two residences achieved 'transformational elements' ratings for their material conditions. One of these had converted relatively stark 'time out' spaces to quiet withdrawal or sanctuary spaces for young people. Young people at this residence perceived the use of this space as supporting their wellbeing rather than as a place of punishment. The other residence had redecorated one unit with bright colours, patterns and motifs likely to appeal to young people.

### **THERE IS VARIABILITY IN RESIDENCES' ABILITY TO MEET CHILDREN AND YOUNG PEOPLE'S DAY-TO-DAY NEEDS**

Residence staff work hard to meet children and young people's day-to-day needs and, on the whole, young people are treated well. While some care and services important to young people's day-to-day lives are consistently done well across the residences, there is considerable variability in other areas, as described below.

Across all six residences we monitored, staff relationships with young people are generally warm, positive and engaging. This was less the case at the YJ residence that received a rating of detrimental elements for their treatment of young people; however even at this residence, we observed many positive interactions between care staff and young people.

All six residences provide young people with access to a range of physical, cultural, spiritual, life skills, and creative programmes. The range of activities was more limited at the residence that received a rating of detrimental elements, but, in general, residence programme coordinators and care teams ensure that young people can choose to participate in a number of interesting and engaging activities designed to promote skill development and prevent inappropriate behaviour.

Young women generally have different preferences and needs to young men, so a youth-centred approach to designing and selecting activities and programmes should result in a different mix of activities and programmes in residences with female units. One of the YJ residences we visited had only recently opened a unit for young women and was still adapting to the change. The other YJ residence we visited, which has had its unit for young women in place for longer, could put further thought into how to ensure a youth-centred approach for tailoring activities and programmes for young women.

We also found that across most residences, young people have reasonable access to their families and whānau. Young people can make a daily phone call of up to 10 minutes to approved family or whānau members, and family and whānau are often supported to visit their children in the residences.

However, across the six residences, we found considerable variability in care staff's responses to young people's challenging behaviours. This was a particular issue at the two residences where there were unsettled environments. Young people are sensitive to inconsistent practices. Inadequately supported staff tend to react in one of two ways to young people's challenging behaviour: either ignoring and letting young people get away with inappropriate behaviour, or over-reacting and coming down too heavily. Such inconsistent behaviour management can frequently lead to more acting out and challenging behaviours by young people. This in turn can escalate to a safety issue for both young people and staff, as had happened at the YJ residence that received a rating of detrimental elements for their treatment of young people.

### **WHAT WOULD ENABLE RESIDENCES TO CONSISTENTLY MEET THE DAY-TO-DAY NEEDS OF CHILDREN AND YOUNG PEOPLE?**

We made a range of recommendations over the past year to address the issues we identified in our monitoring. Below we summarise the key areas from our monitoring findings that would enhance CYF's ability to more consistently meet the day-to-day needs of children and young people in CYF residences.

#### **Supporting staff to understand how their day-to-day care helps achieve their residence's vision**

Staff need more help from their leadership teams to understand how their day-to-day care is related to their residence's vision for children and young people. The leadership teams at all the residences we visited are generally capable, well-respected by staff and stakeholders, and responsive to concerns raised. A positive trend is for residences to include onsite health and education personnel as part of their leadership teams. This is benefitting young people as it enhances communication between the different agencies and improves the level of joined-up working for young people's care and support.

Members of the leadership teams at all three C&P residences where we specifically assessed leadership and direction could articulate a vision that involved creating a safe environment for children and young people and moving further towards child-centred care, informed by understandings of both attachment and trauma. These three residences also had relatively clear priorities, relevant to achieving their vision.

However, all three of these residences faced barriers to realising their goals. Two were in the early stages of implementing their practice models and one was trying to refresh an older model. A key barrier to achieving residences' visions is a lack of common understanding amongst staff about their residence's model of care and how to operationalise it. Staff will need clear, ongoing communications from leadership teams to improve their understanding of their residence's vision for children and young people and, perhaps more importantly, their understanding of how their day-to-day care and interactions with young people have a key role in helping their residence to achieve the vision.

#### **Attending to the importance of culture**

There is significant variability in cultural capability between the residences we visited, and plans to build Māori cultural capability are vulnerable to competing priorities. Half of the residences we visited provided only limited opportunities for young people to participate in cultural activities, and made few additional efforts to build young people's sense of identity and belonging.

We know from our surveys and interviews that many young people in CYF residences indicate they are not interested in learning more about their culture. Residences which understand the importance of culture to wellbeing do not simply give up at this point, but keep the conversation alive with young people, seeing a period of time in a CYF residence as an opportunity to provide positive exposure and encouragement to engage with tikanga Māori.

Two of the three C&P residences where we specifically assessed leadership and direction had a clear vision for mokopuna Māori and were committed to delivering culturally responsive services. Both of these residences had plans in place for building Māori cultural capability and staff could access cultural supervision and advice from cultural leaders. One of these residences was in the process of developing a kaupapa Māori unit to support the cultural development and wellbeing of mokopuna Māori.

However, at both residences, the success of plans to build cultural capability rested heavily on a few key Māori staff who play cultural leadership roles and hold the main relationships with local iwi. These plans are therefore vulnerable to competing priorities on the time of these staff, and to staff turnover.

At the third residence there was no evidence of a vision or strategy for responding effectively to the cultural needs of mokopuna Māori. Without such a vision or plan, staff do not develop the cultural knowledge or skills that would enable them to connect young people to their culture and build their confidence, self-esteem and sense of belonging.

#### **Engaging authentically with young people**

Most residences we visited were giving young people opportunities to engage with leadership

and have a voice in residences' activities and direction. Fortnightly Youth Councils and weekly unit meetings are two forums where young people have opportunities to give feedback to staff, make suggestions, express their views, and voice concerns. The one residence that did not have such youth forums in place was actively organising to get them started. These opportunities are important, as they have the potential to empower young people and give them a say in their residence's direction. In our experience, young people have many good ideas for how residences can better meet their daily needs.

Unfortunately, at more than half of the residences we visited, young people we spoke to were not confident that their views had resulted in any changes at their residence. This highlights the importance of not only holding such youth forums, but also closing the feedback loop and letting young people know how their ideas and suggestions have been acted upon or addressed. It is equally important to let young people know if their suggestions cannot be acted upon, and why. As young people see how their input influences management or the residence's direction, they develop a sense of efficacy in their own ability to change their environment for the better.

### **Building care staff capability and capacity**

As stated earlier, we found variability in the quality and consistency of care practices at the residences we visited, particularly related to care staff's management of young people's challenging behaviour. This is partly due to a lack of the right type of staff training and supervision to deliver effective services to children and young people with high and complex needs. Inconsistent care practices contribute to a higher number of incidents in which staff use force or restraints. Young people become frustrated, act out further and, in turn, staff confidence decreases and anxiety increases.

### ***Providing ongoing training to work in a high needs environment***

There is much more residences could do to deepen staff's understanding of trauma-informed care and the relatively sophisticated therapeutic models now being implemented. Across all residences, new staff receive a good general induction over their first two to three weeks at the residence. This

typically includes: training in non-violent crisis intervention; first aid; the residence's care environment; and, in C&P residences, an introduction to their therapeutic practice models. Most care staff also participate in training modules on the structured day in a CYF residence, operational practice, and strengthening engagement with young people. After their induction, care staff typically receive refresher training in these and other relevant areas during practice clinics which are held on office days once every three weeks.

Unfortunately, this training is not sufficient to provide care staff with a full understanding of the behavioural and emotional issues of the young people in their care. As residences adopt trauma-informed therapeutic models to guide their practice, we are starting to see better understanding amongst care staff about the significant impact that abuse, neglect and other traumas (including disruptions to attachment) have on children and young people's development.

