

Expert Panel Final Report



Investing in New Zealand's
Children and their Families

DECEMBER 2015

Cover artwork painted by a young woman (aged 17) with experience of the youth justice system, and her social worker.

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Table of Contents

1. Foreword	3
2. Executive Summary.....	5
2.1. Recommendations.....	20
3. Introduction	34
3.1. Purpose.....	34
3.2. Terms of Reference	34
3.3. An Overview of this Report	35
3.4. Designing a Future System	35
3.5. How We Will Measure Our Success	38
4. Case for Investment	41
4.1. The Extent of Childhood Vulnerability	41
4.2. The Case for Investment is Compelling	42
4.3. New Analysis Further Supports the Case for Investment.....	45
4.4. Young People who Offend also Experience Poor Life Outcomes	48
4.5. Experiences of Young People, Families, Caregivers, and Front-line Workers.....	50
5. The Future Operating Model	56
5.1. Vision and Purpose	56
5.2. Operating Model Overview	56
5.3. Building Blocks of the Future Operating Model	58
6. Target Operating Model Layers	71
6.1. Customers.....	71
6.2. Services.....	72
6.3. Delivery Channels	111
6.4. Business Processes	116
6.5. Information.....	116
6.6. Technology	121
6.7. Organisation	127
6.8. People.....	139
6.9. Property.....	148
7. Policy and Legislation.....	151
8. Investing in the Future.....	157

8.1. An Investment Approach for Vulnerable Children	171
9. Implementing the Recommended Changes	176
9.1. Management Approach.....	176
9.2. Overall Approach.....	177
9.3. Delivery Timeframe and Sequence of Changes.....	180
9.4. Structure and Governance Arrangements	188
9.5. Governance and Management Processes	194
10. Conclusion.....	206
11. Appendices	208

1. Foreword

Regular reviews of the contemporary care system in New Zealand have been undertaken, but not one has produced sustained positive changes in the lives of our vulnerable young people.

In April 2015, the Minister for Social Development established an Expert Panel with a mandate to determine how to tackle this most pressing issue that faces contemporary New Zealand: *How can we transform the lives of our vulnerable children once and for all?*

This review is different from its predecessors because alongside caregivers, families and front-line staff, it prioritised the voices of vulnerable children and young people throughout its reflections and design processes. Never before have they been viewed as vital participants in delivering the solution that determines their lives.

The solution this review found is that our most vulnerable children have the best chance of leading a full and happy life if they live within families that give them life-long, stable, loving relationships and if they belong to communities which cherish them. These are simple solutions but it will take strong leadership, time, structural change and cultural transformation to deliver them.

The priority is to prevent children from becoming vulnerable by supporting birth families to be able to parent effectively. When vulnerability is present, we will recognise it early and give families the support and skills to make sustainable changes. If a child has to enter care then they will be placed with caregivers who can love and support them for life. At each stage the emphasis will be on encouraging community-based solutions, alongside tailored, formal supports to maintain loving relationships and create and retain a sense of identity, connection and belonging.

Social workers and caregivers alone cannot deliver this solution. Families, communities, agencies, and all New Zealanders must step forward and claim these vulnerable children as their own, recognising the part they can play in improving their lives. Love lives within families. The State and communities must do their utmost to make sure it thrives.

This report sets out a globally leading blueprint for a transformation of care, protection and youth justice practices. It is an exciting but feasible vision. It will enable children to be happy and grow into thriving adults, whilst reducing the social problems and associated costs that affect so many when we fail to love and protect them. In order to deliver on this vision it will take courage, leadership and commitment from all of New Zealand.

The Panel's vision is that New Zealand values the well-being of our children above all else, and we believe the changes recommended in this report will set the trajectory for this.

Paula Rebstock (Chair)

Mike Bush

Peter Douglas

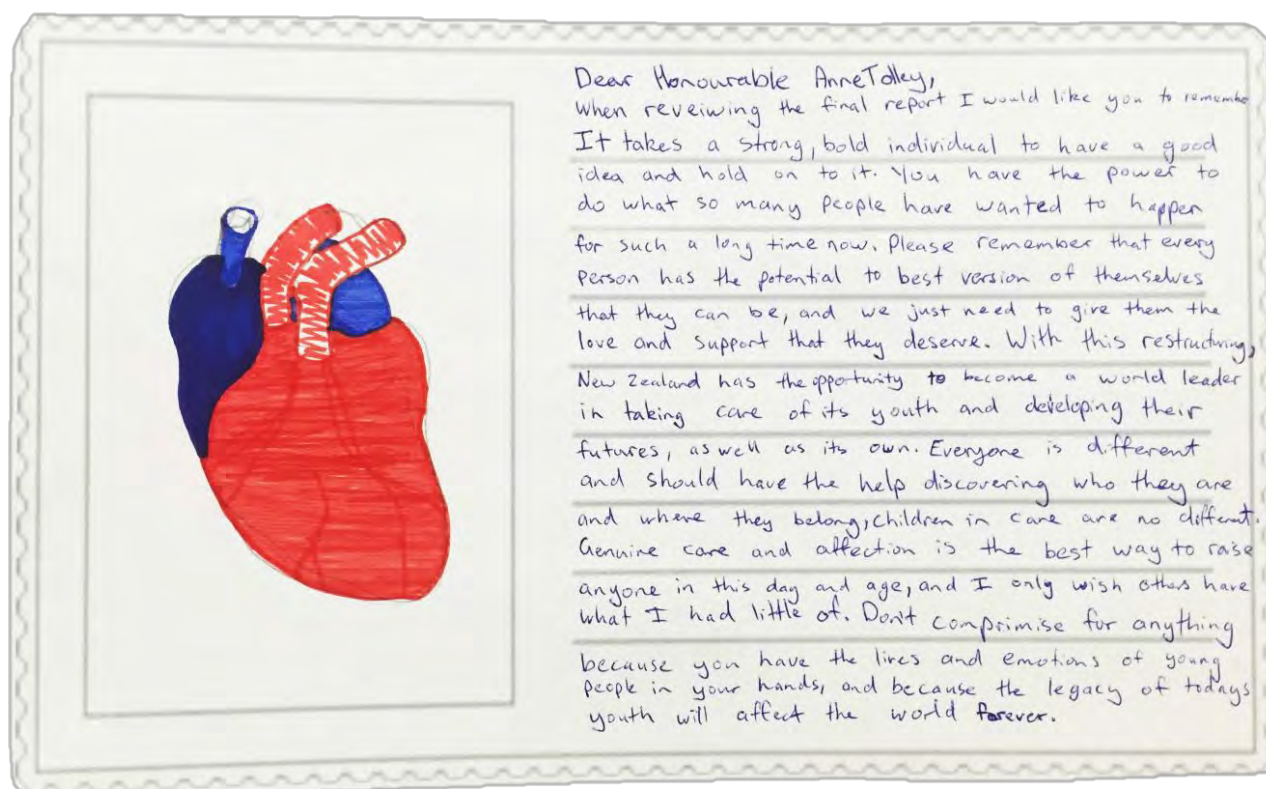
Duncan Dunlop

Helen Leahy

Professor Richie Poulton

Ko te pae tawhiti whāia kia tata, ko te pae tata whakamaua kia tīna
Seek out the distant horizons and cherish those you attain

Dr. Whakaari Rangitakuku Metekingi, CBE



Postcard from a Youth Advisory Panel member to Minister Tolley, 2015

2. Executive Summary

The purpose of this review is to support all New Zealanders to make a difference in the lives of our vulnerable children. This report sets out recommendations for a future operating model for Child, Youth and Family (CYF), including the systems, structures and future investments needed to provide better lives for our children and young people.

New Zealand's vulnerable children are living in environments with high levels of need and deprivation, often experiencing the combined impacts of long-term unemployment, low income, unaddressed physical and mental health needs, parental alcohol and drug addiction, and family violence. Many also have their own complex needs including physical, learning, intellectual, and mental health disabilities. Each year about 60,000 children are notified to CYF, and at any point in time about 4,900 New Zealand children are in statutory care.

In July 2015 the Expert Advisory Panel delivered an Interim Report, establishing a foundation review of the current operating model, engaging with children, young people and front-line staff, and developing the principles, purpose and objectives of the future system for vulnerable children. 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.

The Panel has now completed the design of a new operating model, which has been informed by a collaborative process with children, young people, families, caregivers, victims, experts from across the system, and an extensive review of local and international research.



“What makes me happy - a child's drawing showing they feel loved.”

PARENT

What follows reflects a thorough re-think, informed by a broad range of stakeholders, to ensure a fit-for-purpose response to child vulnerability in New Zealand. It is informed by three core tenets: the service response should be guided to investing in prevention with a view to changing long term outcomes; the indicators of success will be improved life outcomes, and manifest as meaningful differences in children's lives; and that the service learns from the voices of the children who have experienced it. This will ensure that children's welfare remain paramount at all times. Put simply, the future service must be responsive to the child's needs *and* aspirations.

This report details how we can improve the lives of vulnerable children and young people, the building blocks and component parts of the future operating model needed to deliver this experience, and the recommended plan for implementation.

The current system does not meet the needs of vulnerable children and young people, or help them grow into flourishing adults

The Panel's Interim Report established that the overall purpose of the system is to ensure all vulnerable children and young people are in loving families and communities where they are safe, strong, connected and able to flourish. The definition of vulnerable children is those children who are at significant risk of harm now and into the future as a consequence of their family environment and/or their own complex needs, and young people who have offended or may offend in the future. Currently around 230,000¹ children under age 18 may experience vulnerability at some point during their childhood, and around six out of 10 of this group are likely to be Māori.

Fundamental to the review has been the ensuring that the voices of children and young people are heard and prioritised, as well as those of their birth parents, caregivers and social workers. The insights from the work conducted with these groups have set the intent for the re-design of the operating model. These are summarised in the diagram below.

Figure 1: Voices of System Participants



¹ Note that this is a conservative estimate – see Chapter Four for further detail

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

1. Ensuring that 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 and young people to take responsibility for their actions and live crime-free lives.

The Panel found the current system is fragmented, lacks accountability, and is not well-established around a common purpose. Children in care not only experience unacceptable levels of re-abuse and re-victimisation, they also have poor long-term outcomes in health, education, employment and in living crime-free lives. Importantly, the system as a whole is ineffective in preventing further harm, as shown by high rates of children and young people coming back into the system.

