



Caring Families
AOTEAROA

CARE AND PROTECTION GREEN PAPER

**TE PEPA KĀKĀRIKI ATAWHAI
ME TE WHAKAMARU
2023**

FOREWORD **KUPU TAKAMUA**

This green paper presents ideas and opportunities that build on the direction of previous policy development to ensure a high performance of New Zealand's care and protection system and outlines proposals to ensure the system works better.

Caring Families Aotearoa is dedicated to supporting the thousands of children in care, by supporting their caregivers. These very special people who open their hearts and homes to children in care need strong support to ensure they provide stable and secure homes.

Caregiving can be challenging, lonely, and frustrating, but good support from all the agencies involved with the child/ren and the caregiver, can ensure all caregivers feel supported and have the ability to provide a safe, nurturing home, and the capacity to understand how trauma impacts a child's behaviour.

Unfortunately, there have been failures in delivery and implementation, and huge disparities in the current system, which in turn is damaging the capability of caregivers to provide the best care. There remain huge opportunities to grow the ways in which our system serves and includes Māori, and therefore all of New Zealand, including placing Te Tiriti at the forefront of its design.



A CAREGIVER STORY TE KŌRERO A TĒTAHI KAITIAKI

Kia ora,

My Tāne and I have been passionate, dedicated caregivers for 50+ years with Oranga Tamariki, looking after some of our most vulnerable tamariki and mokopuna. The driving force of why we do what we do is personal, motivated by the care I received growing up in foster care with several other tamariki whāngai. We were cared for by two of the most amazing people (mum and dad), who dedicated themselves to providing us with unconditional love, in a warm, happy, well-rounded environment, ensuring we received a proper education. Today we continue to be a close-knit whānau.

My Tāne is also from a very large, extended whānau and he too had a privileged upbringing, with the added benefit of being raised in, and by, the Pa or village. All we want is to give back what we were privileged to have and make a difference in a child/rens life.

The 21st Century has brought with it a new dawn of extreme, higher levels of complexities that we are now seeing, designer drugs (meth), compounding attention deficit hyperactive disorder (ADHD), oppositional defiance disorder (ODD), fetal alcohol spectrum disorder (FASD), mental health, substance abuse, domestic violence, suicidal ideology, emotional/physical/sexual abuse and neglect, separation or divorce, unintended pregnancy, just to name a few.

Ensuring the best caregiving conditions is dependent on the skills of the caregiver, however, this requires support from all the agencies involved with the child/ren, and this has not, in many instances been the case.

It is my strong personal belief, that to overcome the failure and frustrations that exist, we need to embrace or develop a strong working partnership with government agencies, educators, NGO's, and charitable support networks. All we want is the best for our tamariki in care.

We need to get the care and protection system working right, and this is well overdue as the cracks have widened in the last couple of years.



Ann Mitchell
Waikato Tainui, Ngāti Pāoa o Hauraki
Caregiver Board Member of
Caring Families Aotearoa

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EXECUTIVE SUMMARY

WHAKARĀPOPOTOTANGA MATUA

This report discusses the performance of New Zealand's care and protection system and outlines proposals to make the system work better. It has been prepared by Caring Families Aotearoa, an organisation which represents the interests of caregivers and the children and young people they care for.

The care and protection system is the set of policies and institutions that are designed to look after children and young people who are not able to live with their parents for reasons of safety. There are two parts to the system.

- The first is statutory care, which is overseen by Oranga Tamariki and the courts.
- The second is informal care, where family members (often grandparents, aunts or uncles) take on responsibility for looking after children at risk.

There is a lot of movement between the two parts, but they do not currently operate as a cohesive and well-functioning system. Children and young people in informal care have similar needs to those in statutory care but are not eligible for the same level of assistance.

Māori tamariki and rangatahi are significantly over-represented in statutory care, reflecting the legacy of colonisation and the marginalisation of tangata whenua. Historic failure to maintain whakapapa connections for tamariki and rangatahi has been a major factor in perpetuating their marginalisation. Culture is integral to well-being, and recovery from trauma is not possible without ensuring cultural connection and belonging.

Children and young people in care tend to have high and complex needs, especially developmental delays and behavioural issues. These needs reflect the fact that the young people have often experienced considerable trauma, such as family violence or parents with substance abuse issues.

Children and young people in care also tend to face poor life outcomes, including lower levels of educational achievement, higher mortality rates and more frequent engagement with the justice and prison system.

The care and protection system has gone through considerable reform and change in recent years. The direction of many of these changes has been positive, such as seeking to keep children and young people out of state care, acknowledging te ao Māori and growing the role of iwi organisations, and better recognising the needs of children in care and protection practice.

But implementation and delivery has been problematic. Children in need have fallen through the cracks and died. Independent monitoring of Oranga Tamariki has revealed troubling information gaps, poor consultation with children and young people, insufficient follow-up and implementation of plans, inadequate support for caregivers and weak financial controls.

The system should do what it aims to – protect children at risk of harm, build connections with those who love them, and support them to heal. The system should minimise disruptions in placements and case management, and pay more attention to the progress and needs of the children – especially attachment. Caregivers are the front-line of the system and need the right help to do their work.

WE THINK A NUMBER OF CHANGES ARE NEEDED TO DELIVER REAL HEALING FOR CHILDREN IN CARE:

- Too much is being expected of Oranga Tamariki. The community sector needs to be formally recognised as a partner in the system, with the Government planning to grow the sector's capability and fill critical gaps. This will allow Oranga Tamariki to focus on what State agencies can do best.
- Discrimination against children and caregivers in informal care arrangements needs to end. Children in informal care can have considerable needs, and should be given the same support as those in statutory care.
- Oranga Tamariki needs to live up to its obligations to prepare and support people to be caregivers. Over time, this function should be transferred to the community sector.
- There should also be greater recognition of, and encouragement for, training and development of caregivers. Having a cohort of well-trained and experienced caregivers gives the system more strength, and means that better support (eg, respite care) can be given to struggling families and whānau.
- Social workers responsible for children in care, and those responsible for recruiting and supporting caregivers and their supervisors, should have specific training on the impact of trauma and the help that children and their caregivers need to facilitate healing and recovery.
- Oranga Tamariki social workers must understand their unique role as facilitators of care placements and have the skills and knowledge to engage with children, caregivers and birth families to ensure plans are properly implemented and reviewed.
- Oranga Tamariki social workers also need to recognise and respect the experience of those working in the community sector (iwi and non-government organisations) and work in genuine partnership with them to deliver care services.
- Greater attention needs to be paid to the healing and attachment levels of children in care, and the satisfaction levels of caregivers, in the official monitoring of the system.
- Funding should be provided to introduce, test and share new care models, so that we are able to bring the best possible help to children in care.