However, care staff are not getting the training and support they need to successfully operationalise their residences' therapeutic models. We do not expect care staff to deliver 'therapy' to young people. Nevertheless, it is vital that they respond consistently and effectively to challenging behaviour and the complex dynamics between young people in a manner informed by the residence's underpinning practice model. This requires senior staff and case leaders to provide more coaching and modelling on the floor to help embed the learning, along with regular supervision that gives staff the opportunity to deeply reflect on their practice with young people and set new practice goals for themselves.

### ***Increasing access to professional supervision***

The lack of professional supervision for care staff in CYF residences identified in *State of Care 2015* remains a significant issue in the monitoring we did this year. Team Leaders Operations (TLOs) are responsible for providing supervision to care

### **Residence staff**

CYF residences have two main teams:

**Care teams** are predominantly made up of youth workers with limited formal qualifications who take care of young people's day-to-day needs.

**Clinical teams** are usually made up of qualified practitioners who are responsible for assessing young people and associated intervention planning.

In most residences, each young person is assigned a key care worker from the care team and their own case leader from the clinical team.

staff, but the high ratio of care staff to TLOs makes regular individual supervision impossible. Residences usually provide group supervision to care staff once every three weeks (during their office days). This is insufficient for staff trying to learn and embed new practice skills. The situation is further exacerbated by residences employing many care staff on a casual basis. Casual care staff fill in whenever permanent care staff are away or on sick leave. These casual staff often have fewer qualifications than permanent care staff but typically do not attend office training days or receive any formal supervision.

To its credit, one residence had gone the extra step of contracting in four hours per week of external supervision for all care staff to access as they needed. This had gone some way to ensuring staff had one-on-one supervision following an incident or when they perceived there was an issue. Part of the change needed across all residences is to ensure that supervision is available proactively and that staff see the value in accessing regular supervision to help embed new skills and practice. For this to be possible, residences need to find ways to grow their new skills and reflect on their practice.



### **What is professional supervision?**

Professional supervision is a process through which a supervisor enables, guides and facilitates social workers and other professional staff to meet organisational, professional and personal objectives. These objectives are: professional competence, accountable and safe practice, continuing professional development, education and support.

Within CYF's statutory site and residence context, it is the responsibility of Team Leaders (referred to as Supervisors in CYF sites) to ensure their staff have access to the level of supervision they need, depending on their professional experience and the nature and complexity of their caseload. While formal one-to-one supervision is mandatory for all professional front line staff, additional options include: facilitated group supervision, peer supervision and/or externally contracted professional supervision. Team Leaders, Practice Leaders and other senior professional staff also provide 'open door' practice guidance and formal case consultations as and when required.

CYF's supervision policy states that front line staff with less than 12 months' experience should receive an hour of individual supervision each week. All other front-line staff including site social workers, residential care and clinical staff, Supervisors and Team Leaders, FGC Coordinators and Practice Leaders should receive one hour per fortnight.

### ***Increasing the number of care staff***

Not having an adequate number of staff restricts residences' ability to provide high quality, day-to-day care services. Across most residences, we heard about times when care staff were 'thin on the ground'. For example, with a typical ratio of three care staff per eight young people, if one member of the care staff team is busy taking a young person to an external appointment or two staff are drawn into managing challenging behaviour, very few care staff are left to deal with any other incidents that occur. The situation is exacerbated when there are unfilled vacancies or permanent staff are on sick leave and residences have to rely on casual youth workers to make up staff numbers. For young people, a lack of staff capacity means that they sometimes miss out on activities or opportunities to engage with care staff.

This was a particular issue at one residence that does not have a secure unit. At this residence, when young people acted out, staff found themselves having to hold young people in restraints for extended periods of time, to settle them before they were calm enough to engage with staff again. This had the effect of further reducing the number of staff available to the other young people in the residence. At the time of our visits, this lack of capacity was occasionally compromising the safety of young people and staff at both this residence and the one where we made a red "detrimental" finding.

## ALL RESIDENCES ARE MOVING IN THE RIGHT DIRECTION, FROM DIFFERENT STARTING POINTS

Despite variability in quality of care and services, all residences are moving in the right direction. All C&P residences have adopted innovative therapeutic models of practice to guide their clinical and care work with young people. Although the therapeutic models being adopted differ across residences, they do have common elements such as an understanding of the importance of secure attachment and the pervasive negative effects of trauma on young people's development. YJ residences too are moving further towards creating a therapeutic environment for young people, at the same time as holding young people accountable for their offences. These changes are enabling residence staff to better understand and meet young people's needs and address the root causes of behavioural, emotional, and mental health problems, including offending behaviour.

Residence clinical teams generally do a good job of working with key community agencies to assess and respond to young people's needs. Case leaders from the clinical teams ensure that young people are assessed by the end of their first week in the residence. Based on young people's identified needs, case leaders then work with partner agencies to develop individual plans to guide clinical and care staff in their practice, interactions, and behaviour management approaches with the young people.

Below are examples of best practice based on two residences. Other residences could learn from these two and make changes now towards more child-centred care. For example, other residences can do more to embed their therapeutic models in practice. At most residences, more support is needed for care and clinical staff to successfully work together to operationalise the relatively complex therapeutic models needed to achieve change.



### Best practice examples: residences helping young people to heal and change behaviour

Two of the residences we monitored are already working in a way that could enable young people to heal, recover and change harmful behaviours:

- One C&P residence demonstrated some transformational practice. This is a smaller residence that has developed a strong, child-focused, trauma-informed culture of practice. This residence has achieved a truly therapeutic environment for young people and could well provide a model for other residences and supervised group homes.
- One YJ residence was well placed across all areas of practice. This residence had developed a child-centred, therapeutic culture where young people reported they are treated *'like they are family'*. Staff at this residence had created an environment where young people take pride in the positive condition of their physical environment. This means it is easier for the residence to maintain material conditions that support their aspirations to support young people's wellbeing, help them to heal and change harmful behaviours.

These two outstanding residences have several features in common:

- Strong, stable leadership.
- A clear, child-centred vision that has been clearly and consistently communicated to staff.
- Positive staff attitudes and general readiness to work in child-centred ways.
- Investment in a range of staff professional development opportunities and supervision that enables staff to keep improving their practice.

The combination of strong leadership, clear vision, and well-supported staff has enabled these residences to translate their vision into concrete action on the ground. In addition, staff are encouraged and supported to take a proactive approach to promoting young people's wellbeing and resolving issues, and this has instilled a positive organisational culture where staff can take risks in the best interests of young people. Both residences integrate tikanga Māori practices into young people's every day activities and interactions with staff. The facilities are maintained to provide a pleasant physical environment conducive to young people's wellbeing.



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# Part 2: Children and young people's voices

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In the year from June 2015 – June 2016, we engaged with more than 60 children and young people about their experiences with CYF.

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We interviewed 24 children and young people in non-kin foster care placements ranging in age from 8 to 15, and 13 young people with dual care and protection and youth justice status ranging in age from 14 to 17, as part of our two thematic reviews into the quality of CYF's case management.

We surveyed 26 young people ranging in age from 14 to 17 in three CYF residences (two C&P residences and one YJ residence) about their experience staying in a CYF residence. We held one-on-one interviews with six young people during residence site visits and held a focus group at one C&P residence. In addition, we asked for and received a young person-led tour of one C&P residence to learn about the residence from a resident's perspective.

More than half of the children and young people we spoke to, and 65 percent of those we surveyed, were Māori, reflecting the fact that the mokopuna Māori make up the majority of children in the care and protection and youth justice systems.

The graphs presented below come from our survey of young people in CYF residences. Quotes come from interviews and focus groups with children and young people in all types of placements. The type of care placement is identified with each quote. Information that could identify the child, a CYF staff member, or the CYF site or residence concerned has been removed.