There is a need to address the over-representation of Māori children in the system. Māori children and young people are twice as likely to be notified to CYF compared to the total population. Potential causes of this over-representation include higher levels of deprivation in Māori families, conscious and unconscious bias in the system, and a lack of strong, culturally appropriate models for strengthening families and child development.

The performance of the current system, as measured by the outcomes it is achieving, is clearly well below what New Zealanders want for our most vulnerable children.

The breadth and complexity of the needs of these children and families cuts across existing organisational boundaries, and requires a cohesive and co-ordinated response. However, the current system takes a disjointed approach to meeting needs. Roles and responsibilities have become fragmented, and there is on-going uncertainty within and between agencies on their respective roles in realising the objectives set out in the Children, Young Persons, and their Families Act 1989 (CYP&F Act). In response to difficulties navigating the system, some parts of the community and many New Zealanders have become discouraged from playing their critical role in securing loving homes and nurturing communities for all children.

Services from the social sector are aimed at broad populations and are often inaccessible, or insufficient, for vulnerable children and families. Agencies do not sufficiently prioritise work with vulnerable children ahead of their general accountability for universal services, despite the fact that vulnerable families are harder to reach and have more complex needs.

CYF, as the core agency working with vulnerable children, lacks a clear mandate to direct services from the wider sector towards helping families care for those children. This has resulted in children and families being unable to access the right services in a timeframe that prevents further escalation; limiting effectiveness of early intervention and, in some cases, contributing to further harm.

The poor outcomes experienced by children who have had contact with CYF mean they are also a sizeable proportion of the 'at risk' group of many other agencies. However, lack of cross-agency data and information-sharing means that the true cost of this is not known. Without this

information, we are unable to understand how different agencies contribute towards outcomes or to identify the true cost to government and the community of child maltreatment.

The overhaul of the system must place the child and their need for a stable, loving family at its centre

The Panel has confirmed the fundamental shift required to achieve better outcomes for vulnerable children is for the system to prioritise the earliest opportunity for a stable and loving family, and to enable all children to feel a sense of identity, belonging and connection.

This involves early and intensive support to give birth families the best opportunity to provide the love and care their children need, applying transparent and effective decision-making to identify those circumstances where this is no longer possible, and where necessary, taking timely action to identify alternative arrangements for children so they can develop relationships in a loving, stable family. This is of primary importance as ultimately this is what helps children to have happy childhoods, be resilient, develop a sense of belonging and identity, and to grow into flourishing adults.

The current system has a narrow definition of vulnerability that is primarily based on a statutory intervention model. The future system must recognise that early indicators of vulnerability provide the most effective opportunities to intervene, that the needs and context of a child are not static, and that families will move up and down the vulnerability scale and may require services over a sustained period of time. The system will define vulnerable children and young people as children who are at significant risk of harm now or into the future as a consequence of their family environment, and/or their own complex needs, and young people who have offended or may offend in the future.

A central focus on loving, stable families will deliver a very different experience for children and young people across the five major service areas of the system: **prevention** of harm through early intervention, **intensive intervention** when concerns escalate, **care support** when children are unable to live with their birth families, **youth justice services** for young people who offend, and **transition support** for young people entering adulthood.

*A focus on **prevention** by investing early in children and families:* Research is clear that early intervention in the life of a child is the most effective approach to reducing the likelihood of long-term harm.² Prevention services would focus on identifying those families with children most at risk of poor life outcomes, including those at risk of youth offending, and working with communities to broker the services families need at the earliest opportunity to provide safe, loving and stable care for their children. Where prevention services are required, they will be delivered through strategic partnerships with other agencies, iwi and community organisations, including the ability to directly purchase services on behalf of vulnerable children and their families from other agencies. The future department would have a market-making role to create the capability and capacity in the market for the services that deliver prevention outcomes.

² Center on the Developing Child. (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Cambridge, MA: Center on the Developing Child. Retrieved from: www.developingchild.harvard.edu.

Intensive intervention when concerns escalate: Where a child is at risk of harm, the agency must be equipped to respond to ensure that child's safety and well-being. Under these circumstances, the focus of the system is to understand the nature of the harm or potential harm caused, work intensively with families and whānau to keep children safe at home (where appropriate to do so), or make the decision quickly to get a child into a loving stable family (which may be within their extended family/whānau) at the earliest possible opportunity. This requires early identification, effective assessment, and high quality decision-making that places the needs of the child at the centre. A transparent and inclusive decision-making process would also build trust to encourage more families to ask for help when they need it, and for communities to be more active in identifying potential harm. The department would use direct purchasing to get the specialist services the family and child may need. The process of identifying a suitable caregiving family must commence early to minimise the time a child waits for the right placement. Work with the birth parents should continue even after a child is placed with another family. Being able to find the right match for a child requires a larger number of New Zealand individuals and families to join the pool of available caregivers.

Care support that enables children to develop life-long relationships with caregiving families: Where children are unable to live at home with their birth families, the department will work with communities to support caregiving families to build stable and loving relationships with vulnerable children in their homes, while supporting children to maintain meaningful connections with their birth family/ whānau. Care support services focus on providing a child with the earliest opportunity to build a life-long relationship – placing this at the centre of decision-making – and supporting children to maintain strong connections with their siblings and whānau. This requires increasing the number of quality caregiving families, providing comprehensive services and supports to these families to enable them to provide stable and loving homes, and recognising the importance of developing a sense of belonging, identity and cultural connectedness. Care support services would be delivered through partnerships with iwi, Non-Governmental Organisations, other agencies and communities, including direct purchasing of services on behalf of children and their families.

“ My Nan was like my favourite caregiver. Like I wanted to stay with her, but we weren't allowed for some reason. I don't know [why]. They didn't tell me. ”

MALE, 16

Youth justice services that focus on preventing reoffending and helping children live crime free lives: The youth justice approach must prioritise the prevention of offending. When children and young people offend, youth justice services must work with victims, families and communities to enable young people to take responsibility for their actions and address their full range of needs to prevent further offending, including addressing adult behaviours in the family environment. Fewer young people should be remanded in secure youth justice residences, and instead be managed in smaller, community-based settings or homes. Those young people who are required to spend time in a youth justice residence due to the nature or seriousness of their offending should receive therapeutic care that meets their full range of needs. It is important that youth offenders are seen as vulnerable young people who can be prevented from reoffending and from long term negative outcomes with the right investment. The upper-age jurisdiction of the Youth Court would be extended to age 18 to recognise the vulnerability of these young people and to align with other international jurisdictions.

There are many opportunities to improve long-term outcomes for children and young people who are at risk of offending or who have offended, and to more effectively support the victims of youth crime.

*Investing in **supported transitions** to young adulthood:* All young people require support and care as they enter young adulthood, to set them up for success in employment, health and future parenthood. Raising the minimum age of transition to independence from 17-years-old to 18 years, providing a right to remain or return to age 21, and extending the support for these young people to age 25 (inclusive) will ensure young people experience a supported transition to adulthood. It also invests by preparing them for future parenthood themselves. Young people will be enabled to attempt to live independently, study, travel or work and do it with the security that their supportive relationships are still present. For young people who have experienced care, transition services will work with caregiving families so they can be the primary source of support and care for their young people as they grow up. The department would partner with communities and iwi to broker services needed for young people. This includes practical assistance and services to equip young people to achieve their aspirations for the future, and supports for caregiving families to enable them to continue to provide love and care.

Implementing the changes to the system for vulnerable children and young people requires a new operating model

In the future, growing up in a loving and stable family must become the norm for New Zealand's vulnerable children, and the future system must be organised to support this. The future system is not a social welfare system but a cross-sector social investment system, drawing on the capability of professionals, the community and, most importantly, New Zealand families to enable children to have happy childhoods and grow into flourishing adults, and to reduce the over-representation of Māori within the system.

These changes will be delivered through the six foundation building blocks of a new operating model.

An investment approach to prioritise long-term outcomes: Research into human development tells us unequivocally that early intervention for those at high risk results in the best long term outcomes. This insight forms the basis of the social investment model, in which forward liability (the cumulative costs across a lifetime) points to the significant fiscal and social benefits of intervening as soon as possible, when problems are less entrenched and damaging.³ The investment approach will expand the focus of the department from statutory concerns to a full set of prevention activities that will allow for earlier intervention and reduce statutory demand in the long run. By using a long-term investment model that recognises the future costs of inaction and the long-term benefits of improved outcomes for children, the department will have the levers required to prioritise investment early. This will include direct purchasing of services on behalf of children and families, and working across the sector to ensure access to the right services at the right time. Access to data

³ Cunha, F. & Heckman, J. (2010). Investing in Our Young People. In Reynolds, A., Rolnick, A., Englund, M. & Temple J. A. (Eds.), *Cost-Effective Programs in Children's First Decade: A Human Capital Integration* (pp. 381-414). New York: Cambridge University Press.

and information on the uptake and effectiveness of existing services, long-term outcomes for children and families, and a complete set of risk indicators will be essential for the investment approach.

Strategic partnering to broker the right services for the right families at the right time: The current system has not ensured vulnerable children get the services they need, when and where they need them. A “negotiation and best efforts” approach across the system has failed, particularly with respect to government agencies. Providing the department with both mandate and funding will allow the purchase of required services at the right time and in the right quantity, and adoption of different delivery models. The department will not significantly expand its in-house delivery, but instead build the capacity, capability and supply of services with community and iwi to meet children’s needs. It is communities and iwi who are closest to families and can bring the connections, support and care required to support vulnerable children. Where services do not yet exist, such as specialist services to address the impacts of trauma, the department will commission these and play a market building role. The use of evidence-based monitoring of outcomes will help create a learning system to improve the quality of services commissioned and available.

High aspirations for Māori children and young people: The investment approach will address over-representation of Māori children, by increasing the focus on those children at the greatest risk of poor life outcomes and enabling investment in the interventions that make the biggest difference. The future system must take a partnership approach with iwi and Māori organisations to provide appropriate wrap-around services for vulnerable Māori

“ I think for other kids, especially Māori kids, just really realising who they are, and not losing sight of their background and their whakapapa and who they are related to can really connect them back to their family and whatever else. And I think it could push them in the right direction.”