WHAT IS THE CARE AND PROTECTION SYSTEM?

HE AHA TE PŪNAHA TAUTIAKI ME TE WHAKAMARU?

The care and protection system is made up of the policies, organisations and institutions that are designed to look after children and young people who are not able to live with their parents for reasons of safety. Broadly speaking, there are two parts to the system – statutory and informal care.

STATUTORY CARE AND PROTECTION TAUTIAKI ME TE WHAKAMARU Ā-TURE

Statutory care is set down in the law, and managed by the Ministry for Children, Oranga Tamariki.

ORANGA TAMARIKI:

- Receives and investigates reports of ill-treatment or harm to children,
- Organises Family Group Conferences to identify and resolve issues with children where there are concerns about their well-being,
- Can apply to the courts to remove a child or young person from their family where there are serious concerns about their safety,
- Organises kinship or foster care arrangements for children or young people who have been removed from their parents, and
- Is responsible for carrying out court orders about children and young people in their care, including plans to provide services to the young person, provide access to their family, and meet other needs.

As at 30 September 2022, there were 4,600 children and young people in the custody of the Chief Executive of Oranga Tamariki (Oranga Tamariki, 2023). Many of these children are placed by Oranga Tamariki with other family members or, if this is not possible, with foster caregivers. Children and young people can stay in statutory care until they are 21 years old.

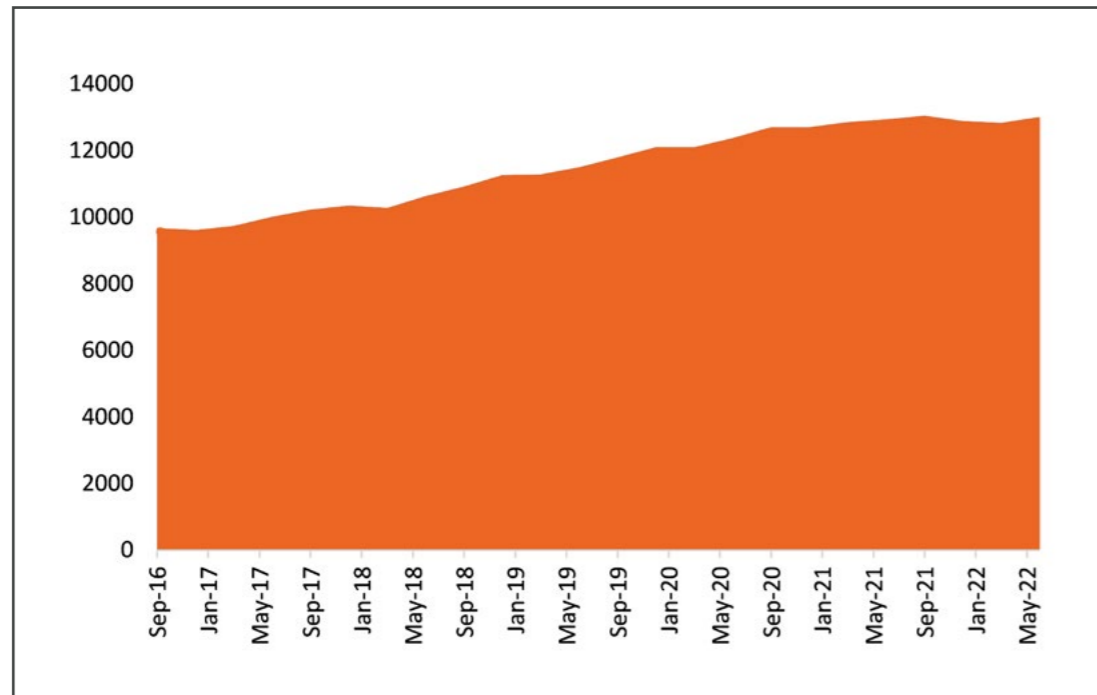
There are lots of movements in and out of statutory care. In the twelve months to 30 September 2022, 720 children and young people entered care, and 1,200 left care (Oranga Tamariki, 2023).

INFORMAL CARE TAUTIAKI ŌPAKI

Outside of statutory care, there are many children who are cared for by people who are not their parents. These caregivers are often other family members, such as aunts and uncles or grandparents. Sometimes, these arrangements are made privately, and on the initiative of concerned family members. More often, informal care arrangements are brokered by Oranga Tamariki social workers seeking to avoid children coming into statutory care. Once these arrangements are secured by Family Court orders, Oranga Tamariki has no further involvement.

We do not have good information on the numbers of informal caregivers, but one measure is the number of people who receive the Unsupported Child Benefit (UCB). UCB is paid by the Ministry of Social Development to caregivers of dependent children who are not their parents or step-parents. At the end of February 2023, there were 12,195 people receiving the UCB, who in turn were caring for 19,497 children and young people. UCB recipient numbers have been rising in recent years (Figure 1).

Figure 1: Unsupported Child Benefit numbers, by quarter



Source: Written Parliamentary Question 45617 (2022)

THE TWO PARTS ARE NOT FUNCTIONING AS A COHESIVE AND FAIR SYSTEM
KĀORE NGĀ WĀHANGA E RUA E MAHI ANA HEI PŪNAHA TŪHONOHOHO, TŌKEKE HOKI

Many children move from statutory care into informal arrangements when their caregivers become their permanent caregivers. In these situations, Oranga Tamariki discharges their orders and caregivers are granted Family Court Orders. Financial support is then provided through the UCB.

Caregivers and young people in informal care do not receive the same special health, education or other professional support available to those in statutory care¹. This is despite the fact that children and young people in informal care often have high needs.