## WHAT DID CHILDREN TELL US?

These children and young people generously shared with us a wide range of experiences and opinions about the care and protection and youth justice systems. Encouragingly, most were happy with their current care arrangements, but many had had negative experiences in the past or been moved from placement to placement. Some reported very concerning experiences in CYF care or residences, such as short-term stays stretching on for months without clear communication.

Three strong overarching themes emerged from what they told us. These were:

- A strong need to belong (including with their birth family/whānau, in their current care placement, at school, or within their culture).
- A desire to be listened to, involved in decisions that affected them, and communicated with clearly and respectfully.
- That their social worker is critical in determining whether they have a positive or negative experience with CYF.

## WE NEED TO FEEL LIKE WE BELONG

*What do you wish for?*

*To go home for good and have all my family there, have a nice house and money to pay all the bills (and to save some money), and become a dairy farmer.*

– Child in non-kin foster care.

Much of what children and young people told us links back to a strong desire to belong and feel connected to others. In many cases, the factors that led to their involvement with CYF – and much of their subsequent experience with the agency – have combined to make them feel they are missing out on the kinds of connections that they need to feel happy and secure.

*When I walk down the street I see families walking along laughing happy and it is hard, knowing that I don't have a family like that.*

– Child in non-kin foster care.

### **Help us manage relationships with our birth family/whānau**

Most commonly, the need to belong manifests in a strong desire to maintain relationships with birth family/whānau.

Children and young people in non-kin foster care reported seeing their family and whānau on a regular basis – once or twice a month. However, many indicated that they would like to be able to see their family more often, and were not involved in decisions about how much contact they would have.

#### *What do you wish for?*

*To see my parents every day, maybe for the weekend.*

– Child in non-kin foster care.

#### *Has anyone ever asked how often you want to see your parents?*

*No. I want to live with my own mum. I don't understand why I can't.*

– Child in non-kin foster care.

Of course, there are often important safety reasons why children and young people in CYF care have been removed from their parents or can't see them at the moment. When this is the case it is important that this is explained to children and young people as honestly and respectfully as possible.

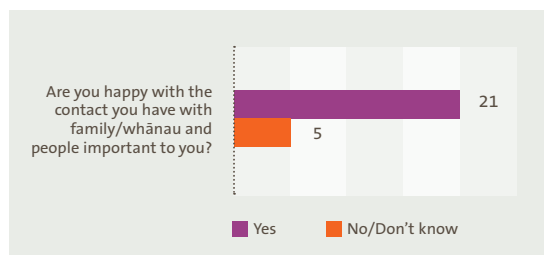
#### *Has someone explained to you why you can't live with your mum?*

*I think because she can't look after me when I was little. I used to stay inside all day. That was the first time I touched the grass, when I was 2 years old.*

– Child in non-kin foster care.

When children and young people express a desire to return to birth family/whānau situations that are not ideal or in their best interests, it can be because the reasons why have not been adequately explained to them.

Young people in CYF residences were more likely than those in the care system to report that they were happy with the level of contact they had with family/whānau while they were in the residence.



Not every child and young person wants to have ongoing contact with their family/whānau. Some of the young people with dual care and protection and youth justice status we interviewed indicated that they could have had more contact with family, but had actively chosen not to:

*I could have gone back to Mum and Dad but I chose not to. I chose to try out Youth Link.*

– Young person with dual care and protection and youth justice status.

*I could have seen my parents heaps but I chose not to because we aren't close.*

– Young person with dual care and protection and youth justice status.

It is important that the approach taken to supporting children and young people to maintain relationships with their birth family is tailored to their individual circumstances. Children and young people need to be empowered to make informed decisions about the level of contact they have with their birth family/whānau.

Children and young people should certainly not be put in the position of having to spend time with their birth family if it makes them upset or uncomfortable. Notwithstanding this, it is also important that the question of access to birth family is one that is constantly reviewed and considered, as it is possible and indeed likely that both the situation of the family, and the child or young person's stance in relation to their family will change over time.

**Support us to learn about and connect with our culture**

*Do you identify with being Māori?*

*More Māori than European. I don't know the rest, it's too hard to find out. I would like know more.*

– Child in non-kin foster care.

*I don't feel connected to any of my cultures... that would change if I went home to Mum.*

– Child in non-kin foster care.

Supporting young people to build connection and belonging is important, and cultural connection is a vital element of this. Having a strong sense of cultural identity and belonging is a protective factor that can mitigate the harm children and young people have experienced, help them to recover from trauma, and build their future resilience.

As at March 2016, 61 percent of the children and young people in CYF care were Māori, 28 percent were Pākeha, seven percent from Pacific backgrounds, and the remainder from a mixture of Asian, European and other ethnicities. CYF staff should be equipped to support young people from a variety of backgrounds to connect with their culture, but particularly mokopuna Māori.

From our surveys and conversations with children and young people, we know that exposure to their culture varied. Some children and young people in non-kin foster care reported being supported to connect with their culture and having access to regular cultural activities, although some mentioned that these had recently dropped away.

*I like going to the kura and I do kapa haka and waka ama.*

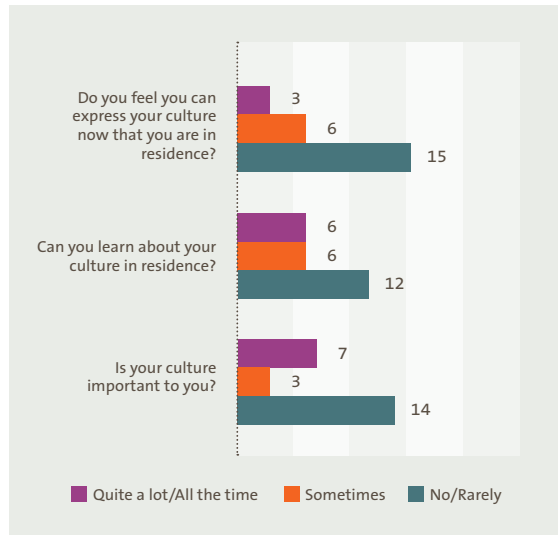
– Child in non-kin foster care.

*I used to do kapa haka but not anymore.*

– Child in non-kin foster care.

Others with dual care and protection and youth justice status felt that their cultural needs were not being met, because they had no access to kapa haka or Te Reo Māori.

Young people we surveyed in CYF residences felt there were limited opportunities to learn about or express their culture in residence.



It is worth noting that a majority of young people in CYF residences reported that their culture was not important to them. This was also a sentiment expressed to us by some of the children and young people we interviewed in non-kin foster care.



Children and young people in the care and protection and youth justice systems can have quite complex attitudes and relationships to their cultural identity. Sometimes a young person will associate poor behaviour or unsafe experiences with their culture. When this happens, the young person may say no when they are asked if they want to learn about their culture.

For example, one young person told us she had given up trying to find out more about her culture because of a breakdown in her relationship with her father:

*I was supposed to get a DNA test with Dad. No-one knows where he is at the moment; I don't really care cos I have given up on him; have given him too many chances.*

– Child in non-kin foster care.

While this young person ostensibly “doesn’t really care” about finding out more about her father, her attitude towards her culture is inextricably bound up with her relationship with her father, and his unreliability.

It is important that practitioners listen carefully to what children and young people say (and don’t say) about their culture, and support them to understand the difference between culture and behaviour. That way, when children and young people make decisions about whether they want to connect with their culture, the decisions are informed.

Overall, positive cultural practice is about supporting children and young people to learn about and understand their culture, helping them to feel empowered to explore their own cultural identity, and enabling them to build a strong sense of identity and belonging.

## Let us have a childhood

Many of the children and young people we spoke to who were in stable, long-term care placements reported having access to activities they enjoyed such as guitar lessons, softball, netball, horse-riding, going to church, building tree huts and going to the beach. They told us about their favourite foods and reported being able to eat these with their caregivers, and could name basic household rules they were required to follow. These may seem like small things, but they are critical to ensure children in CYF care feel like they have a “normal” childhood.

