



Expert Panel Final Report: Investing in New Zealand's Children and their Families

Research briefing and fact sheet prepared by Who Cares? Scotland
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1. Context

New Zealand's starting point

The legislative framework for looked after children in New Zealand is currently provided largely through the Children, Young Persons, and their Families Act 1989. Since the development of this act there have been significant societal changes, however, these have not been reflected in the Child Youth and Family Agency's (CYF) strategy and operating model. This has led to regular reviews of CYF being undertaken, including 14 restructures between 1998 and 2008 and reviews spanning 1988 to 2015. However, not one has produced sustained positive change in the lives of children and young people.

New Zealand's ambition

In April 2015, the Minister for Social Development established the Modernising Child, Youth and Family Expert Panel to review and develop a plan for the modernisation of the CYF. This was started with the realisation that the unaddressed issues and poor outcomes of many of New Zealand's children and young people is one of the most pressing social issues in modern New Zealand. Child abuse and neglect affects too many children's lives and in turn create enormous costs for society spanning the child's, often institutionalised, life course. The first push for New Zealand to review CYF was financial, CYF had a deficit worth millions of dollars and many were pointing out that large components of the system were not effective.

The review was undertaken with the recognition that for real change to be implemented, the whole system needs to be taken into consideration; it therefore questions the fundamental structures and functions of the care and protection system as well as the culture in which it is delivered.

Gaining confidence from Scotland

Prior to starting the review, Minister Tolley and key civil servants toured Europe to create an overview of how care is 'done' in other countries. It is worth noting that the care system in New Zealand was originally replicated from the UK, and there are stark comparisons that can be made between both our systems and our poor outcomes.

In Scotland, WC?S hosted the group and introduced them to the Scottish care and protection system and young people that were living within it. The recent successes of the Children and Young People (Scotland) Act 2014 particularly sparked their interest. As did the Scottish Government backed Listen Campaign. Using this campaign as a foundation, care experienced young people began to use their voice and asked to be listened to.

It seemed revolutionary to them that Scotland put the voices of care experienced young people at the heart of the process. WC?S had campaigned for the care experienced voice to be listened to and it had worked, care experienced young people were treated as the experts and increasingly, care experienced young people were claiming their 'care identity' and speaking up as a result. It became clear to Minister Tolley that to change the system it must be positively disrupted and no one can do this better than those who have lived within it.

WC?S believe that the Scottish Government gave New Zealand the confidence to change the way that they intended to approach the review, rather than relying on professionals, the focus should be placed on the children and young people who are currently in, or have recently left the care system. In Scotland, care experienced children and young people told ministers that they feel pushed out of care too early, without adequate support and therefore left unable to cope. This led to extended continuing care and aftercare provisions. While this is arguably a small change in the whole scheme of things, it has set the ambition high and it has paved the way for a new way of doing things – listening to young people and considering them the experts. In New Zealand this review is the first time the voices of children and young people have been prioritised and they have been viewed as vital participants in delivering the solution.

2. Expert Advisory Panel

The panel was established in April 2015 by the Minister for Social Development, Anne Tolley, to provide independent oversight of the review.

Panel membership includes:

- Paula Rebstock (Chair)
- Commissioner Mike Bush
- Peter Douglas
- Duncan Dunlop [WC?S]
- Helen Leahy
- Professor Richie Poulton

To test, challenge and refine the design, two reference groups and one panel were also established: Youth Advisory Panel, Māori Reference Group and a Practice Reference Group.

In order to design the future system, the panel took a collaborative approach which places children and young people at the centre while focusing on three key voices:

1. Voice of Experience (youth advisory panel, in-depth interviews with young people, families and caregivers)
2. Voice of the Expert (international experience, experts, evidence, research, Māori reference group and practice reference group)
3. Voice of Intent (panel members, subject matter experts, principles and objectives)

3. Issues

In July 2015 the Expert Advisory Panel delivered an [Interim Report](#), which established a foundation review of the current system. The Interim Report found that the current system is failing to provide the safe, stable and loving care that children need and is not supporting them to fulfil their potential as adults. Vulnerable children within New Zealand are living in environments with high levels of need and deprivation, their families often face long term unemployment, low income, unaddressed physical and mental health needs, parental drug and alcohol addiction and family violence. Each year around 60,000 children are notified to New Zealand's Child Youth and Family Services (CYF) and there is on average 4,900

Scottish context

We know that many at risk children in Scotland are living in environments with high levels deprivation and need. The Scottish Government has recognised this and is currently working on a Child Poverty Bill for Scotland.

As of July 2015, 15,404 children and young people were looked after in Scotland which is nearly three times the amount in New Zealand and 2,751 were on the child protection register.

children in statutory care.

New Zealand has one of the highest rates of infant mortality compared to other higher income OECD countries. There are also above average rates among older children and young people. The association between the level of contact with CYF and mortality is suggestive of a causal link between child maltreatment and youth mortality, and is consistent with the wider literature on the negative long-term health impacts of adverse childhood experiences.

Scottish context

We know that the mortality rate for care experienced children and young people in Scotland is also above the average mortality rate for Scotland's young people.