FEMALE, 19

families, making better use of the capability and capacity of these organisations to serve the needs of Māori children and young people. This will also enable enhanced long-term relationships with iwi, Māori and community providers to provide more effective support for whānau caring for Māori children. Focused reporting will be required on the quality of outcomes for Māori children and progress in reducing the over-representation of Māori young people in the system. The professional practice framework will also build a high degree of cultural competency and confidence to support the needs of all children.

A consistent practice framework used across the system: The policies, processes, tools and best practices that underpin a new child-centred system will ensure a more coherent experience for children, young people and families. A single plan for the child and their family will be used to bring together a cohesive approach to the assessment of needs and delivery of services across agencies. A system-wide practice framework will set the foundation for developing agency-level practice frameworks with common values, principles and definitions to support professional practitioners from different disciplines working with vulnerable children and families. These will include more detailed tools, practices and knowledge that practitioners will use in their day-to-day work.

“ Of course, I respect the parents, but for me it’s the voice of the children. If they can talk, if they can say something, I will capture that. I stand up in the FGC and say ‘I stand up on behalf of your children, this is what they told me’, and I present it.”

SOCIAL WORKER

A child-centred system that embeds the voices of young people in the design and delivery of services: The Panel has been fortunate to hear directly from a number of young people on their experience of the current system, their aspirations and needs from the future system, and their strong desire to contribute to the on-going transformation of the system for future generations. The voices of these young people and those who have previously experienced care must be embedded at all levels of decision-making by providing for independent advocacy at an individual and system level, and through on-going roles in service design and governance.

All New Zealanders engaged in supporting vulnerable children through the system: Although government has a role in assessing needs and securing services, the love which children need must be provided by families. In shifting to the future system, we must engage all New Zealanders in actively championing the rights and interests of vulnerable children and young people, contributing through the provision of safe, loving and stable homes, and providing them with the opportunity to participate in school activities, sport and recreation, churches, marae and other community activities. This requires raising awareness and building understanding of the care experience, shifting attitudes and social norms, creating a sense of responsibility for outcomes, and providing opportunities for New Zealanders to take action to support vulnerable children and families.

Our Aspiration for Māori Children and Young People

The majority of the children who are known to CYF are Māori, and reducing the over-representation of Māori children and young people is important for all New Zealanders. If the re-design of the system continues to fail Māori children, then it fails us all.

Two overarching questions must drive strategy with regard to Māori children and young people:

- How can we reduce the number of vulnerable Māori children and young people coming into contact with system?
- How can we do a better job of working with the Māori children and young people in the system?

In response to the first question, the Panel proposes the future department have a target of improving outcomes for Māori children and young people that would result in the forward liability associated with poor outcomes for Māori children to reduce by 25-30% within five years, once the new operating model is in place. This would create a measurement framework that helps identify the scope for future investments and the on-going results of investment decisions in services, programmes and interventions.

The Panel anticipates an increase in demand from vulnerable Māori children and young people, due to an increasing Māori youth population and on-going underlying social and economic deprivation. One department cannot be expected to deal with the many factors that contribute to the social and economic conditions in which a number of Māori families find themselves.

Dealing with these contributing factors requires a deliberate and wide-ranging programme of actions which can assist these families to help themselves. This requires an understanding of the broad set of social factors, influences and outcomes that individually or in combination push Māori children

and young people into vulnerability.

We need a change in mind-set that sees men and women struggling with their responsibilities as parents recognised for the courage they show in seeking help and advice for what is surely the most important job anyone has – raising our children. New Zealand needs a culture where people feel able to opt in to receiving help to overcome the challenges they face, free from stigma and judgment.

We are fortunate to have Māori and iwi organisations and whānau who are ready and willing to assume responsibilities to raise these children in the way they raise their own. The new approach will make sure the opportunities such people seek are worthwhile and genuine.

This will not be easy. The nature of the problems, the location of the children and their whānau in relation to their iwi and whānau are often complicated by distance and sometimes fledgling tribal connections. The new approach will work this through using the sort of innovation apparent in recent Whānau Ora work and other iwi and Māori initiatives. Iwi organisations and Māori organisations are changing, they are more capable than they were at the advent of the CYP&F Act, and the options available to us all are better than before.

An unrelenting approach to reducing the numbers of Māori children and young people coming into contact with the system is needed. Some iwi, Māori and community groups and organisations are better placed to do things and achieve outcomes than government agencies and this should be recognised and valued. These organisations have access and influence beyond the scope of any department and are prepared to use this for the good of these whānau. We need the courage to work this through and the flexibility to develop evidence-based solutions that are necessary for different circumstances.

There has been considerable debate in the past three decades on the place of children in Māori society and on the place of whānau. Much has been said in order to emphasise the differences in Māori society from others and this is not always accurate or true. Some interpretations have confused the issue. The safety of Māori children is paramount and any work we do must be child-centred. A well-functioning whānau provides a sound basis to help solve the problems that face these children at particular times in their lives, but a badly functioning whānau can be dangerous. We must never compromise the safety, security, and sense of belonging of any child in their care arrangements.

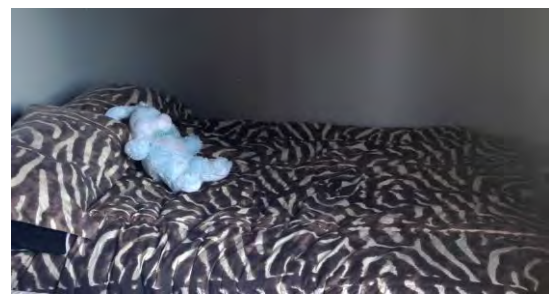
A focus on culture and identity is not the complete solution to the under-performance of the system in relation to Māori children and their whānau. It is a factor, and is one of the many tools we should expect frontline staff and other service providers to be competent in. Competency in this area alone is no replacement for the skills and expertise we expect of all our staff. Māori children deserve the best staff, the best expertise and the highest expectations.

We are designing a future department and operating model to better address and support Māori children and young people who come into care and youth justice. It must provide opportunity and invite innovation from people who hold a stake in its success or failure and the communities from which these children originate and where they will continue to live.

A fundamental set of changes to the structure and accountabilities of the system

Delivering on our commitments to children, young people and their families will require a bold rewiring of the system that supports them. Young people have told us that *“...with this restructuring New Zealand has the opportunity to become a world leader in taking care of its young people and developing their futures... Don’t compromise for anything because you have the lives and emotions of young people in your hands”*.⁴

A new department providing a single point of accountability for vulnerable children: In the current system, accountabilities are diffuse and shared. The fragmentation of the system has resulted in New Zealand’s most vulnerable being forced to navigate complex organisational boundaries to receive the care and services they need. The Panel recommends a new department with a single point of accountability for ensuring a coherent and complete response for vulnerable children and families, aligned with the purpose and objectives of the system. The department would hold the investment for the child and family, and act in partnership with the wider system to make the most of this. This department would no longer be a social welfare department but a social investment department. The accountability would cover services for all vulnerable children, not just those in need of statutory care and protection. The future department would take on the responsibility for making sure vulnerable children and families get the services they need, placing the child at the centre of the system and enabling a shift of resources towards strengthening families, preventing harm and improving long-term outcomes.



“What makes me sad - all I have is one toy to remind me of my child.”

PARENT

The future department would take on the responsibility for making sure vulnerable children and families get the services they need, placing the child at the centre of the system and enabling a shift of resources towards strengthening families, preventing harm and improving long-term outcomes.

A department with significantly expanded mandate, funding and governance: A range of possible organisational forms have been considered, with a department being the most suitable for the scale of change and statutory accountabilities. To deliver on the investment approach, the department would need to be augmented by multi-year funding, and flexible funding mechanisms. A Social Investment Board with a mix of government, non-government and independent members will provide advice and support on achieving long-term investment and outcomes, and in managing cross-agency interactions.

Holding the future department to account through independent monitoring at multiple levels: A stronger and more transparent governance model will provide additional assurance to New Zealanders and Ministers that the future department is improving the long-term outcomes of vulnerable children and young people. The new system would include an independent advocacy service for children and young people, which works in concert with the universal advocacy for vulnerable children provided by the Office of the Children’s Commissioner (OCC). The OCC would continue to monitor and provide independent reporting on the performance of the statutory system, including through the annual State of Care report, and would have potentially increased resourcing to fulfil this function. Children, young people and families will participate in governance

⁴ Young person from Youth Advisory Panel in a postcard to the Minister for Social Development

through the independent advocacy service, which will elect and establish a permanent Youth Advisory Panel to represent it. Independent performance and financial monitoring for the department would reside with the Treasury.

A fundamental culture and leadership change to deliver new behaviours and outcomes: To sustainably deliver change will require a fundamental shift in values, behaviours, mind-sets and culture across the system and within the future department. The department must partner differently with the sector and the community, including families/whānau, hapū, and iwi. This must be reflected in the values of the new organisation, actively championed by leadership and consistently reinforced through performance metrics. The workforce will be more specialised, and provide the wide spectrum of skills required to meet children's needs. Social workers will need new knowledge, competencies and skill as the system moves towards trauma-informed and evidence-based practice and strengthens the focus on drivers of offending behaviour. New skills sets will also be required in support of service planning and brokering and strategic partnering.

Modernising organisational systems: Delivering the future department and system changes will require change over time to modernise technology, create an evidence-based, learning system, remove barriers to effective data-sharing, ensure robust privacy controls and enhance the effectiveness of the department's operations. Adopting more flexible and networked technology will allow for innovative methods of engaging with children, young people and families, and more effective case management across a range of agencies, strategic partners and community groups.

Legislative change to give effect to the new operating model: Legislation and policy change will be required. The changes will include a 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. There are also specific changes needed to extend transition support and strengthen the legislative framework to prevent offending and reoffending and take account of the full range of needs for young offenders.

Delivering this transformational change

The changes we have proposed are bold and significant. Change of this scale will take strong leadership over many years to achieve. We must make demonstrable progress on multiple fronts; making tangible changes to the experiences of children and young people across all areas of service delivery, establishing the building blocks of the future system, and changing mind-sets and behaviours that are entrenched in current ways of working.