¹Children and young people in statutory care are formally assessed for needs (through a process called Gateway). If they are transferred over into informal care, those assessments may stay in the system. However, children who enter informal care directly do not have access to these assessments.



WHO ARE THE CHILDREN AND YOUNG PEOPLE IN CARE?

KO WAI NGĀ TAMARIKI ME NGĀ TAITAMARIKI E WHAKAMARUHIA ANA?

MANY KIDS IN CARE HAVE HIGH AND COMPLEX NEEDS HE NUI, HE TUATINI HOKI NGĀ HIAHIA O NGĀ TAMARIKI TOKOMAHA E WHAKAMARUHIA ANA

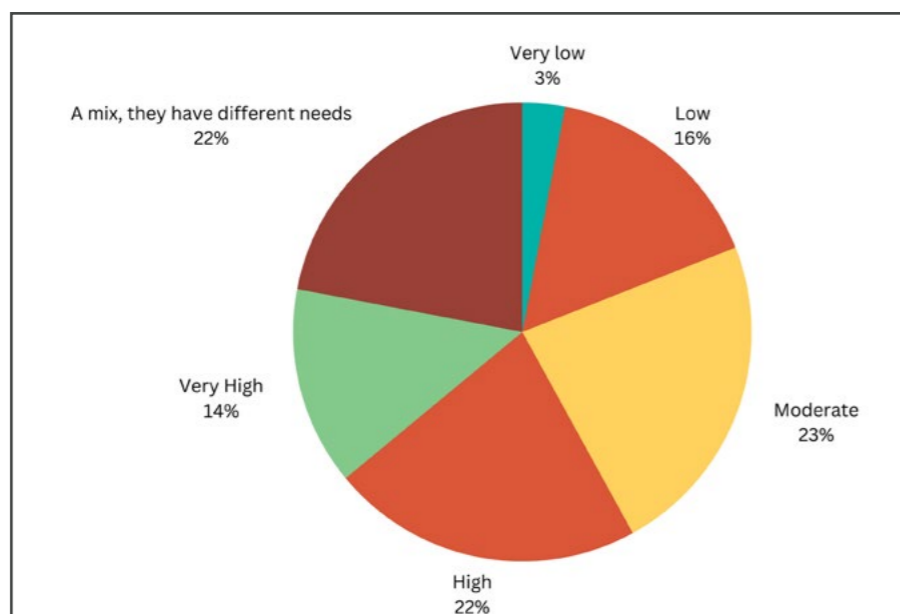
Children and young people in care often come from troubled backgrounds, and many have experienced significant trauma. Oranga Tamariki research illustrates the scale of these traumas:

- 71%** of children who entered statutory care in 2019 had had a sibling in placement during their lives.
 - 61%** came from a family that had a report of a family violence incident during the last year.
 - 75%** had a parent who had involvement with the correctional system (eg, had been in prison, on remand, on home detention or community sentence).
 - 70%** had a parent who had received substance usage treatment in their lifetime.
- Source: Oranga Tamariki, 2022

The most recent report from the Independent Children’s Monitor noted that between thirty and fifty percent of the children and young people in care were estimated to have fetal alcohol spectrum disorder (2023, p.21). And research by Oranga Tamariki in 2020 found that children and young people in care were 2.6 times more likely than children not in care to have at least one indicator of disability (Oranga Tamariki, 2020).

Many children and young people in care have a range of behavioural issues or other needs. A recent Caring Families Aotearoa survey of caregivers shows the range and severity of the issues that they face (Figures 2 and 3).

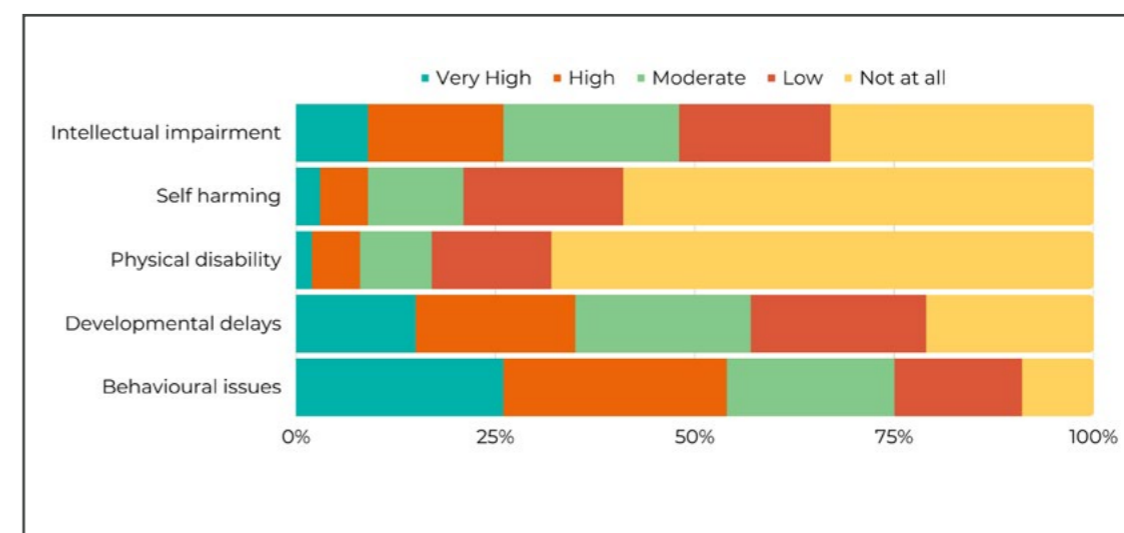
Figure 2: Caregivers’ perceptions of the severity of their child/ren’s needs



Source: Caring Families Aotearoa, 2023
Note: n = 757

Caregivers report that behavioural issues and developmental delays are the most prevalent and most severe challenges their children face (Figure 3).