- In 2011, 1.51% of all children who died were looked after at the time of their death. (Care Inspectorate, 2013)
- An analysis of the figures relating to deaths of children in care collected by the Social Work Inspection Agency showed that at least two children in care have died from suicide every year since 2000. (Care Inspectorate, 2013)
- The number of suicides among care leavers is much higher than those in care. (Cowan, 2008)

From April 2015 there has been a duty to report on the deaths of care leavers engaged in Aftercare services in Scotland.

The system is not meeting the needs of disabled children. Research suggests that disabled children can be especially vulnerable to abuse and over representation in care and protection systems. There are fewer safeguards in the system for disabled children and there is a concern that that many disabled children and their families may fail to receive services because agencies take a narrow view of when and to whom they

provide services.

Scottish context

We know that Disabled children constitute a significant group in the looked after system. There is evidence that they are more likely to be looked after, remain in care longer often with less stability and have a higher risk of being placed inappropriately. (IRISS, 2011) However, the uncertainties about the definitions and measurement of “disability” make it extremely difficult to collect data needed to plan and deliver effective services for disabled children.

Services from the social sector are aimed at broad populations and are often inaccessible, or insufficient, for vulnerable children and families. Vulnerable children are often not able to access services in the right time frames which can limit chance of early intervention and sometimes contributing to further harm.

New data on long term outcomes reveals higher rates of early parenting and subsequent involvement with child protection for mothers with a history of childhood contact with the agency. Women with some level of childhood contact with the agency were nearly three times more likely to be parents before the age of 25, and as parents were three times more likely to have a child referred to CYF.

Scottish context

We do not have Scottish data on how many looked after young people and care leavers are young parents in Scotland. However, evidence indicates young people with care experiences are more likely to have children at a younger age, for example, an English study found that nearly a quarter of females leaving care become teenage mothers, which is three times the national average. (Centre for Social Justice, 2015)

We know that higher rates of young parenthood are linked to higher levels of socioeconomic deprivation. There is growing concern about an inter-generation cycle of disadvantage, unfortunately many care leavers who start parenthood early go on to require social work intervention at crisis point,

There is insufficient focus on the recruitment, support and retention of caregivers who are vital to providing loving and stable families. New Zealand does not have an overarching, nationally co-ordinated approach to care giver recruitment and there is an inability to predict and plan for future requirements. Caregivers are largely in low income households and there is a significant proportion nearing the age of 60

Scottish context

There has been a focus in Scotland to improve recruitment and retention of foster carers and this was positioned with the Scottish Government’s, *Getting it Right for Every Child in Kinship and Foster Care* strategy. The Scottish Government is also in the process of undertaking a foster care review, from which several changes have already been made.

We know that young people feel love and stability are the key needs that are missing from their care providers, this is more frequently reported by children and young people living in residential settings.

or older.

Young people described a lack of cultural connections within the system. All young people have an overwhelming desire to belong, yet the current system does not help create a strong sense of identity or cultural connection.

Scottish context

Young people tell us that being in care makes them feel like outsiders, they do not feel connected to the community and often feel actively pushed out of the community. Examples such as the community protests against a new residential home in Musselburgh demonstrate the fear and misunderstanding that the general public direct towards care experienced children and young people in Scotland.

Evidence and experience reveals that children suffering the effects of stress and trauma that are placed in residential facilities face the risk of being re-traumatised. Children in care experience unacceptable levels of re-abuse and re-victimisation and have poor long term outcomes. The system is ineffective in preventing further harm as shown by the high rates of children re-entering the system. Residential units, and in particular, secure units can be cold, sterile and intimidating environments which can be potentially damaging to children. The high turnover of staff and other children is not conducive to positive relationship building which can allow healing. It is envisaged within New Zealand that the use of residential facilities will diminish significantly over time, as care moves towards family like settings within local communities.

Scottish context

In Scotland the number of children and young people living in residential care settings has remained at around 10% while the number of children and young people living in foster care has been increasing (SG, 2016).

We know that children and young people who are placed in secure care, are often denied the right to family life. We know that young women are often placed in secure care when at risk of harm from their community. Young people tell us that this is not the right solution for them and makes them feel like they are being punished rather than supported. Research shows us that secure can actually worsen young women's 'social, emotional and health problems' (Burman and Batchelor, 2009).

4. Priorities

The report confirms the vision set out in the Interim Report, that *New Zealand values the well-being of our children above all else*. The purpose of the review is to support all New Zealanders to make a difference in the lives of vulnerable children and young people, not just those who are paid or trained to do so.

The Panel's aspiration is that *all children and young people are in loving families and communities where they can be safe, strong, connected, and able to flourish*. If a child enters care they need to be placed with caregivers who will love and support them for life.

The three core priorities are:

To prevent children from becoming vulnerable and for them to remain safely within their birth family and community. If vulnerability is present it needs to be recognised early and families need to quickly receive the right support and services.

The service listens to and learns from the voices of the children who are experiencing and have experienced life in care. The service needs to be responsive to the child's needs and aspirations.