However, the very fact of being a “CYF kid” can have a detrimental impact on a child’s life, especially if it is perceived by the child and others as being something negative that sets them apart and singles them out for bullying or differential treatment. We heard examples of this from the children we talked to:

*I am too embarrassed to have my friends’ families go through police vetting so I stay at my carers’ during the weekend and go bike riding on my own to fill the time in.*

– Child in non-kin foster care.

*The boys [at school] think I have germs. They kind of tease me; they think I have nits but I don’t. I get bullied a bit; it gets physical. It’s hard. Most of the day, every day.*

– Child in non-kin foster care

On the plus side, some saw value and community in being in CYF care because of the bond they shared with other children in similar situations.

*I don’t mind being a CYF child as I have lots of CYF friends.*

– Child in non-kin foster care.

This ability to form friendships with others who have been through similar experiences and to form a positive “care identity” is a strongly protective factor for children who have the opportunity to do so. The advocacy service proposed by the EAP is intended, in part, to provide this opportunity and will be a valuable and important part of the reforms for vulnerable children.

### **INVOLVE US, LISTEN TO US, AND COMMUNICATE WITH US**

Children in the care and protection and youth justice systems expect to be told what is happening to them and why, consulted and included in decisions that affect them, communicated with respectfully and in a timely manner, and kept informed when things change. These are not unreasonable expectations – indeed they are enshrined in both UNCROC and in CYF’s children’s charter – yet in practice they are not consistently being met, based on what children and young people told us.

#### **Involve us in our care plans**

All children and young people in the CYF system have an individual plan that sets out their short term needs and long term goals. Children and young people should be directly involved in the creation and regular review of their plan. We were therefore concerned to note that hardly any of the children and young people we spoke to in non-kin foster care were aware of their plan or could report involvement with it. Of the children and young people we interviewed who were in non-kin foster care, hardly any said that their social worker had spoken to them about their plans. A few indicated their social workers had mentioned it but could not remember the details. None of them were involved in developing their own plan. Many said they had never heard of their plan or had been asked what they wanted.

*No one ever talked to me about a plan.*

– Child in non-kin foster care.

Young people with dual care and protection and youth justice status were more likely to be aware of their plan and to have had input into it:

*I feel like I am involved in my plan. My social worker asks me what I want. Sometimes we “agree to disagree” and go over it properly later.*

– Young person with dual care and protection and youth justice status.

Young people we spoke to in residences reported that their level of involvement in their plan varied depending on their social worker.

#### **Tell us what is going to happen to us next**

An important element of care planning is planning for key transitions: into and out of care placements, into and out of CYF residences, plans to meet bail conditions, plans for returning to family and so on. Transitions are times of particular vulnerability and risk for children and young people in the care and protection and youth justice systems and need to be handled with particular care, attention to detail, and clear communication.

Some of the children and young people we spoke to described good practice. For example, one young person with dual care and protection and youth justice status said his social workers kept him well informed about his transition: “*they came and had chats with me, took me out for lunch, bought me some clothes.*” Following this, the social workers told the young person about his caregivers and introduced him to his new boys’ home.

However, many of the children and young people we spoke to reported that this was often not the case. One young person had a FGC that resulted in no agreement. He reported having no part in the decision-making, feeling all the decisions were made by his social worker. He said he did not know who he could talk to now for his views to be heard. Others reported similar experiences:

*No one talked to me about what the residence would be like.*

– Young person with dual care and protection and youth justice status.

*I can relax to a point... but it's becoming more long term without anybody talking to me... there's no discussion and there are no options or choices.*

– Child in non-kin foster care.

Of particular concern were young people who reported spending long periods of time on remand in residence – much longer than necessary – without communication or explanation.

*When remands go on for months and months it's not OK. Those long delays last year when I was in [name of residence] were really bad – I thought it was like that for everyone – then I told the staff and other boys at [the residence] and they said it wasn't right. That something was wrong. Now I know it was.*

– Young person with dual care and protection and youth justice status.

### **Always be honest and respectful**

When we asked children and young people what advice they would give to CYF staff working with children and young people in future, their suggestions frequently centred on honesty, respectful communication, and listening to children. We agree with this advice.

*Be honest; don't hide when something's hard to say.*

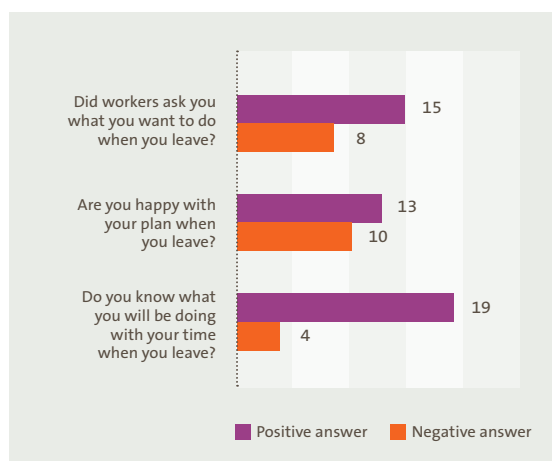
– Young person with dual care and protection and youth justice status.

*Talk to young person about where they're going and why, ask if you have any enemies, ask if you 'feel safe', ask what you need and where you want to go when you get out.*

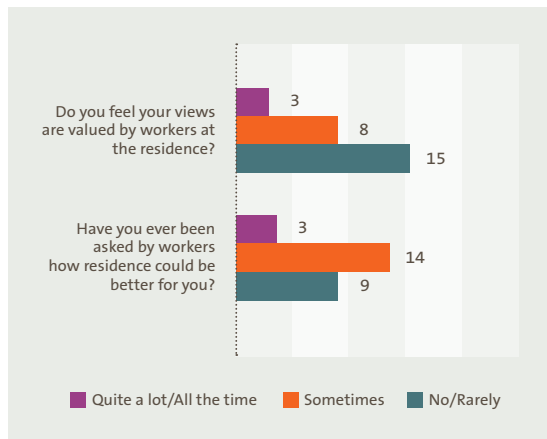
– Young person with dual care and protection and youth justice status.

*When they get out, get them one-to-one help especially if they're at school, see potential – look forward not backwards.*

– Young person with dual care and protection and youth justice status.



In the residential setting, it is important that young people are given opportunities to input into the vision and daily routines of the residence. The young people we surveyed in CYF residences reported some opportunities to provide their views, but, crucially, didn't feel like these were strongly valued by workers.



**SOCIAL WORKERS HAVE A BIG IMPACT ON OUR LIVES**

*My last social worker always judged me by my past. It made it hard to have a future.*

– Young person with dual care and protection and youth justice status.

One of the strongest themes to emerge from our engagement with children and young people was the critical role of the CYF social worker in shaping the young person's experience of the care and protection and/or youth justice systems.

Having a skilled social worker who was friendly, approachable, proactive about making contact, non-judgemental and supportive and who explained things to young people in an accessible and respectful way made for a generally positive experience. Young people who had experienced this type of case management tended to feel confident and supported, knew why they were in care and what their rights were, and felt they could turn to their social worker for support.

On the other hand, if young people had a social worker who was hard to contact, did not return calls, made promises on which they could not deliver, and failed to explain things properly, young people told us they felt powerless, frustrated and resentful and were more likely to “act out.”