Figure 3: Types of challenges faced by children in care



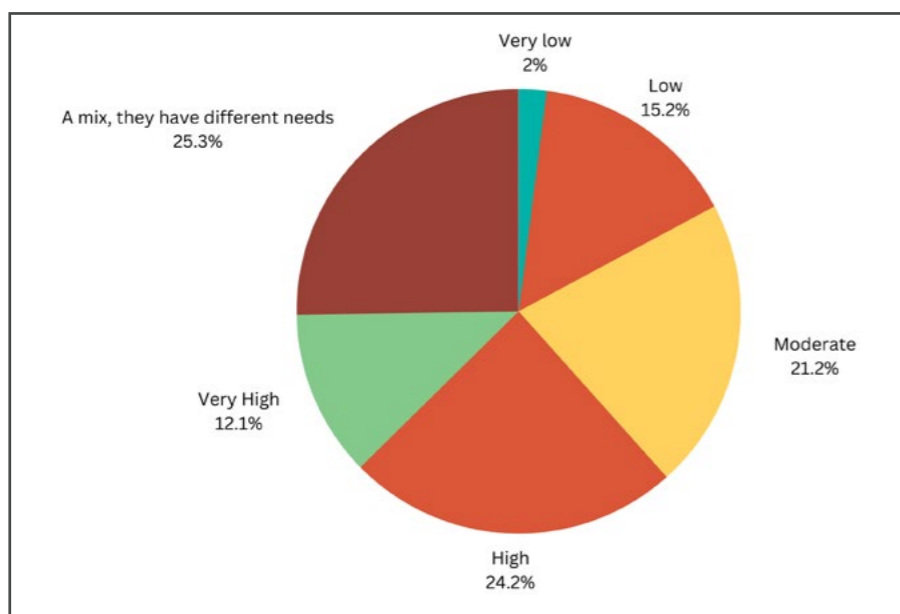
Source: Caring Families Aotearoa, 2023
Note: n = 753

CHILDREN AND YOUNG PEOPLE IN INFORMAL CARE PATHWAYS HAVE SIGNIFICANT NEEDS TOO HE NUI HOKI NGĀ HIAHIA O NGĀ TAMARIKI ME NGĀ TAITAMARIKI I ROTO I NGĀ WHAKAMARUTANGA ŌPAKI

Most public and official attention paid to the care system focuses on people in statutory care. However, as the Caring Families Aotearoa survey of caregivers shows, the needs of children in informal care closely match those of children in the statutory system. Over a third of children and young people in both care pathways had ‘very high’ or ‘high’ needs (Figure 4).

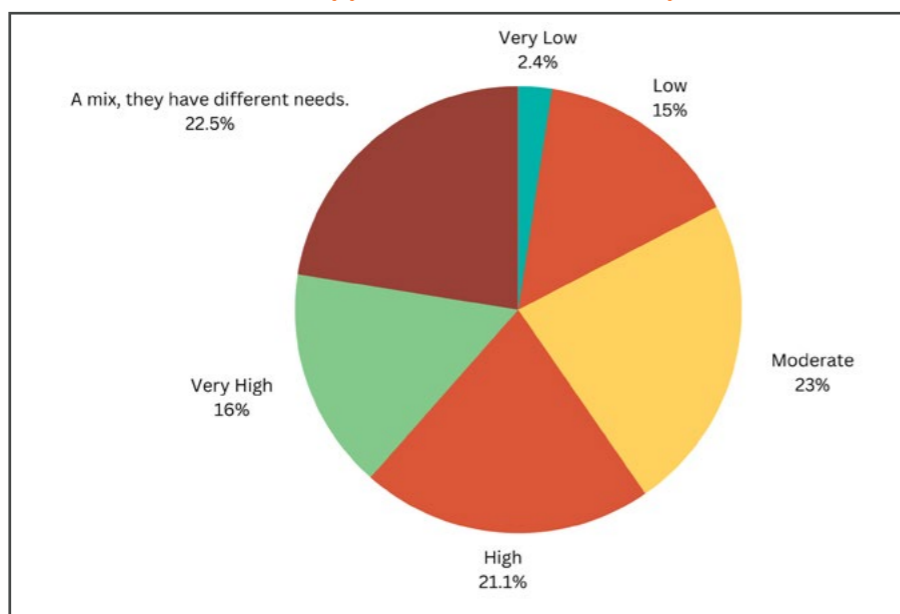
Figure 4: Caregivers’ perceptions of the severity of their child/ren’s needs, by care pathway

Statutory care (caregivers receive Foster Care Allowance)



Source: *Caring Families Aotearoa, 2023*
Note: n = 362

Informal care (Unsupported Child Benefit, Orphans Benefit)



Source: *Caring Families Aotearoa, 2023*
Note: n = 374

**MANY KIDS IN CARE CYCLE IN AND OUT OF THE SYSTEM
HE TOKOMAHA NGĀ TAMARIKI E HURI ATU ANA, E HURI MAI NEI I TE PŪNAHA**

Many children and young people interact with the care and protection system on multiple occasions. Treasury and Ministry of Social Development research into the features and outcomes of children in the care system found that of “the 28,079 children who are currently

engaged with the [care and protection] agency in some form, 70% have been previously notified to the agency (on average six times), 20% have had previous findings of maltreatment and 20% have previously been in care.” (Templeton et al., 2016, p.6). The authors concluded this was most likely an underestimate.

**AND CHILDREN IN CARE TYPICALLY FACE POOR LIFE OUTCOMES
KA MUTU, HE NUI TE PĀNGIA O NGĀ TAMARIKI E NGĀ HUA ORANGA HĪROKI**

The Treasury and MSD research also pointed to the poor life outcomes that children and young people who interact with the care and protection system can face.

They found that by age 21, “individuals who had any level of care and protection contact with Child, Youth and Family² were more likely than the general population to have:

- Left school with less than a level 2 NCEA qualification
- Been in receipt of a main benefit
- Been in receipt of a main benefit with a child included
- Been referred to Child, Youth and Family for youth justice reasons
- Received a community or custodial sentence in the adult corrections system.” (Templeton et al., 2016, p.10)

Mortality rates for children and young people with an experience of the care system are more than twice as high as for those with no contact, and other research has found that children in care experience higher school stand-down and expulsion rates, lower primary health enrolment rates, and higher use of mental health services (ibid, pp.11, 30).