These changes can be delivered through two significant tranches of work, each approximately 24 months in duration:

- **Tranche One** will deliver changes across all services and building blocks, with a particular focus on the new prevention services, caregiver support services, transition support services and establishing the practice framework, structure and accountabilities of the new operating system. At the end of this tranche, the future department will be operating in its new role, the advocacy service will be established and the investment approach will be in its first year of implementation. Importantly the future department will be co-designing and delivering with strategic partners the enhanced services vulnerable children and their families need.

- **Tranche Two** will build on the foundation and momentum established in Tranche One, to deliver the full set of changes required to deliver the future experience for children, young people and their families. This tranche tackles more complex changes that require a longer lead time for design and development including technology, information and data governance and market making for care and youth justice services.

Delivering these changes across four years will require a strong, cohesive approach that combines leading practice programme management, change management and governance. The Panel has developed a set of guiding principles for the implementation of change that incorporates lessons learned from transformation programmes in New Zealand and internationally.

The Panel recommends a dedicated Transformation Programme is established under the governance of an Establishment Board. The Transformation Programme will be responsible for managing the operating model changes, and for supporting the establishment of the future department. Once the department has been established, the Establishment Board will become the Social Investment Board, providing governance across both the future department and the Transformation Programme. At the end of Tranche Two, the Programme will be integrated into the “business as usual” operations of the department.

The Panel recognises that establishing a future department will involve a significant transition effort from within CYF, across the Ministry of Social Development (MSD) and across the wider social services sector. This would include some corporate services continuing to be provided by MSD over the transition period. There is likely to be a change programme within the Ministry, as well as in other agencies, and the Transformation Programme will work collaboratively with them.

It is important that continuity of service, management of risk and a monitored approach are adopted, to safeguard the rights, safety and interests of children. The future department would focus on continuity of service and establishing stable leadership, structures and operations, knowing that a dedicated programme is focused on leading the system and operating model changes.

The Transformation Programme will use leading practices for change management, risks and issues management, and a “three lines of defence” assurance model, to ensure the sophistication of the delivery capabilities are in line with the complexity and importance of this work to the future of New Zealand’s children and young people.

Investing in the future system

The investment approach allows us to take a longer term consideration of the costs and benefits of investing in vulnerable children, young people and families. The benefits of this investment are both directly quantifiable in terms of avoided lifetime costs in the social welfare, justice and health systems, and indirectly quantifiable through the potential productivity benefit to New Zealand in the fields of business, services, education and leadership. The young people we invest in today are the future of New Zealand.

“ We genuinely believe we have been called in to this. It’s about brightening someone’s day. It’s about the challenge of teaching a child how to receive love and also how to give love and what that looks like.”

CAREGIVER

To achieve the future operating model requires investment in services including direct purchasing from agencies and crown entities, increased operating expenditure of the future department, and one-off operating and capital expenditure for implementation of changes through the Transformation Programme. The investment required, and the proposed funding approach, are outlined in the table that follows⁵.

(All figures in \$m)	FY15/16	FY16/17	FY17/18	FY18/19	FY19/20	Total over 4.5 Years
Total Investment in Future Department	-	914	1,045	1,176	1,307	
Baseline Funding from MSD	-	783	783	783	783	
Additional Investment in Future Department		131	262	393	524	
Reallocated from Other Agencies	-	105	211	316	421	
New Funding Required for Future Department	-	26	51	77	103	
One-off Transformation Programme	5	20	20	31	31	107
Total New Funding Required	5	46	71	108	134	364

Additional investment in the future department

The Panel recommends the creation of a portfolio of investments in the future department to focus on increasing investment across all five core services and to enable direct purchasing of services from other agencies.

The total investment in the future department is estimated to be \$1,307 million per annum by financial year 2019/20, of which \$783 million is funding currently provided to the Ministry of Social Development. The increased investment in the future department is therefore \$524 million by financial year 2019/20.

It is anticipated this increased investment will be met through a combination of new funding, and reallocation of funding from existing output expenditure appropriations.

Funding would be reallocated from Corrections and Work and Income to reflect the increase in upper age for both youth justice and care and protection to age 18 and additional transition support for young people aged 21 – 24. Funding would be reallocated from Health, Work and Income and Education to enable direct purchase of specialist services for vulnerable children and their families.

⁵ All figures are indicative and based on estimates that will be confirmed through detailed design and are currently provided as a mid-point estimate with a confidence of +/- 20%

These reallocations are anticipated to initially be approximately \$105 million (representing 0.5% of the current output expenditure appropriations) and grow as the future department's role in direct purchase of services matures. The growth in reallocation is estimated to be 0.5% each year over four years to a total of \$421 million (2%) by financial year 2019/20. New funding required to meet the increased investment in the future department is therefore approximately \$103 million by financial year 2019/2020.

Costs to implement change

Investment will be required to fund the Transformation Programme to deliver necessary changes to the system, and to account for one-off transition costs such as increased resourcing to manage the likely productivity impacts as change is implemented. It is estimated a one-off investment of approximately \$107 million will be required over the total duration of the Transformation Programme between financial years 2015/16 and 2019/2020. This is proposed to be met through new funding. The majority of implementation costs will be confirmed following detailed design work and sought through Budget 2017/18.

New funding requirements in financial years 2015/16 and 2016/17

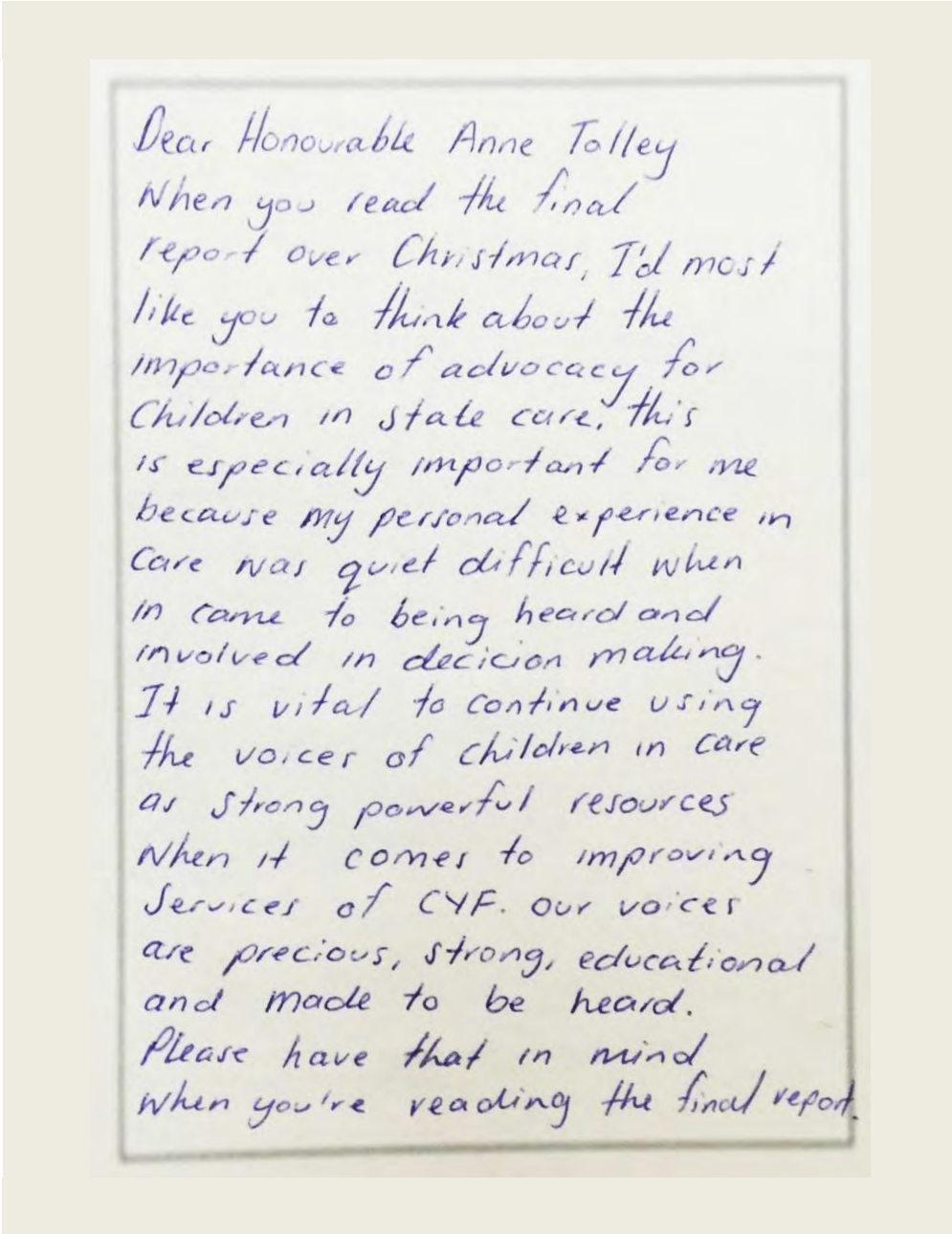
To commence the development of the operating model changes set out in this report requires new funding of \$5 million in financial year 2015/16, and \$20 million in financial year 2016/17 for the Transformation Programme. As indicated above, the future department will require new funding of \$26 million in financial year 2016/17. Therefore, the total new funding required in financial year 2015/16 is \$5 million and in financial year 2016/17 is \$46 million. The funding requirements for further financial years will be confirmed through the Budget 2017/18 process, following detailed design work.

Return on investment from the changes

The increase in operating expenditure and transition costs would be phased-in over a 5 – 7 year investment horizon. The reduction in future liability would start to be seen in the third year when the building block components of the new operating model have been developed and are being rolled out. Once the forward liability model has been built, formal liability targets would be established.

Experience with other liability models suggests an aspirational target to reduce the forward costs of maltreatment and vulnerability by 50% over a generation is ambitious but achievable, with concerted leadership and investment. This translates to an indicative overall liability reduction of 20% over five years, once the new operating model is in place. The achievement of this overall indicative target and the target to reduce the over-representation of Māori would require the forward liability associated with poor outcomes for Māori children to reduce by at least 25 – 30% over the same period.