### One young person’s story

Many young people had experienced both of these scenarios. These issues are best illustrated by this case study from a young man with dual care and protection and youth justice status:

*My old youth justice social worker acted like I was dumb and didn’t know anything about the system. She never followed up on anything so I stopped contacting her.*

*I got sick of it – not getting any help. I was stuck in [a YJ residence] with nothing happening. I asked CYF to change my social worker but I was told they couldn’t change my social worker because she was on leave.*

*Finally my residence case leader (who I got on well with and who treated me well) told me to talk with my lawyer who said ring [the youth justice supervisor at the CYF site]. My lawyer and [the supervisor] got things moving.*

*[The supervisor] told me he would do the referral and give me another social worker. He explained that it would take a few weeks but he did it and I got a placement.*

*Then this year I got two new youth justice social workers. They try hard, they support me, they know who I am.*

*My last social worker always judged me by my past – it made it hard to have a future.*

*When I went back into residence this year, [one of my new social workers] explained everything to me. She did a real good job, she helped me prepare myself for what’s happening, rather than it being a shock.*

*I feel able to call [my new social workers] any time, during my recent time in residence and since. [One of my new social workers] always returns my calls, even if it’s just to say she’ll call me later. She’s the opposite of my old social worker.*

*I feel really comfortable talking to my new social workers. I’ve got a plan now and I understand and agree with it. I never had a plan before.*

#### Other young people told us:

*[My last social worker] told me I would go home at Christmas and then stay there but now there are complications... I didn’t get my hopes up too high when she said that as social workers often don’t follow through.*

– Child in non-kin foster care.

*[My social worker] hasn’t been to our house for ages. She sometimes used to come and see me at school but hasn’t done that for ages either.*

– Child in non-kin foster care.

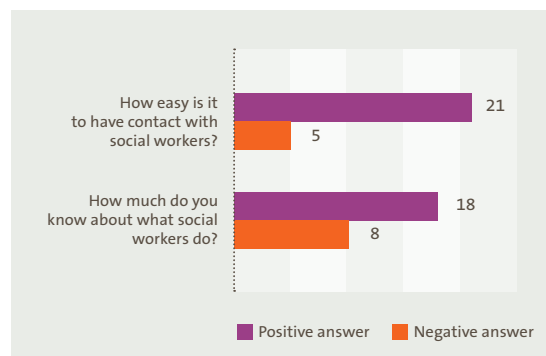
*My social worker is like a best friend.*

– Child in non-kin foster care.

*I feel comfortable talking about anything with her – secrets, worries, boys etc.*

– Child in non-kin foster care.

In the residential setting, young people reported reasonable knowledge of and access to their social workers, although almost a third reported knowing little about what their social workers did, and a fifth found them hard to contact.





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# Part 3: What does all this mean in a changing environment?

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This is a time of considerable change for the care and protection and youth justice systems. The final report of the EAP was recently released, and while the overall direction of the reforms has now been clearly signalled by the Minister of Social Development, many planning and operational decisions are still to be made. Some stakeholders have questioned why we are releasing a *State of Care* report at all in this changing environment.

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Our legislation requires us to continue monitoring the situation for children and young people receiving services under the CYP&F Act. In this time of considerable change, our monitoring is as important as ever. We need to monitor to ensure the children and young people currently in the system receive adequate care, and that the quality of care and services does not deteriorate during a period of change and uncertainty.

There are around 5000 children and young people in CYF custody today as a result of care and protection concerns, and many more will enter the care and protection and youth justice systems before the reforms are fully implemented. These children and young people deserve the best possible care and services CYF can deliver.

## **THE REFORMS ARE HEADING IN THE RIGHT DIRECTION**

We support the direction of the reforms announced by the Minister in April, particularly the desire to ensure the new operating environment is fully child-centred. CYF has not been delivering a consistently child-centred service to children and young people. This is clear, from our monitoring findings in both *State of Care* reports, and reinforced in the interim and final reports of the EAP.

It is encouraging that the importance of a child-centred operating model has been recognised by the EAP, Minister, and Cabinet, and we applaud the ambitious programme of change that has been initiated. In our view, the planned changes – if carefully implemented and adequately resourced – have the potential to achieve significant positive change and improved outcomes for children and young people.

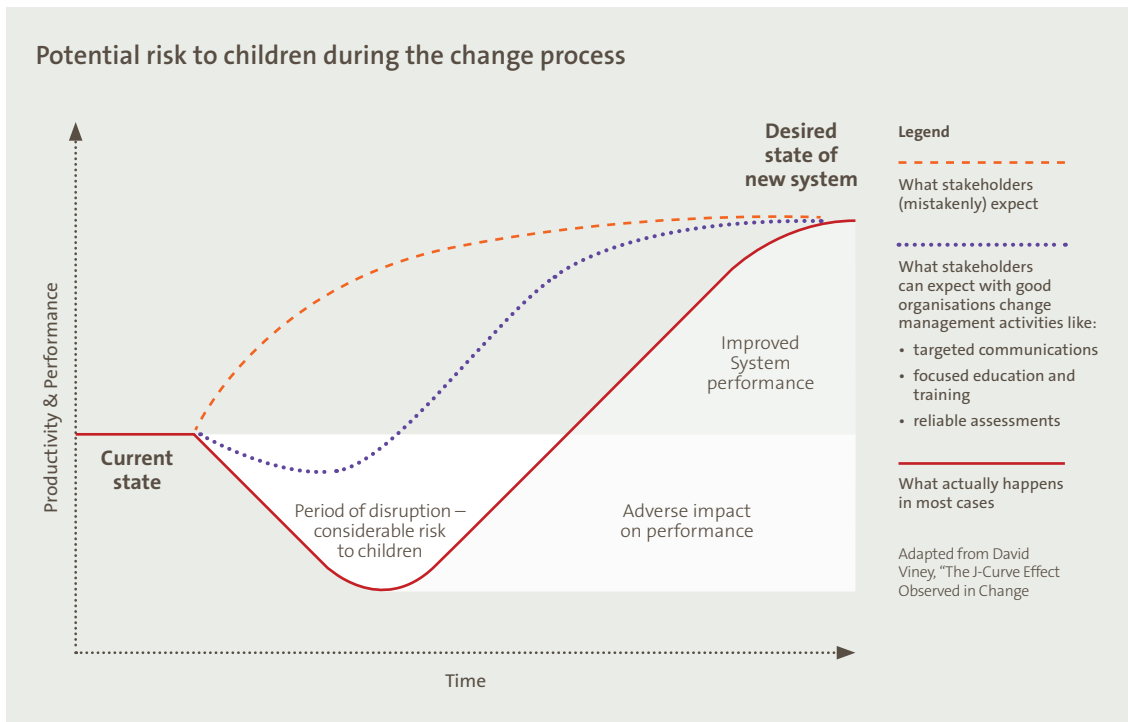
## SUCCESS OF THE REFORMS DEPENDS ON PREPARATION

The success of the reforms will depend greatly on work that is undertaken now to prepare for both the coming period of instability as the changes are implemented, and for the new child-centred operating model. This preparation will take time, and starting early will be beneficial for the children and young people in the system right now.

The new model will largely be staffed by members of the current care and protection and youth justice workforce, so ensuring staff understand what it means to be child-centred and empowering them to start making changes early will be critical. In our view, the commitment to child-centred practice needs to start now with the children and young people currently in the system, not on 1 April 2017 when the new model comes into effect.

## PREPARING FOR POTENTIAL RISK TO CHILDREN DURING THE CHANGE

Organisational change management literature shows that with any major organisational change, a reduction in performance is to be expected in the short-term. During this period, performance can temporarily decline while staff deal with uncertainty, accept change, and adapt to new ways of working. This is illustrated below.



In most organisations, this performance drop is an inconvenient but acceptable trade-off to move to a more effective operating model. For the care and protection and youth justice systems, however, the stakes are considerably higher because this represents a real risk to the children and young people. For example, it would be very concerning if, during the transition period, children and young people were not kept safe, experienced more care placements, had less frequent engagement with their social workers, or had fewer opportunities to have a say about their care plans.

Change management literature suggests that the risk of a dip in performance can be mitigated when proactive and supportive change management processes are put in place. CYF's existing programme of continuous improvement, if carefully targeted, may also help to guard against this risk.

It is vital that some additional planning and supports are introduced to ensure no children are put at additional risk of harm during the implementation of the new system. Continued investment and change management support in the current system, as well as careful monitoring of children's outcomes, are essential during the transition period to ensure no deterioration in the services and supports to children in the system.