These poor life outcomes come at a high fiscal cost to the government and the community. For people who had at least one care episode, “the average amount of Child, Youth and Family spending was almost \$100,000, and the subsequent benefit and corrections expenditure to age 35 was over \$200,000” (ibid, p.14). Similar fiscal costs have been found in international studies (Australian Institute of Family Studies, 2018).

²The predecessor agency of Oranga Tamariki



HOW HAS THE SYSTEM PERFORMED?

PEHEA TE MAHI A TE PŪNAHA?

THE BROAD DIRECTION OF POLICY IS RIGHT E TIKA ANA TE AHUNGA WHĀNUI O TE KAUPAPAHERE

The care and protection system has undergone significant change over the past decade. The agency in charge of the statutory system was replaced (Oranga Tamariki took over from Child, Youth and Family in 2017), the legislation governing the system has been amended several times, there have been many reviews of the system, and the focus of government policy has changed.

It is clear from international and local experience that the State is not well-placed to care for children in need, and too often causes further harm. The current Royal Commission of Inquiry into abuse in state care is only the most recent illustration of this harm.

The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions was established in 2018 to “identify, examine and report” on:

- the nature and extent of abuse that occurred between 1950 and 1999;
- the factors that caused or contributed to abuse;
- the impacts of abuse on individuals, their families and communities;
- the circumstances that led to people being taken into care;
- lessons learned; and
- redress processes for those people who experienced abuse.

Research conducted for the Royal Commission by Martin Jenkins estimated that around 655,000 people passed through state or faith-based care settings between 1950 and 1999, and that between 114,000 and 256,000 people may have experienced abuse – around 17-39% of the cohort (Martin Jenkins, 2020, p.8).

In their interim report, the Royal Commissioners commented that:

“this work indicates that even on conservative estimates, there has been more abuse in care than previously thought. It is likely these figures are an underestimate of the problem, for reasons outlined in the report itself. Another point to stress is that abuse in care continues to this day.”

“The people who have been abused in care come from all backgrounds and situations. A distinctive feature of our inquiry is that many come from the most disadvantaged or marginalised segments of the community – children, young people and vulnerable adults, particularly from Māori whānau, Pacific families, children from impoverished backgrounds, disabled people and women and girls” (2020, p.14)

Other countries and jurisdictions have held or are holding similar inquiries into abuse in state care, including Australia, Canada, England and Wales, Northern Ireland and Scotland.

There is much in the recent reforms that is good. Moving to a model where children in need are placed with family, whānau, and capable caregivers has the potential to make a big difference to their wellbeing. Many other countries and jurisdictions have been making similar shifts.

Similarly, the move by the government to expand and encourage the role of iwi providers and other Māori organisations in the care and protection system is welcome and overdue. Māori children and young people have long been over-represented in the system. 57% of the children

and young people in the statutory care system as at 30 September 2022 were Māori (Oranga Tamariki, 2023).

Culture is integral to well-being, and recovery from trauma is not possible without ensuring cultural connection and belonging. Traditionally, statutory care has been based on an assumption that a “good” family experience was all that was needed, and the unconscious bias shaping the definition of “good” meant that the majority of caregivers were Pākehā who were perceived to be capable parents of their own children. New approaches are needed, which explicitly acknowledge and reflect te ao Māori.

And the greater recognition of the needs of children in care and protection practice is a step forward. One example of this is the National Care Standards, which spell out in regulation “the standard of care every child and young person needs to do well and be well, and the support all caregivers can expect to receive when they open their hearts and homes to tamariki.” Another is the step recently taken by Oranga Tamariki to set up a dedicated transitions service, to support the successful exit of young people from statutory care.

BUT IMPLEMENTATION AND DELIVERY HAVE BEEN PROBLEMATIC **ENGARI KUA RARU NEI TE WHAKAURUNGA ME TE WHAKARATONGA**

While the objectives of policy have been laudable, it has yet to fulfil those goals. The system is under immense pressure, and is failing both to provide safety from harm and the basics needed for children and young people to heal.

Too many children and young people are falling between the cracks, with tragic results, such as the murder of Malachi Subecz. In his review of the case, Chief Ombudsman Peter Boshier concluded that “Oranga Tamariki has acted contrary to its own policies which require the well-being of children and their families to be central to decision-making. Oranga Tamariki does not appear to have fulfilled the bare minimum of the process required to ensure Malachi’s safety” (Ombudsman, 2022, p.8). Press reports suggest that internal process failures within Oranga Tamariki – such as the absence of proper supervision and oversight of a graduate social worker assigned to Malachi’s case, and the lack of follow-up to concerns raised by staff at the Tauranga office – contributed to the tragedy (Quill, 2022).

The system is also failing to deliver on the minimum standards set by recent reforms. The National Care Standards (NCS) have been in force since 2019, yet in its most recent report, the Independent Children’s Monitor concluded that “Oranga Tamariki is yet to fulfil the regulatory requirement to self monitor its compliance with the NCS Regulations” (2023, p.10.) In comparison, the two non-government organisations providing custodial care services (Barnados and the Open Home Foundation) “were able to provide data and information about every child in their care for every applicable measure. This provides a much greater level of assurance.” (ibid)

The Independent Children’s Monitor has highlighted other areas of concern, including poor engagement with children and young people, insufficient attention to basic care requirements, missing assessments of caregivers and households, and inadequate support for caregivers:

“A dominant theme across several outcomes was that social workers were struggling to find time to establish these relationships, and some tamariki, rangatahi and whānau confirmed that they were not seeing social workers as often as they needed. Last year we reported tamariki were visited by a social worker at the frequency detailed in their plan 38 percent of the time.” (p.10)

“Oranga Tamariki data shows that 53 percent of tamariki and rangatahi are registered with a GP, which has decreased from 60 percent last year. We asked Oranga Tamariki if they could tell us whether tamariki were attending annual health and dental checks as required in the NCS Regulations, however this data is still not available.” (p.14)

“Oranga Tamariki are not always assessing caregivers and their household before tamariki are placed with them.” (p.12)

“...we continued to hear that respite care remains an unmet need with only 72 percent of caregiver support plans capturing the need for respite care. Oranga Tamariki data also shows that in 48 percent of cases reviewed, caregiver social workers were carrying out planned actions to meet the caregivers’ needs.” (p.13)