In time, improvement in the life outcomes of vulnerable young people as they enter adulthood would further reduce demand for services across Corrections, Health, and Work and Income. The benefits that accrue to these agencies as a result may provide additional investment or savings opportunities in the future.



Dear Honourable Anne Tolley
When you read the final
report over Christmas, I'd most
like you to think about the
importance of advocacy for
Children in state care, this
is especially important for me
because my personal experience in
care was quite difficult when
it came to being heard and
involved in decision making.
It is vital to continue using
the voices of children in care
as strong powerful resources
when it comes to improving
services of CYF. Our voices
are precious, strong, educational
and made to be heard.
Please have that in mind
when you're reading the final report.

Postcard from a Youth Advisory Panel member to Minister Tolley, 2015

2.1. Recommendations

The Panel recommends that you:

Purpose

1. **Agree** the purpose of the proposed system-wide changes is to ensure that all children and young people grow up in loving and stable families and communities where they can be safe, strong, connected, and able to flourish. (Refer page 35).

Case for Investment

2. **Note** the current system does not meet the needs of vulnerable children and young people and does not help them achieve long term positive outcomes. (Refer page 50).
3. **Note** the current system is fragmented, lacks accountability and is not well established around a common purpose. (Refer page 50).
4. **Agree** there is significant opportunity to improve long term outcomes and reduce future lifetime costs by investing early in well-being of vulnerable children and young people. (Refer page 50).
5. **Agree** that a bold overhaul of the system is required to place the child and their need for a stable, loving family at its centre. (Refer page 50).

Voices of Children, Parents, Caregivers, and Professionals

6. **Note** that young people, birth parents, caregivers and social workers were engaged as part of this work and they conveyed the following (refer to page 55):
 - a. Young people said they needed adults to love and nurture them and they wanted to be in a family that “brought out the best in them”. They wanted to be “listened to” and able to influence the decisions being made about their lives. They needed support to address the consequences of abuse and neglect and for this support to be available to them through to adulthood.
 - b. Birth parents said they wanted access to support when things started to go wrong. They needed people to take the time to understand what would really make things better for their children, and be upfront in supporting them to understand what needed to change.
 - c. Caregivers said they wanted to be recognised for their expertise and experience through being allowed to take a greater role in children’s lives. They wanted a greater level of support to cope with the complex needs that children in their care often had. They said they would like help in managing the relationship with birth parents and greater autonomy regarding the day to day decisions of the children they are caring for.
 - d. Social workers said they wanted to make it easier to meet the needs of children and young people and wanted to do this in partnership with others. Social workers wanted to spend more time working directly with children and families and less time on administrative tasks.

Building Blocks of the Future Operating Model

Building Block: An Investment Approach

7. **Note** that research unequivocally confirms that investment in early intervention for children at high risk of poor outcomes will result in the best long term outcomes, and significant fiscal and social benefits. (Refer page 63).
8. **Agree** to adopt a social investment approach to meeting the needs of vulnerable children and young people that is based on a forward view of lifetime costs. (Refer page 63).
9. **Agree** that work begin by 1 April 2016 to specify and build an actuarial valuation model for vulnerable children and young people. (Refer page 63).

Building Block: Strategic Partnering

10. **Note** that the current “negotiation and best efforts” approach to service provision across agencies has not ensured vulnerable children get the services they need. (Refer page 65).
11. **Agree** that strategic partnering involves (refer to page 65):
 - a. joint planning and mutual trust,
 - b. clear governance processes,
 - c. transparent performance metrics and reporting,
 - d. collaborative risk management and issues resolution, and
 - e. multi-tiered relationships and information exchanges.
12. **Agree** the future department will engage in strategic partnerships with communities, iwi, Māori, Pacific organisations, and providers as a primary mechanism for meeting the needs of vulnerable children and families. (Refer page 65).
13. **Agree** the future department will broker to obtain services from Māori and Pacific organisations and other providers on behalf of vulnerable children, families, and the communities and iwi who support them. (Refer page 65).
14. **Agree** the future department will directly purchase specialist services for vulnerable children and their families. If other Crown agencies or entities cannot provide them in a timely manner, the future department will purchase from them, or pursue other sources. (Refer page 65).
15. **Agree** the future department take a market building role to create capability, capacity and supply of services required to meet the needs of vulnerable children and families. (Refer page 67).

Building Block: High Aspirations for Māori Children

16. **Note** that the majority of children who are known to CYF are Māori and reducing the over representation of Māori children and young people is an objective of the future system. (Refer page 62).

17. **Agree** the design of the operating model and the operations of the future department, shall set high and explicit expectations and targets to improve outcomes for vulnerable Māori children, young people and their whānau. (Refer page 62).
18. **Agree** the department have an indicative target of improving outcomes for vulnerable Māori children and young people that would result in a 25-30% reduction in the forward liability costs within 5 years, once the new operating model is in place. (Refer page 62).
19. **Agree** to establish a partnership foundation between qualified academics, social service providers, iwi, Whānau Ora and the future department to carry out a gap analysis of existing programmes and services to support the department in the commissioning of new initiatives and approaches to improve life course outcomes for Māori children and whānau. (Refer page 62).
20. **Agree** that Whānau Ora can play a role in assisting whānau to develop a stronger understanding of their own strengths and how they can access social services to support better outcomes for vulnerable children. (Refer page 62).
21. **Agree** strategic partnering with iwi and Māori organisations is established by the Transformation Programme, and later by the future department, to provide opportunity and invite innovation from organisations interested in improving outcomes for vulnerable Māori children, young people and their whānau. (Refer page 62).
22. **Agree** MSD commence, and the future department continue, publically reporting progress toward improving outcomes for vulnerable Māori children and young people. (Refer page 62).

Building Block: Professional Practice Framework

23. **Note** the current system is fragmented and lacks a common set of definitions, policies, processes, tools and practices when dealing with vulnerable children, young people and families. (Refer page 67).
24. **Agree** the need for a consistent practice framework shared across all agencies working with vulnerable children to ensure a more coherent experience for children, young people and their families. (Refer page 67).
25. **Agree** to the implementation of a single, system-wide, trauma-informed, professional practice framework characterised by a common set of definitions, behaviours, values, principles and commitment to evidence from all professionals working with vulnerable children, young people and families across the social sector. (Refer page 67).
26. **Agree** that the system-wide practice framework would apply to the areas of youth justice and care and protection. The practice framework will support professional judgement through providing guidance on trauma, building resilience, attachment and child development as well as addressing criminogenic factors and drivers of offending behaviour. (Refer page 67).

Building Block: A Child-Centred System

27. **Note** that children and young people lack advocacy at an individual or system level and are not involved in the design of services or the current system. (Refer page 58).

- 28. Agree** the voices of children and young people are embedded into decision-making at both individual and system levels, including through (refer to page 58):
- a. the establishment of a permanent and independent advocacy service, which elects a Youth Advisory Panel, and
 - b. new statutory objectives to seek and give effect to the voices of children and young people.

Building Block: Engaging All New Zealanders

- 29. Note** that the love and care required by children and young people can only be provided through individuals and families, not through organisations or the State. (Refer page 70).
- 30. Note** that all New Zealanders can have a role in providing love, care and support to vulnerable children, young people and their families. (Refer page 70).
- 31. Agree** that a core responsibility of the future department will be to raise awareness and engage all New Zealanders in providing love, care and support to vulnerable children, young people and their families. (Refer page 70).
- 32. Agree** that the future department will work with the Youth Advisory Panel and advocacy service to engage all New Zealanders in supporting vulnerable children. (Refer page 70).

Operating Model Layers

Customers

- 33. Agree** that the primary customer groups for the future department are (i) children and young people who are at significant risk of harm now and into the future as a consequence of their family environment, and/or their own complex needs, and (ii) young people who have offended or may offend in the future. (Refer page 72).
- 34. Note** that currently around 230,000 children under age 18 may experience vulnerability at some point during their childhood, and around six out of 10 of this group are likely to be Māori. It is estimated that one quarter third of this group will require intensive support and a statutory response at some point in their childhood. (Refer page 72).

Core Services

- 35. Agree** that that the future department has five core service areas (refer to page 73):
- a. *Prevention*: supporting families to develop loving and stable relationships with, and meet the needs of, their children, and preventing young people from offending.
 - b. *Intensive intervention*: early and effective identification, investigation and assessment where there are concerns around the safety or well-being of vulnerable children and young people, and high-quality decision-making and intensive support that prioritises children's need for stable loving care at the earliest opportunity.
 - c. *Care support*: partnering with caregivers and communities to ensure that children who cannot live with their birth parents develop a loving and stable relationship with another family, have their healing and recovery needs met, and maintain their connection with their birth family where possible.

- d. *Youth justice*: preventing children and young people reoffending, holding young people to account for their offending behaviour, and providing a restorative justice opportunity for victims.
- e. *Transition support*: partnering with caregivers and communities to ensure young people get the loving care and support they need to grow into flourishing adults.

Core Service: Prevention

36. Agree that prevention services will entail (refer to page 79):

- a. an explicit focus on early identification of those families with children most at risk of poor life outcomes and mitigating early risk factors contributing to child vulnerability, such as family violence. This would require:
 - supporting adults to get the help they need to be able to provide safe and loving care for their child,
 - a workforce that is equipped to understand the dynamics of, and effective responses to, family violence, and
 - specialist brokerage skills in the area of family violence services.
- b. use of evidence-based programmes, and development and testing of innovative approaches that meet the assessed needs of children, young people and families,
- c. increased funding for prevention services based on key investment opportunities,
- d. market building and strategic partnerships to increase the capability and capacity to provide evidence-based prevention services,
- e. creating clear accountability within the future department for prevention activity, with new services associated with prevention of youth offending, and
- f. strengthened responsibilities and accountabilities for other agencies and Crown entities for ensuring availability of effective universal and enhanced services for vulnerable children and families.