#### **PREPARING FOR A CHILD-CENTRED OPERATING MODEL WITH A CLEAR UNDERSTANDING OF CHILD-CENTRED PRACTICE**

In the process of preparing this report, we have identified an issue of organisational culture that we think is impeding the readiness of CYF and its workforce to work in truly child-centred ways, namely the lack of a unified vision of child-centred practice. This is reflected in conflicting attitudes and understandings about what child-centred practice means in the New Zealand care and protection and youth justice contexts. These concerns are real, and manifest in complex and ambiguous questions. For example:

- In the care and protection system, how should social workers appropriately balance a child's need for immediate safety against their rights and wishes to stay connected with their family/whānau?

- In the youth justice system, to what extent is the role of a CYF residence to hold a young person to account for their offending, versus supporting them to go on to lead a better life?
- When the majority of children and young people in the care and protection and youth justice systems are Māori, how can the child's best interests be assessed in the context of their whānau, hapu and iwi?

These are challenging questions, and in our observation, the lack of clarity about these and other grey areas is proving a stumbling block to child-centred practice. CYF and its workforce need a unified vision of child-centred practice, and each individual in the system needs to understand how their work contributes to the realisation of this vision. This report provides some ideas about what it means to be child-centred, but CYF needs to work with its staff to develop its own clear sense of what it means to be child-centred in the particular cultural and organisational context of the New Zealand care and protection and youth justice systems.

#### **PREPARING BY TAKING PRACTICAL STEPS NOW**

There is much that can be done in the short-term to improve the quality of care and services CYF provides to children and young people, even while the reforms are finalised and implemented. This is particularly important for the children and young people in the system right now: that they have entered the system at a time of uncertainty and change should not disadvantage them when there is much that can be done immediately to improve their experience.

#### **There are positive strengths to build on**

We have seen many examples of good practice operating and, as noted in our findings, CYF currently has in place many of the elements needed to deliver child-centred practice. Frontline staff have the opportunity to influence the lives of children in their care, and we saw a few inspiring examples of excellent practice across our monitoring work.



Most sites and residences have a child-centred vision for children and young people, and CYF national office has provided some clear policies and practice frameworks to support this work. There is a good understanding among staff of what is needed to provide high quality case management, even if this not consistently achieved in practice. In general, leadership teams are well-respected and social workers are committed to doing their best for children and young people. Residences are moving in the right direction – an improvement from last year – and a handful of residences are already working in ways that help young people to connect with their culture and to heal and recover from trauma, and change behaviour. A good proportion of young people are satisfied with aspects of their experience with CYF. These current strengths should be highlighted and built upon through the reform process.

The trial of CYF's Indigenous and Bicultural Principled Framework, *Te Toka Tumoana*, also provides a sound model for how the difficult and sometimes sensitive work of changing attitudes, beliefs, and organisational culture can be approached. It focuses on building readiness to work in new ways at the individual, site/residence, and regional level. We have borrowed this language of readiness in our analysis below.

### **Our monitoring findings provide useful guidance**

The findings of our monitoring reports in 2015-16 provide a useful starting point for preparing CYF to work in more child-centred ways. Our recommendations in these reports addressed both top-down and bottom-up elements of child-centred practice. The majority of our recommendations fell into the following categories:

- Improve how CYF gathers and listens to children's voices – ensuring authentic engagement in their care plans, giving opportunities to provide feedback to sites and residences, and having accessible, child-friendly complaints mechanisms.

- Increase resourcing to enable CYF sites and residences to meet children's needs (by, for example, reducing social worker caseloads and ensuring access to services that children and young people need).
- Upskill CYF staff to better meet children's needs, and improve recruitment, retention and performance management.
- Improve cultural capability, both at the organisational level and in the skills of individual staff.
- Work more collaboratively, both internally and with external stakeholders, to meet the needs of children and young people.

CYF's workforce needs to be empowered, supported, resourced and upskilled to work in child-centred ways. Alongside practical actions to improve practice, we also need to consider the intangible factors that indicate readiness to work in truly child-centred ways – things like the priority given to children in the organisational culture and the underpinning values and attitudes of staff.

### **Steps can be taken now**

In the table below, we have used positive examples from our monitoring findings to suggest steps that can be taken now that are consistent with the child-centred direction set by the EAP recommendations. Different parts of the organisation will be starting from different positions, so sites, residences and regions will need to select the specific actions that will best strengthen their services to children. The programme of continuous improvement that CYF has in place should be tailored to support this preparation.

**Practical steps that can be taken now**

Area of child-centred practice	Indicators of readiness to work in child-centred ways	Practical steps that can be taken now
<b>Authentic engagement with children</b>	<ul style="list-style-type: none"> <li>• The importance of prioritising children's voices is understood.</li> <li>• Staff understand that children need adults to communicate in open and honest ways, using language they can understand.</li> </ul>	<ul style="list-style-type: none"> <li>• Listen to children and young people.</li> <li>• Record their voices properly in their care plans.</li> <li>• Offer them opportunities to contribute to site and residence planning.</li> <li>• Tell them what has happened in response to their feedback.</li> <li>• Let them know how to make a complaint if something goes wrong.</li> </ul>
<b>Resources to meet children's needs</b>	<ul style="list-style-type: none"> <li>• Children's needs take priority over administrative needs.</li> <li>• All staff know what support and resources are available.</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure that all existing avenues and available supports are investigated for each child.</li> <li>• Simplify processes for accessing this support and carry it forward if the child is moved.</li> <li>• Make the most of the specialist support available to help caregivers meet the needs of children and young people in their care.</li> </ul>
<b>Quality of professional practice</b>	<ul style="list-style-type: none"> <li>• The organisation has a common understanding about the therapeutic approaches that work best with vulnerable children and young people.</li> <li>• Staff are clear about the organisation's expectations for their delivery of child-centred, therapeutic practice.</li> <li>• The benefits of professional supervision are recognised and valued.</li> <li>• Staff's contribution to children's wellbeing is understood and valued.</li> </ul>	<ul style="list-style-type: none"> <li>• Share and embed best practice across sites, residences and regions (for example sharing success stories, or disseminating action taken in response to OCC monitoring reports).</li> <li>• Schedule opportunities for staff development in behaviour management, trauma informed care, child-centred ways of working, and engaging with children and young people.</li> <li>• Schedule regular professional supervision in line with CYF policy (contract in if necessary).</li> </ul>

Area of child-centred practice	Indicators of readiness to work in child-centred ways	Practical steps that can be taken now
<b>Culturally skilled workforce</b>	<ul style="list-style-type: none"> <li>• Staff understand that culture is an important aspect of children’s identity and sense of belonging.</li> <li>• Children are not viewed in isolation but are understood in the context of their families, whānau, hapu and iwi.</li> <li>• Relationships are in place to enable culturally appropriate practice.</li> <li>• Staff understand how culturally appropriate practice is consistent with being child-centred.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement <i>Te Toka Tumoana</i>, the Indigenous and Bicultural Principled Framework, across all sites, building on lessons learned from the current trials.</li> <li>• Provide more opportunities for staff to receive cultural supervision.</li> <li>• Focus on improving the quality of engagement with mokopuna Māori, their whānau, hapu and iwi.</li> <li>• Extend the trials of <i>Va’aifetu</i>, the Pacific cultural framework.</li> </ul>
<b>Work together in children’s best interests</b>	<ul style="list-style-type: none"> <li>• Staff have a common understanding about what is meant by child-centred practice.</li> <li>• Staff value internal and external relationships and understand their importance for working effectively together to meet children and young people’s needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Help all CYF staff to understand what child-centred means for their role, even if they do not work directly with children and young people.</li> <li>• Schedule regular opportunities for internal teams to meet and discuss common goals and to make decisions together based on children’s best interests (e.g. child and caregiver social workers, C&amp;P and YJ social workers, residential care and clinical teams, caregivers and social workers).</li> <li>• Recognise and resolve tensions that are affecting staff’s ability to work together or with others to meet children’s needs.</li> <li>• Invest in building and maintaining relationships and effective communication between CYF and external stakeholders working with vulnerable children and young people.</li> </ul>



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# Recommendations

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Our recommendations are focused on reducing any potential risk to the quality of services for children now during the change process and continuing to strengthen and embed child-centred services that can be built on by the new agency.