Finally, Oranga Tamariki (OT) has struggled to provide assurance that it is using public funding effectively and efficiently. A financial review of the agency by KPMG found:

- “a lack of understanding of the drivers of children’s costs and the services required at different levels of need,”
- “an apparent lack of an accountability culture for spending decisions and staying within budget at all levels of the organisation”, and that
- “OT does not have a framework for determining the extent to which initiatives represent value for money.” (KPMG, 2022, p.x)



MAKING THE SYSTEM WORK BETTER

TE WHAKAWHANAKETANGA O TE PŪNAHA

SYSTEM CHANGE PANONITANGA PŪNAHA

Our starting point for the care and protection system is good outcomes for the children and young people involved. The system should do what it aims to – protect children at risk of harm, build connections with those who love them, and support them to heal. At the absolute minimum, the system should do no further harm. For us, this has two main policy and operational implications.

First, the system needs to explicitly recognise that many children and young people in the system have experienced trauma, which can make them scared and suspicious of others and which may trigger negative reactions. As the Australian Childhood Foundation (n.d) notes,

“[t]raumatised children come into a foster family believing the world is unsafe, that adults cannot be trusted, and that good things don’t happen to them. Much of their behaviour, which is often viewed as naughty or disruptive, is about survival.”

Providing a stable, caring and appropriate environment is critical to children forming attachments and healing. The system should minimise disruptions in placements and case management, and pay more attention to the progress and needs of the children.

Second, in both statutory and informal pathways, caregivers are the front-line of the system and need the right assistance to do their work. They may face behaviours and challenges that are confronting and can need help to understand how best to respond. Our vision for the care and protection system is that every care family is enabled, supported and trained to provide a safe and nurturing home.

WHAT IS NEEDED HE AHA NGĀ HIAHIA

A strong community and iwi care sector that is a true partner for Oranga Tamariki **Tētahi hapori, rāngai iwi hoki e pakari ana hei hoa mō Oranga Tamariki**

The current system is too reliant on Oranga Tamariki to deliver good outcomes for children in care. These expectations are unrealistic, and are putting children and young people at risk.

In other jurisdictions – such as Victoria in Australia – the community sector plays a larger role in delivering services to children and their caregivers and in managing case loads. This allows the state protection agency to focus on its core jobs – assessing needs, managing statutory processes and enforcing the law. It also allows for more innovation and responsiveness in the delivery of care, helps lift some of the burden of organising treatment and other support off the shoulders of caregivers, and has increasingly allowed indigenous communities to take responsibility for the care and protection of indigenous children. There are opportunities for iwi and other Māori organisations to lead in a similar manner in New Zealand, and some are already showing the way, such as Ngāpuhi Iwi Social Services, and Kai Tahu’s Tiaki Taoka.

As the New Zealand Productivity Commission has commented, some of the ways in which government agencies operate mean that they are not well-suited to tackling complex social need and circumstances. These problematic aspects include:

- the failure to work well with other government agencies and with families, friends, providers and other groups that could have positive impact on social outcomes;
- political debate and close media scrutiny which drives “operational issues to the top of the system” and promotes “risk aversion and micro-management”;
- accountability approaches and political risk management which favour “the use of prescriptive contracts, short contract periods and onerous reporting requirements. These factors work against the development and spread of innovation and discourage productive and trusting relationships between government agencies and non-government providers.” (2015, p.8)

New Zealand does not currently have a community and not-for-profit sector of the same scale and breadth as currently operates in Australia. For example, one of the major providers of care services in Victoria, Anglicare, has over 1700 staff and volunteers, an annual budget of A\$200 million (about NZ\$220 million), and can offer a comprehensive suite of services (including housing, foster care, alcohol and drug support, financial counselling, family and parenting support and family violence prevention), as well as having the resources to test and develop new, evidence-based programmes.

Part of this difference is due to Australia being a larger and wealthier country. But it is also due to Australia taking different policy steps from New Zealand, with community organisations being viewed by governments across the Tasman as key providers of human services (Australian Productivity Commission, 2018, p.238).

A survey of state government agencies conducted by the Australian Productivity Commission (APC) in 2010 found that non-government organisations delivered the majority of taxpayer-funded family and community, indigenous, culturally and linguistically diverse, and disability services. The key reasons cited by state government officials for using not-for-profit providers were their flexibility, better ability to package services, value for money, and representativeness of clients. (APC, 2010, D.9).

New Zealand cannot reach the same stage overnight. Growing the community sector in New Zealand will take time, care and resources. But the Australian experience shows that it is possible and beneficial to have non-government organisations take a more prominent role in the care and protection system. There are numerous community, iwi and other not-for-profit organisations that would be willing to step up and meet the needs that exist in the community, if the resources were available.

DRAFT RECOMMENDATIONS NGĀ TŪTOHU HUKIHUKI

We recommend that the Government:

- Set a medium-term vision of growing the community, iwi and not-for-profit sector to a position where they can take over the case management and service delivery responsibilities for children and young people in care;
- Work with the community, iwi and not-for-profit sector, and representatives of children in care, to map service needs and identify key supply gaps;
- Set clear and accurate pricing guidance for the services the government wishes to purchase;
- Move to longer-term funding contracts that enable providers to sustainably build their capability and fill identified service gaps; and
- Establish regulatory systems and performance criteria to ensure that public funds are used well, by capable organisations that deliver high-quality care.

Support that reflects the needs of the child, not their care pathway He tautoko e hāngai ana ki ngā hiahia o te tamaiti, kua ko tana ara tautiaki kē

The current system artificially divides support for children in care between those in statutory pathways and those outside. Children who are in statutory pathways are eligible for health, education and other assistance, usually to give effect to their court-approved plans. Those in informal care do not get any special assistance.

"I went to court to get custody of my granddaughter (was told it was me or a foster home by CYFS) and from that day all help and support ceased from any agency"

"Whānau placement, no notice from OT. Because we are grandparents we also did not qualify for caregiver support worker or PCSS. This is because OT did not take orders because once in our care they had "no concerns". (Carer responses to Caring Families Aotearoa survey)

But as noted earlier, many children in the informal system also have significant needs. Children in the informal system have also experienced trauma, are still at risk of poor life outcomes (with the associated social costs) and deserve the assistance required to heal and thrive.