Core Service: Intensive Intervention

37. Agree that intensive intervention services will entail (refer to page 86):

- a. a single point of entry for vulnerable children and families, and a single plan across agencies,
- b. a single point of accountability for identifying and assessing the needs of vulnerable children, young people and families, including those who have significant unmet needs but do not yet require a care or youth justice response,
- c. assessment tools that take account of the full range of needs, risks and protective factors of children and families to inform decision-making and purchase of services, and support strategic partners to deliver services that meet children and families' identified needs,
- d. investing in intensive support and services to strengthen families to care for their children at home, including mental health, addiction and family violence services,
- e. meeting the full range of assessed needs for vulnerable children, young people and families, including provision of therapeutic services,
- f. child-centred decision-making guided and supported by a professional practice framework, that prioritises a child's need for stable and loving care from the earliest opportunity, and

- g. review of the operation of Family Group Conferences to ensure the full participation of children, young people, family, whānau and caregivers, and that families get the time, information and support they need to make good decisions.

38. Agree that identifying and responding to safety concerns will remain a core function of the department, but in the future decision-making will also ensure earlier planning for an alternative permanent relationship for the child. (Refer page 81).

39. Agree the following system shifts are required to meet the needs of vulnerable children and young people with disabilities (refer to page 82):

- a. consistent assessment and recording of disability-related needs,
- b. investment in evidence-based services to meet the needs of children with disabilities,
- c. consideration of disability in service and programme design and testing,
- d. removing the separate statutory care pathway for children with disabilities, provision of additional intensive support, including respite care, to parents to care for their disabled children at home,
- e. provision of the same processes and safeguards for disabled children who can no longer be cared for at home as those for non-disabled children, and
- f. requirements to understand the experiences and views of disabled children and young people through linkages to strong, established advocacy services.

Core Service: Care Support

40. Agree that care support services will entail (refer to page 93):

- a. new and clarified obligations and decision-making principles and processes to support stable and loving care from the earliest opportunity for children who can no longer be cared for by their birth family, including greater ability for the care family to make 'every day' decisions for the child in their care,
- b. meeting the identified recovery, growth and developmental needs of children in care, through improved access to a wider range of evidence-based services,
- c. strengthened focus on maintaining trusted relationships, including relationships with birth families, in a manner that supports the development of a child's personal and cultural identity,
- d. investment to create a larger and more diverse pool of caregiver families that have the capacity, knowledge, skills and support to build and maintain loving and long-term relationships,
- e. creating a larger and more diverse pool of Māori and Pacific caregiver families who have the capacity, knowledge, skills, resources and support to build and maintain loving and stable long-term relationships with children, young people and their birth family,
- f. reform of the financial support for caregivers (including Unsupported Child Benefit and Orphans Benefit) to ensure consistency and alignment with the new operating model, including consideration of initial establishment costs, skills allowances, paid parental leave, and entitlement to tax credits,
- g. creation of mandatory National Care Standards, and

- h. more intensive assessment of caregivers and a greater level of independent scrutiny of caregiver approvals.

Core Service: Youth Justice

41. Agree that youth justice services will entail (refer to page 103):

- a. recognising child offenders as a priority group and working with Police to identify children who offend early and working with both the child and their family to reduce reoffending,
- b. reducing the number of young people remanded to a secure residence through utilising a range of community based options,
- c. developing a new multi-disciplinary operating model for the youth justice residences in partnership with Health, Education and Corrections,
- d. increasing the range of evidence-based services that reduce reoffending through focusing on the criminogenic needs of young people, based on reports from the Inter-Agency Advisory Group on Conduct Problems,
- e. partnering with Māori and Pacific organisations to develop a suite of evidence-based approaches to stopping offending and reoffending,
- f. promoting restorative justice through supporting victims to participate in youth justice processes, and
- g. working intensively with young people and their families to support the transition out of the youth justice system.

Core Service: Transition Support

42. Agree that transition support services will entail (refer to page 110):

- a. supporting caregivers to maintain a loving relationship with a young person through and beyond the transition stage,
- b. legislative change to raise the minimum age of care to age 18,
- c. creating a right to remain in, or return to, care up to age 21, which will require reform of the financial support for these young adults through care and income support systems,
- d. a single point of accountability for ensuring the needs of young people in transition are identified and met, up to age 25, inclusive, with service design and delivery achieved through strategic partnering, and
- e. establishment of 'community parenting' whereby other government agencies and Crown entities are required to identify and report on their specific commitment and response to children within the care population, for which they will be held accountable.

Delivery Channels

43. Agree that the main features of the new delivery channels approach will be (refer to page 116):

- a. to strategically partner and commission for outcomes,
- b. based on the principle of the funding following the child and family, and to fully fund the direct purchase of services, and

- c. to invest in and increase the capacity and capability of service providers and partners for the delivery of services.

Information

44. Agree that data and evidence is a vital foundation of improved performance for the future department and this will require (refer to page 120):

- a. high-level leadership and governance across the organisation to enable better investment in, and prioritisation of evidence and data,
- b. minimum data standards and definitions linked to the practice framework across the wider sector,
- c. collection of robust information on the needs, well-being, experiences and voices of children and their families,
- d. use of linked data across agencies, and
- e. new analytics and evaluation capability that enables evidence-informed strategic and operational decision-making, service design and performance monitoring.

45. Agree the following information changes should begin immediately and ahead of the wider transformation process (refer to page 120):

- a. Better use of the data already available to provide information to decision-makers at all levels within CYF. Data reports that front-line practitioners and managerial decision-makers have access to now could be redeveloped so they are child-centred, accurate and useful, including the redevelopment of key performance measures.
- b. Document current data sets and data structure, and map data from point of capture (CYRAS) through to data sets and reporting, to establish data governance and quality control.
- c. Integrate data from other MSD service lines into the reports of CYF (housing and benefit information). Make this information available to those making critical decisions around child protection and welfare, while considering privacy issues.
- d. Use the Statistics NZ Integrated Data Infrastructure to track and report on the outcomes for those who have contact with child protection or youth justice.
- e. Implement stability of care indicators and needs/risk indicators for all children and young people known to CYF.

Technology

46. Agree to develop a new technology ecosystem to support the proposed operating model (refer to page 126):

- a. replacing the current case-management system CYRAS with a system that is child-centric, modern, highly usable, provides the right level of automation, and supports an evidence-based approach,
- b. subsuming VIKI into the new technology ecosystem,
- c. a new sector-wide partner management system,
- d. a new high-trust information sharing system that is connected across agencies, partners, families and caregivers, brokered by a Child Information Management system, with a consent-based approach, and
- e. an extended architecture that enables partners to innovate and build their own systems (such as mobile apps) to use our services/data.

- 47. Agree** a channel strategy to support the new operating model providing (refer to page 127):
- a. greater mobile access to, and capture of information,
 - b. greater access to information for key partners and families, children, young people, caregivers, and
 - c. channels that are tailored to the needs of different audiences, taking account of factors such as language and age.
- 48. Agree** to combine and modernise CYF's national contact centre and the Hub. (Refer to page 127).

Organisation

- 49. Agree** to transfer the following functions (and associated staff and resourcing) from the Ministry of Social Development (MSD) and social sector into the future department (refer to page 131):
- a. Child, Youth and Family,
 - b. Community Investment,
 - c. the Children's Action Plan Directorate (including the Children's Teams, The Hub and the Vulnerable Kids Information System),
 - d. the High and Complex Needs Unit,
 - e. policy, research, evaluation and legislative functions, and data and analytics capability relating to community, family, care and protection, and youth issues, and
 - f. CYF-focussed legal, communications, ministerial services and service design.
- 50. Agree** that MSD will continue to provide administrative services and support to the future department through a Service Level Agreement for a minimum period of two years. (Refer to page 131).
- 51. Agree** to the establishment of a Social Investment Board, which will replace the Vulnerable Children's Board, and give consideration to any consequential impact on the role of the Social Sector Board. (Refer to page 132).
- 52. Agree** that the Social Investment Board comprise an independent Chair and independent members, as well as the Chief Executive of the future department, and senior representatives from Health, Education, MSD, and Police (second tier operational leaders). (Refer to page 132).
- 53. Agree** to appoint Māori membership with experience in the work of the department, and the social sector, with strong iwi and Māori leadership credentials and deep Māori sector experience to the Social Investment Board. (Refer to page 132).
- 54. Agree** that the Office of the Children's Commissioner continues to provide oversight and monitoring of the statutory functions of the future department, and agree to review the resourcing of the OCC in light of the recommended changes to the care support service. (Refer to page 135).
- 55. Agree** to establish the new role of Chief Government Actuary in ACC to provide functional leadership for the actuarial profession in the state sector through the creation of a centre of expertise. (Refer to page 137).

People

56. Agree that the key people shifts associated with the new operating model are (refer to page 146):

- a. new knowledge, competencies and skill requirements for social workers associated with the move towards multi-disciplinary, trauma-informed and evidence-based practice that builds children's sense of belonging and identity, and recognises criminogenic factors and drivers of offending behaviour,
- b. a greater range of specialist professional skills with an increase in access to child clinical psychologists, youth workers, psychotherapists and counsellors,
- c. up-skilling the residence-based workforce to meet the complex needs of children in residences,
- d. provision of consistent access to appropriate professional supervision,
- e. implementation of a structured and compulsory internship programme and re-design of induction processes,
- f. increasing the standard hours of service for the future department to enable it to be more responsive to the needs of children, whānau, victims and other participants, and
- g. new leadership and management skills, including leading innovation, problem solving and organisational agility and strategic partnering, brokering and direct purchasing capabilities.

Property and Locations

57. Agree to the development of a new property strategy to support the future operating model, including consideration of the potential to transfer the future management of the property portfolio. (Refer to page 150).

58. Agree the phased closure of care and protection residences over time and replacement with small, local, evidence-based group care settings that facilitate the placement of a child or young person into a stable loving family, supported by appropriate legislative change (for example repeal and replacement of the Residential Care Regulations 1996). (Refer to page 150).

59. Agree the Transformation Programme review the extent to which the current CYF Family Homes are required in the future, their purpose, and alternative operating models. (Refer to page 150).