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## **RECOMMENDATION 1: PLAN TO REDUCE THE RISK TO CHILDREN AND YOUNG PEOPLE OF A DIP IN PERFORMANCE DURING THE TRANSITION PERIOD**

We recommend that the CYF leadership (in conjunction with the transformation team) develop a plan to reduce any potential risk to children and young people from a drop in CYF's performance during the transformation process.

The intention of this interim plan is to ensure continuity of service to children and young people, safeguard staff morale, provide timely education and training to prepare staff to work in the new system, and monitor and assess changes and implementation plans for their impact on children and young people.

Elements of this plan should include:

- What to do less of, to free up staff time for more child-centred activities.
- What to support or invest in (e.g. focussed training and development to help staff prepare for changing roles).
- How to monitor for any deterioration of services to children and young people during the transition.

This plan should provide a means to assure the Minister that care and services to children and young people have not declined during this period of transformation, including by gathering the voices of children and young people directly.

## **RECOMMENDATION 2: CLARIFY WHAT CHILD-CENTRED PRACTICE MEANS IN THE NEW ZEALAND CARE AND PROTECTION AND YOUTH JUSTICE SYSTEMS**

We recommend that CYF develops, in collaboration with staff and in conjunction with the transformation team, a clear statement of what child-centred practice means in the New Zealand care and protection and youth justice systems. This statement should expressly address areas of current ambiguity, such as interpreting the views of the child, balancing immediate safety concerns with the child's long-term best interests, holding young offenders to account in a child-centred system, and considering the cultural needs of mokopuna Māori in a child-centred framework. It should also make clear how staff in all parts of the care and protection and youth justice systems can contribute to achieving child-centred practice.

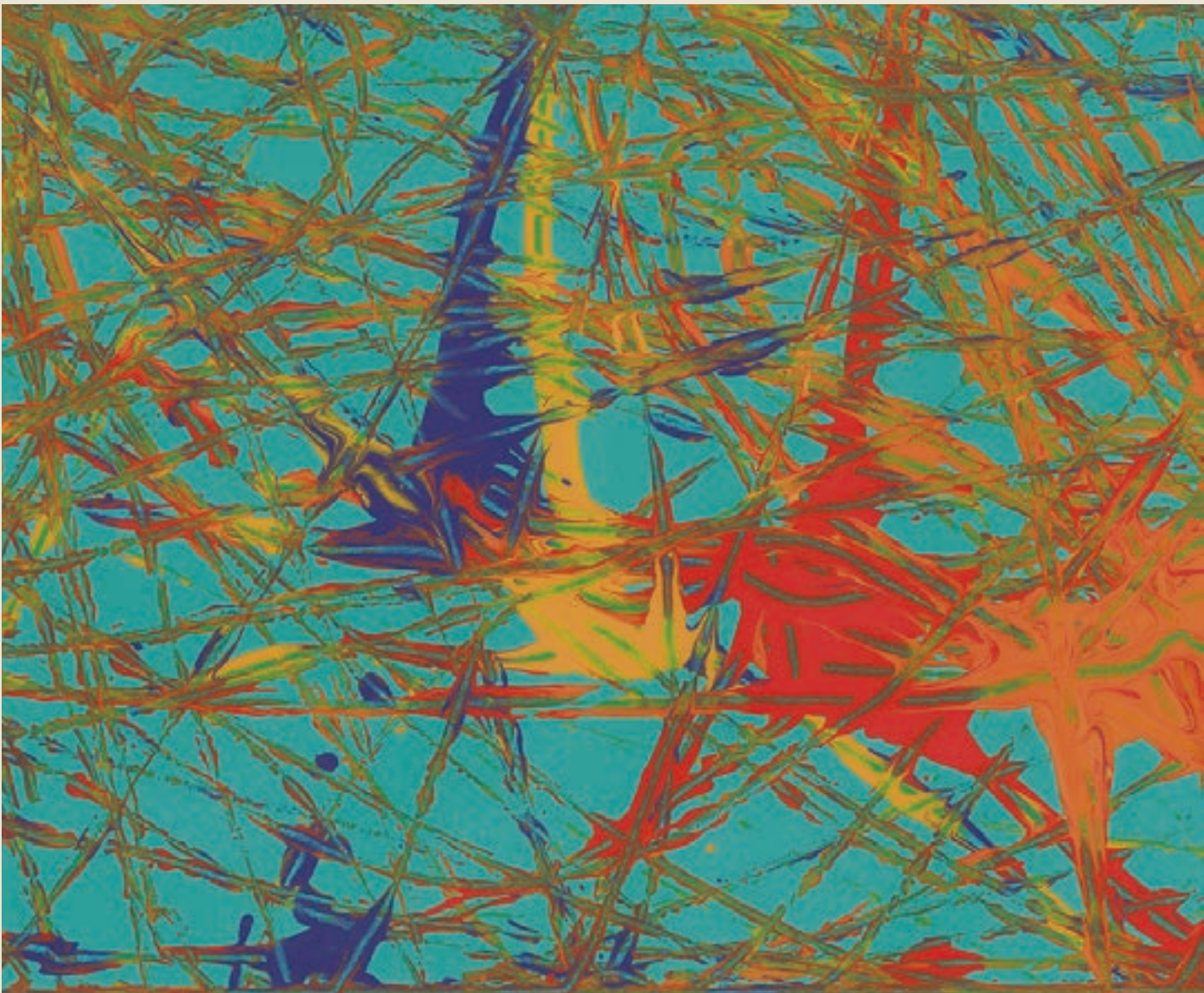
**RECOMMENDATION 3: EMPOWER AND SUPPORT STAFF NOW TO STRENGTHEN THEIR CHILD-CENTRED PRACTICE**

We recommend that CYF leadership empowers and supports management and staff in sites and residences to prepare for the new operating model and strengthen their child-centred practice, so they can deliver the best possible services to children and young people in their care.

There are many practical steps that can be undertaken now. Some of these have been outlined in the table above. Different sites, residences and regions will need to adapt these steps to suit their different starting points. These

steps should build on current areas of strength by sharing good practice and successes among sites and residences. Work also needs to be done to improve the indicators of readiness to work in child-centred ways, such as underpinning attitudes, values, beliefs and organisational culture.

Supporting staff to work in more child-centred ways will improve services to children and young people currently in the system, increase opportunities for children and young people to build their sense of identity and belonging by connecting with their culture, and will also lay the foundation for the new child-centred operating model.