DRAFT RECOMMENDATIONS NGĀ TŪTOHU HUKIHUKI

We recommend that the Government commit to:

- Expanding needs assessment services to children and young people in informal care arrangements; and
- Assisting children and young people in informal care to receive timely and relevant education, health and other services that respond to their assessed needs.

More and better care pathways Kia nui, kia pai ake ngā ara tautiaki+

'What works' in the care and healing of children and young people is constantly evolving. There are psychologists, therapists, social workers and researchers all over the world working on this issue. We still don't know a lot about how the brains of children and young people work, and how the effects of trauma can be best managed and ameliorated. And translating these lessons into the practices of caregivers takes even longer.

Many in the care sector have stepped up to fill these gaps. Caring Families Aotearoa on its own initiative identified and integrated Dyadic Developmental Practice (DDP) into our training and care models. DDP "aims to help family members to feel safe and connected through the development of healthy patterns of relating and communicating. Of central importance is supporting parents to manage challenging behaviour whilst also staying emotionally connected with the children." (Casswell et al, 2014, p.19). We have been fortunate to have been supported by DDP expert practitioners from Australia and the United States. And a number of iwi and Māori organisations have been developing their own trauma-informed care model, based around the harms caused by colonisation.

But as with other forms of research and development, the costs of finding, testing, trialling and refining new care methods are high and the returns are not always certain. Most community organisations do not have the resources to consistently devote to this work, meaning that care practice is not keeping up with new knowledge and methods. By comparison, Australia has a number of peak bodies, large-scale providers and centres of excellence, who focus on identifying and testing new care approaches.

DRAFT RECOMMENDATIONS NGĀ TŪTOHU HUKIHUKI

We recommend that the Government:

- Establish a contestable fund for community and iwi sector organisations to develop and test new care models. Funding decisions should be made by people with deep knowledge of care, social work, child development and trauma, with both New Zealand and international expertise. As a condition of funding, organisations should be required to publish and share their research and practice methods and models, so that lessons are shared widely across the system. The fund could be administered by existing agencies, such as the Health Research Council, to keep costs down;
- Dedicate funding for formal evaluation of existing care models, to identify the more successful approaches and areas for improvement.

More responsive, engaged and cooperative social work practice

Kia nui ake ngā tikanga tauwhiro mahi ngātahi, he tapatahi, he mataara hoki

Social work practice needs to shift away from an 'expert' model, where the statutory (ie ,Oranga Tamariki) social worker assumes responsibility for all decision-making, to a collaborative model in which their role is the facilitation of decision-making with the active involvement of the children, caregivers and birth families. Relationships with caregivers need to be founded on deep respect for their knowledge and experience of the children in their care. Currently much of what caregivers have to say is dismissed or minimised, contributing to high rates of placement breakdown.

The vast majority of birth parents retain natural guardianship and historically this has been reflected in entitlements to ongoing contact with their children. Social workers have taken a minimal role in facilitating these arrangements and there has been limited involvement beyond that. Ongoing work with birth families is needed to ensure that these arrangements are positive experiences that do not undermine placements where a return home by the child is not possible. Social workers will need to have the knowledge and skill to help all parents navigate the tensions inherent in situations where children belong to more than one family or whānau.

When iwi or community organisations are the care providers, a teamwork approach with clarity about roles and responsibilities will be needed. Statutory social workers will need to be willing to work in partnership, recognising the knowledge, skills and experience of their counterparts in the community sector.

DRAFT RECOMMENDATIONS NGĀ TŪTOHU HUKIHUKI

We recommend that:

- Working with children in care be explicitly recognised as a specialist field of practice, for which specific knowledge and training is required;
- Job descriptions for statutory social workers and supervisors working with children in care and their caregivers be reviewed to ensure they are fit for purpose and reflect a partnership approach when working with community and iwi organisations.

Better preparation and ongoing help for caregivers He whakaritenga pai ake me te tautoko auau mō ngā kaitiaki

Becoming a caregiver – whether in the statutory or the informal part of the system – can be a rewarding and transformational experience. But it can also be immensely challenging. Some family and whānau caregivers take on their responsibilities at short notice, and many caregivers have little preparation for the tasks ahead, such as effectively managing behavioural or developmental issues.

As part of its regular survey of members, Caring Families Aotearoa asked caregivers what sort of training they would have found helpful. Their answers give a sense of depth and range of issues caregivers face, and the support needed.

- "Therapeutic parenting training right from the beginning. FASD [fetal alcohol spectrum disorders] training right at the beginning. More emphasis on the importance of identity and belonging with support and training offered to awahi the culture of the child."

- "I don't think anyone has any idea how difficult being a caregiver is until they are one. This is why training needs to be ongoing."
- "Any training or support from CYFS would have been great. We got none."
- "I don't understand why trauma informed parenting courses are done after you have had kids in your care for a while. I believe this information is needed prior to taking your first placement. It would help set realistic expectations for caregivers."
- "We feel we weren't adequately prepared for dealing with children that have been affected by trauma."
- "A tailored package of support. Not all people can make it to group meetings held at only one time in the week - needs to be more options and on weekends. It's not fair to expect caregivers to take an unpaid day's leave from work for training. Many can't!"
- "Trauma training!!!!!! Caregivers aren't given this nor do many know how to work with children from hard backgrounds! Our children need different parenting skills & EVERY caregiver should have this training BEFORE they care for children."

Oranga Tamariki's 2019 survey of caregivers found that six out of ten would not recommend becoming a caregiver through Oranga Tamariki, based on their experiences (p.118). Surveyed caregivers were especially unhappy about the level of information provided about the child's background, with only 41% reporting they were satisfied or very satisfied. The survey authors commented that:

"caregivers are most dissatisfied with information about past neglect, abuse or trauma (particularly for non-whānau caregivers or if the child's wellbeing is rated as not very good/poor). Oranga Tamariki needs to review what information is collected and what information can be shared. Only 16% of caregivers indicate that they received the child's care plan before the child first came to live with them." (p.12)

The National Care Standards state that support plans are supposed to be prepared "as soon as practicable" for caregivers, in order to

(a) ensure that the placement with the caregiver meets the needs of the child or young person in the caregiver's care; and

(b) identify any additional support or training that is required by the caregiver" (section 58, Oranga Tamariki (National Care Standards and Other Matters) Regulations 2018).