Policy and Legislation

60. Agree that major reform will be required to the Children, Young Persons, and their Families Act 1989 (CYP&F Act) and related legislation to give effect to the new operating model, including (refer to page 156):

- a. new enforceable duties on the Crown to meet the care and recovery needs of individual children and young people through to adulthood,
- b. changes to support people to hold the system to account, including new duties, powers and entitlements to support the establishment and operation of an advocacy service for children in care, and strengthened obligations to obtain and give effect to the views of children,
- c. amended care provisions to support the objective of life-long, stable and loving care from the earliest opportunity, amended provisions associated with the recruitment, training and

financial support of caregivers, and new regulatory standards and oversight for a broader population of children in care,

- d. updating the fragmented adoption legislation by repeal and consolidation of current legislation into new primary legislation,
- e. new duties, powers, principles and processes associated with the new transition support service through to 25, including extension of the upper care and protection age to 18, enabling 18 – 21 year-olds to stay in or return to care, and reform of financial support for care-leavers,
- f. extending the upper-age jurisdiction of the Youth Court to age 18 and giving the adult criminal justice system the power to transfer cases involving 18-19 year-olds to the Youth Court, taking into account their vulnerability and nature of any previous offending,
- g. raising the age of criminal responsibility from 10 to 12 years of age, bringing New Zealand in line with other similar jurisdictions,
- h. a new and strengthened youth justice legislative framework including changes to the jurisdiction of the Youth Court and the operation of the adult criminal justice system, changes to help support a positive future for those who offend and their victims, and new community-based options as an alternative to remand in custody,
- i. a new section within the CYP&F Act that sets out mechanisms to support more effective working between people discharging functions under the Act at an individual client and systems level, including:
 - an information-sharing framework within the CYP&F Act to support people discharging functions under the Act to share and receive personal information about children and young people necessary to promote their safety and well-being, and
 - new duties on other named agencies and Crown entities (such as schools and District Health Boards) to collaborate and coordinate services to children and families.
- j. a strengthened legislative framework for children with disabilities, including replacing the separate disability-based pathways with a new mainstream support pathway, and new duties around special efforts to meet the needs of, and elicit the views of, children with disabilities,
- k. new statutory objectives, duties and case management processes for children, young people and their families who have support needs but who do not require a mandatory response, and
- l. a series of changes to support a more child-centred legislative framework, including strengthened principles and provisions around the need to preserve or restore a child's key relationships, giving fuller effect to children's rights in both the care and protection and youth justice systems, clarifying that those rights are set out in the United Nations Convention on the Rights of Children 2004, and creating more scope for iwi to be involved in services, decisions and the exercise of functions under the Act.

61. Agree that through this reform process, there are also opportunities to simplify, clarify and better integrate provisions already within the CYP&F Act and to improve alignment with related legislation, particularly domestic violence statutes. (Refer to page 157).

Measuring Success

62. Agree that success will be measured by achievement of the following (refer to page 40):

- a. improved long-term outcomes for children and young people,
- b. achievement of a return on investment through 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, and
- h. giving vulnerable children and young people a voice in the services they receive.

63. Agree that non-financial measures associated with short-term and expected long-term change in well-being should be used to help put financial measures in context where possible. (Refer to page 175).

Implementing the Recommended Changes

64. Agree to implement the future operating model by establishing a Transformation Programme to implement the proposed changes, operating according to a robust programme management system that includes reporting and monitoring, decision-making protocols, change control, change management, stakeholder management, risk and issues management and benefits realisation. (Refer to page 205).

65. Agree to implement the changes using a set of principles to guide the implementation (refer to page 205):

- a. changes are implemented in a child-centred way with a focus on maintaining a coherent and integrated experience,
- b. there is continuity of services for children and families throughout the transition,
- c. changes will be grouped and implemented across the system in a way which delivers sustained improvement for children and families,
- d. this system-wide transformation will be led in a collaborative, trusting and transparent manner,
- e. staff, providers and partners will be supported throughout the transition to ensure they can continue to deliver critical services, and
- f. the detailed design will continue to incorporate the voice of the child, whānau, caregivers, victims and staff.

66. Agree to implement the changes through two tranches each of 24 months duration (refer to page 205):

- a. Tranche One will deliver changes across all services and building blocks, establish the future department and advocacy service. At the end of this tranche, the investment approach will be in its first year of implementation and the future department will be co-designing and

delivering with strategic partners the enhanced services vulnerable children and their families need.

- b. Tranche Two will deliver the full set of changes required for the future experience for children, young people and their families and tackles more complex changes including technology, information and data governance and market making for care and youth justice services.

67. Agree to the following governance arrangements for the Transformation Programme (refer to page 205):

- a. reporting through the Chief Executive of MSD prior to the establishment of the future department, and then through the Chief Executive of the future department,
- b. an Establishment Board to govern the first phase of the Transformation Programme including creation of the future department, and transitioning to the Social Investment Board once the future department is established,
- c. Steering Committees for major components such as the technology re-design and implementation, and
- d. use of a “three lines of defence” model for programme assurance, based on leading practices for managing successful programmes, including Independent Quality Assurance and monitoring.

Investing in the Future

68. Note that to achieve the future operating model investment is required in (refer to page 165):

- a. Services including direct purchasing from agencies and crown entities,
- b. increased operating expenditure of the future department, and
- c. one-off operating and capital expenditure for implementation of changes through the Transformation Programme.

69. Note that a capital expenditure bid has not been prepared and will be developed after detailed design has been completed. (Refer page 165).

70. Agree to the creation of a portfolio of investments in the future department to focus on increasing investment across all five core services and to enable direct purchasing of services from other agencies. (Refer to page 166).

Additional Investment in the Future Department

71. Note that baseline funding of \$783 million is currently provided to the Ministry of Social Development. (Refer to page 167).

72. Note that increased investment in the future department is indicatively estimated to be \$524 million by financial year 2019/20, additional to the funding currently provided to the Ministry of Social Development. (Refer to page 167).

73. Agree that the additional investment would be met through a combination of (refer to page 167):

- a. new funding from Government,

- b. reallocation from Corrections and Work and Income to reflect the increase in the upper age for both youth justice and care and protection to age 18 and additional transition support for young people aged 21 – 24, and
- c. reallocation from Health, Work and Income and Education to enable direct purchase of specialist services for vulnerable children and families.

74. Agree that the reallocations of funding from output expenditure appropriations will initially be set at \$105 million (less than 0.5% of current output expenditure appropriations), and will grow at 0.5% each year over four years to a total of \$421 million (2%) by financial year 2019/20. (Refer to page 168).

75. Agree that new funding required for the future department is estimated to be \$103 million by financial year 2019/20, above the proposed reallocation of output expenditure appropriations from other agencies and the baseline funding from MSD. (Refer to page 168).

Costs to Implement Change

76. Note the one-off investment for the Transformation Programme is estimated to be \$107 million over the first four years to implement the operating model changes. (Refer to page 168).

New Funding Requirements in 15/16 and 16/17

77. Agree that to commence implementation of the operating model changes set out in this report, work be initiated in the current financial year 2015/16. (Refer to page 169).

78. Agree the new funding requirement for financial year 2015/16 is \$5 million for the Transformation Programme. (Refer to page 169).

79. Agree the new funding requirement for financial year 2016/17 is \$46 million, being \$26 million for the future department and \$20 million for the Transformation Programme. (Refer to page 169).

80. Note the funding requirements for further financial years will be confirmed through the Budget 2017/18 process, following detailed design work. (Refer to page 169).

81. Agree an indicative target for the future department of reducing overall liability by 50% over a generation, with a 20% reduction in the first five years, once the new operating model is in place, to be confirmed by the valuation. (Refer to page 170).

3. Introduction

3.1. Purpose

The Expert Advisory Panel⁶ was established in April 2015 by the Minister for Social Development to provide independent oversight of this review. The Panel has been supported by a Secretariat that includes secondees from the Ministry of Social Development (MSD), including Child, Youth and Family (CYF), the Ministry of Education, the Ministry of Justice, the Ministry of Health, the New Zealand Treasury, the Office of the Children's Commissioner (OCC), the Accident Compensation Corporation (ACC), the New Zealand Police, and non-governmental organisations including Barnardos New Zealand, Dingwall Trust, and Fostering Kids.

In undertaking our work we have engaged with a wide range of participants in the system, including vulnerable young people, their families and whānau, caregivers, victims of youth offending, front-line staff, and community and iwi organisations. Participants have been asked about what they want and need in a future system. They have helped develop ideas, identify the risks, constraints and challenges, and articulate the opportunities and benefits.

In order to test, challenge and refine the design, two reference groups and one panel were established:⁷

- a **Youth Advisory Panel** established by the Minister for Social Development made up of young people with experience of CYF services,
- a **Māori Reference Group** to provide critical advice and expertise to ensure elements relating to the circumstances of vulnerable Māori children were properly considered, and
- a **Practice Reference Group** to provide critical advice and expertise relating to the most effective practices and services for vulnerable children and their families.

3.2. Terms of Reference

The Terms of Reference for the review focused on the extent to which the current operating model for CYF was delivering positive outcomes for children and young people, and any changes required to improve these outcomes. They also included consideration of any wider changes required to legislation and services provided by other agencies.

Specifically, the Expert Panel was tasked with:

- providing the Minister for Social Development with a programme level business case by 30 July 2015, which was delivered to the Minister in the form of the Interim Report,⁸ and

⁶ The Panel Membership is detailed in Appendix B

⁷ Refer to Appendix E for more detail on the Māori and Practice Reference Groups and Youth Advisory Panel

⁸ Modernising Child, Youth and Family Expert Panel (2015). *Modernising Child, Youth and Family: Interim Report*.

Wellington: Ministry of Social Development. Retrieved from <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/cyf-modernisation/interim-report-expert-panel.pdf>.

- providing oversight and challenge on the development of a detailed business case and a high level assessment of options for a proposed future operating model, with any Budget decisions considered as part of Budget 2016 (this report, termed the Final Report).

The complete Terms of Reference can be found in Appendix C.

This report addresses the specific items in the Terms of Reference and includes relevant elements of a programme level business case, allowing for the fact that as an external review the Panel is bound to adopt an approach that is somewhat different from the Better Business Case process. A more detailed description of how elements of this report fulfil the Better Business Case requirements can be found in Appendix D.

3.3. An Overview of this Report

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.*

The Panel's Interim Report, completed in July 2015, provided a detailed and comprehensive analysis of the current issues facing the system for vulnerable children. It provided a high level account of the nature and level of change required to address these challenges, and set out a work programme for the proposed design of a future operating model by the end of this year. The Interim Report provides the case for change which is addressed by this report.