# Appendix 1: The care & protection process:

2015 Summary (individual children)



#### Sources:

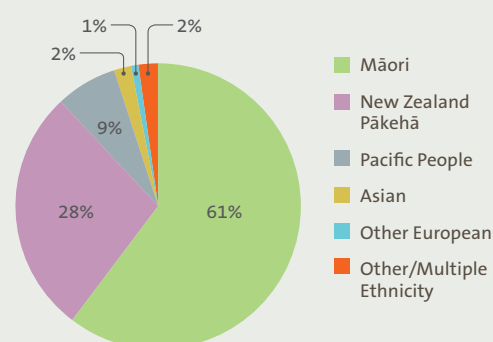
- Reports of concern: <http://www.cyf.govt.nz/about-us/key-statistics/notifications.html>
- Further action: <http://www.cyf.govt.nz/about-us/key-statistics/investigations-and-assessments.html>
- Substantiated findings: <http://www.cyf.govt.nz/about-us/key-statistics/findings.html>
- Children in care: <http://www.cyf.govt.nz/about-us/key-statistics/kids-in-care.html>

#### Note:

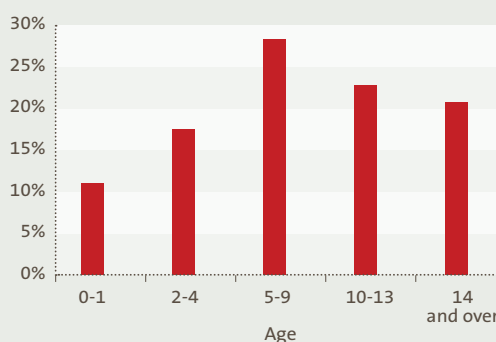
- Information on re-notifications come from the Expert Panel Interim Report, July 2015 (page 31), and is based on 2014 data.

# Appendix 2 : Demographic information

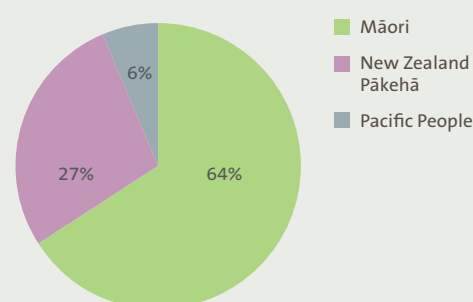
Primary ethnicity of children in care  
(as of March 2016)



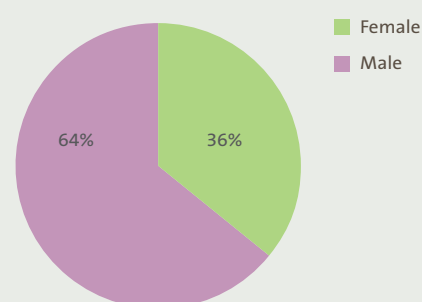
Age of children in care (as of March 2016)



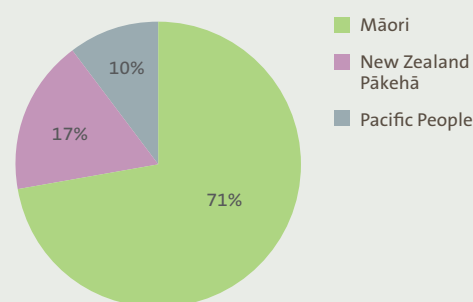
Admissions to Care and Protection  
residences in 2016 by ethnicity



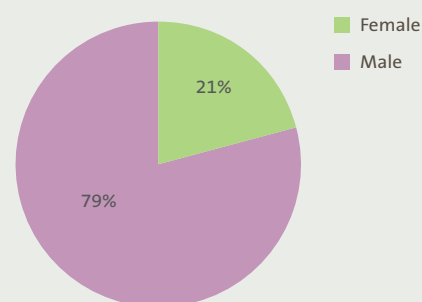
Admissions to Care and Protection  
residences in 2016 by gender



Admissions to Youth Justice residences  
in 2016 by ethnicity



Admissions to Youth Justice residences  
in 2016 by gender



Source for all data: <http://www.cyf.govt.nz/about-us/key-statistics/kids-in-care.html>

# Appendix 3: Types of care placement

<b>Short-term/ transitional</b>	Often used when children first enter care. Intended to be temporary while a permanent placement is found. Caregivers are recruited and supported by CYF social workers who are based at their local site or operations area.
<b>Family/whānau/ kin care</b>	Child is cared for by a family member. This happens in many families on an informal basis, but if the child or young person has been formally taken into CYF custody, their kin carer needs to be CYF or NGO approved. Kin carers are only approved to care for specific children.
<b>Non-kin foster care</b>	Child is cared for by a non-family member who has been pre-approved by CYF. These children are formally in the custody of the Chief Executive of MSD.
<b>Respite care</b>	Child is with temporary caregivers while their permanent foster carers take a break. These caregivers are also recruited and supported by CYF social workers at their local site.
<b>Home for Life</b>	A permanent foster placement used when children can't return to their family of origin. Foster carers become the child's permanent carer and usually share legal guardianship with the child's parents. CYF continues to check in regularly and offer respite care and other support services.
<b>Family homes</b>	A small group of children in care live together in a family-like setting with foster parents recruited for this purpose. This is not a professionally staffed care option. Family homes are managed by CYF sites, operations areas or regions.
<b>Specialist group homes</b>	Children live in a group setting professionally staffed by CYF. Specialist group homes are often used to temporarily place children and young people immediately after they have left a CYF residence.
<b>Youth Services Strategy</b>	Placements under the YSS include one-to-one foster placements with foster parents recruited and supported by an NGO contracted by CYF, or group care in professionally staffed group homes operated by an NGO.
<b>Child and family support services</b>	Supported foster care placements in caregivers' own homes. Some also offer specialist group homes and respite or short term foster placements.
<b>Iwi social services</b>	Supported family/whānau foster care placements in caregivers' own homes. Some also offer specialist group homes and respite or short term foster placements.
<b>Care and protection residences</b>	Safe and secure facilities professionally staffed by CYF. A child or young person might stay at a care and protection residence if they can't live safely in a family or community placement for a while.



# Appendix 4:

## Key terms

<b>Care and protection</b>	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.
<b>Caregiver</b>	CYF has around 3,500 approved caregivers (sometimes called foster carers or foster parents), who are either family/whānau members or non-family/whānau. There are a variety of care options, including emergency care, respite care, transitional or short term care, and Home for Life care. Carers are volunteers but non-kin foster caregivers receive some financial support to help cover the costs of caregiving.
<b>Child/young person</b>	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 (CYP&F Act), 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 use "young person" when we need to refer to this specific age group.
<b>Child Youth and Family (CYF)</b>	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.
<b>CYF residences</b>	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 an NGO to provide a ninth residence which provides specialist treatment services to children who have committed sexual offences.
<b>CYF sites</b>	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 24 youth justice sites).

<b>Family Group Conference</b>	Family Group Conferences (FGCs) are central to CYF’s decision-making practices. They bring children and young people, their family/whānau, and key professionals together to combine thinking about a case and search for the best solutions. They are used to make decisions about the next steps for children and young people in both the care and protection and youth justice systems.
<b>Mokopuna Māori</b>	Children and young people who identify as or are descendants of Māori.
<b>OPCAT Crimes of Torture Act 1989/NPM</b>	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.
<b>Secure care</b>	All four YJ residences and four out of five C&P residences in New Zealand have a secure care unit. This is a locked section of the residence where children and young people are temporarily placed as a last resort if they become a danger to themselves or others. Secure care is not intended to be a punishment, but rather a way of managing particular serious behaviours. While in secure care, young people receive an individualised programme to reduce the ongoing risk of harm. They also continue to receive educational support and regular access to recreation. Permission must be requested from the Courts for a young person to be held in secure care for more than 72 hours.
<b>Staff restraints</b>	Children and young people in residential care often have complex needs and behaviours. All residence staff are trained to safely manage incidents in residences through non-violent crisis intervention (NVCI). This approach involves residence staff working together to keep young people settled, understanding and responding to young people’s behaviour triggers early, preventing young people’s challenging behaviour where possible, de-escalating potentially dangerous situations, and if needed, safely holding or restraining young people to prevent them from hurting either themselves or others. Restraints should only be used with the minimal force necessary to hold the young person until they have calmed down, at which point they may be re-engaged in an activity or, if necessary, put into secure care.
<b>Supervision</b>	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 and safe practice, continuing professional development, education and support.
<b>Youth justice</b>	CYF’s youth justice work involves working with children and young people who have committed offences to help them to take responsibility for their offending and deliver services to help them to rehabilitate.





MANAAKITIA A TĀTOU TAMARIKI

**Children's  
Commissioner**