The indicators of success will be improved life outcomes which manifest as meaningful difference in children's lives.

5. Solutions

The solution the report found is that the most vulnerable children have the best chance of living a full and happy life if they live within families that give them life-long, stable loving relationships and if they belong to communities that cherish them.

Emphasis at each stage needs to be encouraging community based solutions, tailored formal supports, maintain loving relationships, create and retain a sense of identity, connection and belonging. This isn't just the duty of social workers and caregivers but all New Zealanders; families, communities and agencies.

The panel agreed on six objectives for a child-centred system:

1. Ensuring children have the earliest opportunity for a loving and stable family
2. Addressing the full range of needs for each child
3. Preventing victimisation of children
4. Helping children to heal and recover
5. Supporting children to become flourishing adults
6. Helping children take responsibility for their own actions and live crime free lives

Early identification, effective assessment and high quality decision making placing the child's needs at the centre. The decision-making process should be transparent and inclusive, including the child, birth family and caregivers. Identifying a suitable caregiving family must commence early, to minimise time the child waits for placement. Child and care givers should be supported to build a stable and loving relationship and child to retain relationships with birth family.

Invest in supported transitions – support and care for young people as they enter adulthood to set them up for success in education, employment, relationships and parenthood. Raising minimum age of transition to independence from 17 to 18 years, provide right to remain or return to 21 years and extend support to 25 years.

Holding high aspirations for young people.

The role of all New Zealanders

All citizens need to be engaged in supporting vulnerable children through the system. Although the government has a role in assessing needs and securing services, the love which children need must be provided by families. All citizens must actively champion the rights and interests of vulnerable children and

young people. They can contribute through the provision of safe, loving and stable homes, or providing other opportunities such as activities such as sport and recreation.

Positive Care Identity

Children and young people who enter the care system must be supported by their care givers and the wider community to embrace their care identity. Holding a care identity should no longer mean that expectations are reduced. Achievements should be celebrated and young people should be encouraged and supported to aim high.

Independent Advocacy

The child-centred system must embed the voice of young people in the decision and delivery of services. Independent advocacy will be provided at an individual and system level through a government funded NGO.

Youth Justice

Youth justice services must prioritise the prevention of offending. Youth offenders must be seen as vulnerable young people. Upper age of jurisdiction of the Youth Court will be extended to 18.

Social Investment Model

Research into human development tells us unequivocally that early intervention for those at high risk results in the best long term outcomes. Early investment at the earliest point, before problems are entrenched can lead to significant fiscal and social benefits.

There is a significant difference between the lifetime costs for children and young people who have had contact with the system and those who have not, this cost also increases with the intensity of the contact with the system particularly through care.

The benefits of the investment are measurable in terms of avoidable lifetime costs in the social welfare, justice and health systems and potential productivity. Analysis of children born in the 12 months to June 1991 found that of children who were in a care placement by the age of 21:

- Almost 90 per cent are on a benefit
- Around 25 per cent are on a benefit with a child
- Almost 80 per cent do not have NCEA Level 2
- More than 30 per cent have a Youth Justice referral by age 18
- Almost 20 per cent have had a custodial sentence
- Almost 40 per cent have had a community sentence.

The total investment is estimated to be NZ\$1.3 billion per annum by financial year 2019/20. This increased investment will be met through a combination of new funding and a reallocation of funding.

The increase in expenditure and transition costs would be phased in over a 5-7 year investment period. The expected reduction in future liability is expected to be seen in the third year and once the forward liability model is built, formal liability targets would be established. It is estimated that within 5 years of implementation of the new model there will be a 20% saving, and within a generation a 50% saving on the costs of vulnerability over a lifetime.

6. Implementation

New Zealand are implementing a fundamental set of changes to the structure and accountabilities of the system.

In the current system accountabilities are diffused and shared; a fragmented system. This will be replaced by a single department – The Ministry for Vulnerable Children, also given a Maori name **Oranga Tamariki**, meaning young people's welfare. This department is a social investment department, rather than a social welfare department. It covers services for all vulnerable children not just those in need of statutory care and protection. The department must partner differently with the sector and the community, including families, and this is reflected in the values of the department.

The workforce will need to be more specialised, and provide the wide spectrum of skills required to meet the children's needs; new training will be needed as the system moves towards trauma-informed and evidence based practise.

Legislation and policy change – child centred and enforceable set of Crown duties with clear objectives around provision of stable and loving care and a framework for information sharing, delivery models and collaboration.

The changes will happen through two significant tranches of work, each approximately 24 months in duration.

7. Measuring Success

Success will be measured by achievement of the following:

- a) Improved long-term outcomes for children and young people
- b) Achievement of a return on investment; reduced future social, economic and fiscal costs
- c) Stability of care through long-term relationships in safe and loving homes,
- d) Reduction of re-abuse and re-victimisation (including in care),
- e) Reduction of churn and number of care placements,
- f) Reduction of reoffending rates for youth offenders,
- g) Addressing the over representation of Māori children and young people in care and the Youth justice system
- h) Giving vulnerable children and young people a voice in the services they receive.