The Independent Children's Monitor's most recent report notes improvements in how Oranga Tamariki supports caregivers, which is welcome. However, the Independent Children's Monitor also recorded ongoing issues with respite care and follow-up actions on caregiver support plans.

"...respite care remains an unmet need with only 72 percent of caregiver support plans capturing the need for respite care. Oranga Tamariki data also shows that in 48 percent of cases reviewed, caregiver social workers were carrying out planned actions to meet the caregivers' needs. Caregivers also told us about not having contact with social workers as often as they needed and about the lack of information they receive about tamariki and rangatahi in their care. (Independent Children's Monitor, 2023, p.13)

In the short run, Oranga Tamariki needs to ensure full and ongoing compliance with the caregiver support plan obligations in the National Care Standards. Over the medium-term, however, the development and implementation of caregiver support plans and other support is an area that could be transferred to suitable community organisations.

More broadly, the system should do more to recognise experience and capability by caregivers, and encourage their ongoing development. Some caregivers have fostered multiple children over the years, and have built up considerable skill and expertise in recognising and responding to the challenges faced by children and young people. They are expert practitioners, who could be used to give the system more strength and effectiveness (eg, safer and more effective emergency placements) and offer better support (eg, respite care) to struggling families and whānau.

DRAFT RECOMMENDATIONS NGĀ TŪTOHU HUKIHUKI

We recommend that:

- The Minister for Children direct the Chief Executive of Oranga Tamariki to achieve full compliance with regulations 58-65 Oranga Tamariki (National Care Standards and Other Matters) Regulations 2018 within 6 months;
- The Chief Executive be required to report publicly on progress towards this goal;
- The Government agree to trial transferring responsibility for developing and implementing caregiver support plans to suitable community organisations within the next 3 years, and commence work now on the necessary policy and contracting models;
- Oranga Tamariki work with iwi and community organisations to identify 'expert caregivers', who can then be asked to form a caregivers' reserve (with appropriate compensation).

More measurement of the wellbeing of kids in care **Kia nui anō te ine i te hauora o ngā tamariki i ngā whakamarutanga**

The volume of information about the care system has expanded considerably in recent years and new organisations such as the Independent Children's Monitor are adding real value by bringing the perspectives and voices of children and young people more centrally into consideration.

The current measures are important, but focus primarily on processes and inputs (such as whether plans are in place, or the numbers and frequency of visits by social workers). There is little in the current indicators that captures how well children and young people are healing and forming attachments. These are the key outcomes that matter for children and young people's wellbeing and life opportunities, and they deserve greater attention.

Nor is there regular public reporting on caregiver satisfaction levels or care results, which is another important measure of the care and protection system's performance.

DRAFT RECOMMENDATIONS NGĀ TŪTOHU HUKIHUKI

We recommend that the Independent Children's Monitor

- Work with child psychologists, care providers and representatives or caregivers and children in care to develop measures and appropriate survey methods to measure (a) child healing and attachment progress, and (b) caregiver satisfaction levels over time;
- Publicly and regularly report on the results of these measures and surveys.

FEEDBACK WHAKAHOKI KŌRERO

This Green Paper is the views of Caring Families Aotearoa about the care and protection system in New Zealand and our recommendations to improve outcomes for tamariki and rangatahi in care.

The release of our Green Paper signals the start of our consultation process. In order to gather a broad base of views that draws on the collective wisdom, experience and inspiration across the care and protection sector, we launched a feedback survey in June 2023.

The survey closed at the beginning of August 2023, and we received feedback from over 30 individuals, from government organisations, ministry officials, other relevant care sector organisations, as well as our caregiver members. As of August 2023, we are collaboratively working with relevant non-government organisations (NGOs) to progress our Green Paper to a White Paper which will be presented to government and offer our collective, high-level vision for the Care and Protection System in Aotearoa.

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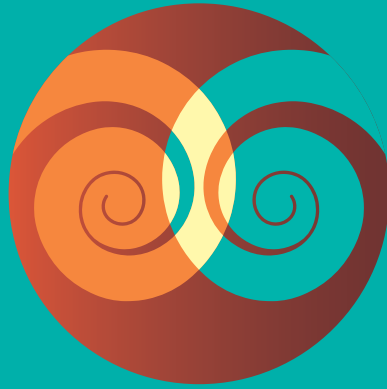
ENDORSEMENTS WHAKAMANA



Grandparents Raising Grandchildren Trust NZ (GRG) provides support services and caregiver education programmes to over 6,000 grandparent and whānau care families nationwide, the majority of whom are non-statutory kin/whānau caregivers of children and young people who have had, at some point, some level of care and protection contact within the system. GRG have considered this Green Paper and confirm GRG's experience and research aligns with the observations contained in this report. GRG endorses the recommendations and further supports the call for sector-wide stakeholder consultation and engagement with Government for the implementation of a care and protection model that will ensure all children in statutory and non-statutory care receive the support and care they need to heal and thrive.



VOYCE Whakarongo Mai exists to listen to and advocate for the needs of young people with care experience, alongside their community of carers, whānau and the wider care system. We ensure the voices of young people in care are central to any decisions made about the care sector. VOYCE – Whakarongo Mai welcomes the Care and Protection Green Paper introduced by Caring Families Aotearoa. The issues highlighted align closely to the issues and concerns that care experienced young people share with us. VOYCE – Whakarongo Mai endorses the recommendations, and supports the call for sector wide consultation to support the implementation of a Care and Protection sector that truly does 'care' so that each and every young person with a care experience feels cared for, supported, safe and loved.



Caring Families

AOTEAROA

CARE AND PROTECTION GREEN PAPER
TE PEPA KĀKĀRIKI ATAWHAI ME TE WHAKAMARU
2023