This report describes a future operating model. The proposals provide the framework for the detailed design and implementation of the future processes, systems, roles and responsibilities required in the future department. They also identify changes to current governance, accountability and legislative frameworks that underpin the delivery of services across the wider system for vulnerable children.

An implementation plan for the new operating model is included, as well as an indicative estimate of the costs and benefits of the proposed changes and investments.

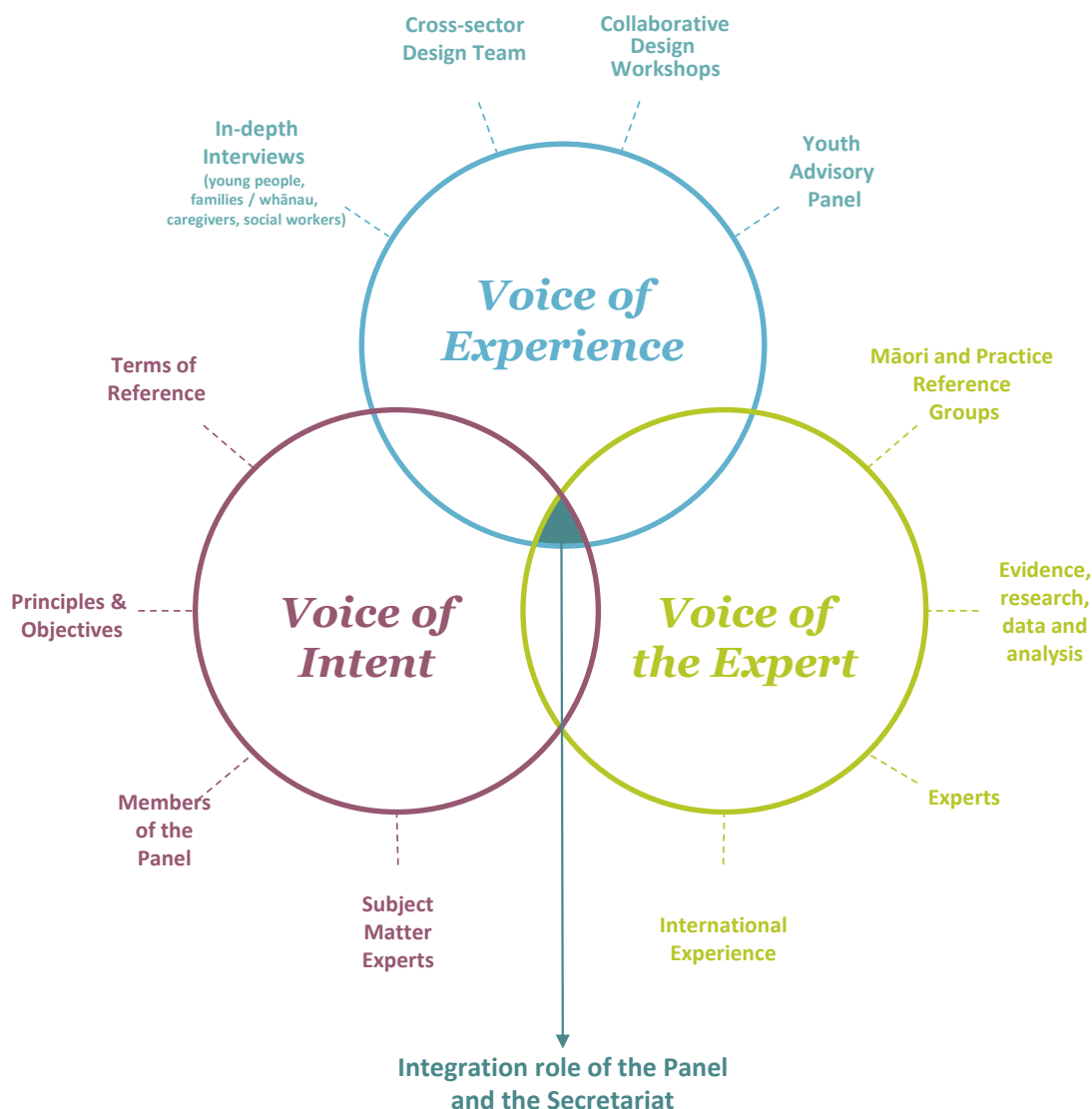


Agree the purpose of the proposed system-wide changes is to ensure that all children and young people grow up in loving and stable families and communities where they can be safe, strong, connected, and able to flourish.

3.4. Designing a Future System

The Panel has taken a collaborative approach which places children and young people at the centre of the operating model design. The design methodology focused on three key 'voices'. Figure 1 provides an overview of these sources, and the integration role of the Panel and its Secretariat in drawing the range of evidence and expertise together into a coherent future operating model.

Figure 2: Overview of Design Approach



The experiences of system participants

We have drawn upon the expertise of those who have experience of the system – children and young people, their families and whānau, caregivers, victims of youth offending, and professionals – to identify the desired future experience and the shifts to current practices and systems to achieve that.

Children and young people

Young people were involved in the design process through a series of 1:1 interviews, and collaborative design workshops in group settings. The Panel partnered with **Youthline** to run six workshops, to generate ideas and concepts for the future design of the services that affect them. Questions young people considered during these workshops included:

- What would it look like if children and young people were well looked after in care?
- What would it look like if children and young people had a strong voice in the system?

- How might the system better support children and young people to develop their identity and connect with their culture?
- What are the things that could prevent young people from offending?
- When a young person first comes into contact with the youth justice system, how could they be better supported to avoid getting into further trouble?
- What could be done to support young people as they move into young adulthood?

The Youth Advisory Panel also contributed significantly to the design as it progressed.

Families and whānau

Families and whānau with experiences of CYF services were involved in the design through individual interviews and collaborative design workshops, which were run in partnership with **Wesley Community Action**. These workshops focused on:

- How could families be better supported outside of CYF (by their community) to be healthy, happy and strong?
- How could CYF services be better for children and families?

Victims

Victims of youth offending were engaged through a collaborative design workshop run in partnership with **Victim Support**. This workshop focused on how people affected by youth offending could be better supported and engaged with before, during and after the youth justice process.

Caregivers

Families providing care to children unable to live at home were involved in the process through individual interviews, and a collaborative design workshop that focused on:

- How might we provide love and stability for children and young people in care?
- How might we support caregivers to provide love and stability for children and young people?

Further information about design workshops can be found in Appendix G.

Evidence and expert research

Internationally, child protection agencies have been facing similar challenges, and a rich base of literature, evidence, and expert opinion has been available to inform the design process. A full list of all referenced material can be found in Appendix A.

The Panel also heard from people with expertise in care, protection, youth justice, or analogous sectors (such as health and disability) in both New Zealand and internationally. The Expert Panel Secretariat also met with a range of experts. A schedule of the experts we engaged with during this review can be found in Appendix H.

Principles, objectives and scope

In undertaking this review, we continually tested our design against the objectives and principles for the future system articulated in the Interim Report, and the scope of the review set out in the Panel's Terms of Reference.

Objectives of the future system

Our Interim Report set out the following objectives of the system for vulnerable children:

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

Design principles

The Panel agreed the following principles to guide our design:

1. Place the child or young person at the centre of what we do.
2. Support families to care for their children.
3. Use evidence-based approaches to get the best results.
4. Support the connection of all children to their families and whānau, cultures and communities.
5. Have the same high level of aspiration for vulnerable children as we do for all other New Zealand children.
6. Help all New Zealanders to make a difference for vulnerable children.

3.5. How We Will Measure Our Success

The operating model describes how the services provided by the future department and the wider system for vulnerable children will work together to create better outcomes for vulnerable children, young people and families. We have noted that the current operating model is not fit for purpose. The new operating model looks significantly different; a child-centred system with a broader focus, supported by an investment approach, delivered through strategic partnerships, and guided by the voices of children, young people and their families.

“If you just give us plans, we aren’t going to stick to it. We have actually got to be involved because...if you just throw a pile of stuff at us, we’re just going to gap it. If we are actually involved, we aren’t going to gap it... There are always failures because they are just telling us what to do—not actually trying to work it out.”

MALE, 16

The extent to which the new operating model is achieving its aspiration and full range of objectives for vulnerable children and families will be measured through improvements in childhood and adulthood well-being indicators. The Vulnerable Children Outcomes Framework brings together a set of such indicators and measures, which can be built upon. This would include such factors as attachment, belonging, identity, maltreatment, educational achievement, rates of youth and adult offending, and health and disability outcomes. Representation of Māori children and young people within the system would be another important measure.

The proposed investment approach uses an actuarial model for vulnerable children that would provide an estimate of childhood and future lifetime costs. There should be key performance

measures around changes in this financial liability, and changes in overall well-being and need that can be attributed to an agency's actions.

Performance of the new operating model would be measured through an investment portfolio report that sets out the department's overall returns on their investment (including fiscal, economic and social returns), and an estimated return from each element within the portfolio. This would include indicators that measure the effectiveness of each service within the system, for example, a measure of the effectiveness of the prevention service could be the number and percentage of children and families that require statutory level intervention.

<i>Service</i>	<i>Potential Result Indicators</i>
<i>Prevention</i>	Reduction in the number of children and families that require statutory level intervention Reduction in child and youth offending
<i>Intensive Intervention</i>	Reduction in the number of children that require care outside the family home
<i>Care Support</i>	Reduction in number of care placements experienced by each child or young person
<i>Youth Justice</i>	Reduction in reoffending
<i>Transition Support</i>	Reduction in the number of children and families that require intervention

The quality of their experience of the system as assessed by vulnerable children and young people, their families, caregivers, and victims of youth offending, and perception of the system among the wider New Zealand public would be important contextual measures. Measures relating to feedback from children and young people could be delivered through reporting from the future advocacy service.



Agree that 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 through 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 the care and the youth justice systems, and
- h. giving vulnerable children and young people a voice in the services they receive.

4. Case for Investment

4.1. The Extent of Childhood Vulnerability

Children and young people become vulnerable when their basic safety, emotional, physical, social, cultural or developmental needs are not met at home or in the wider community. Vulnerable children are those who are at significant risk of harm now and in the future as a consequence of their family environment and/or their own complex needs, as well as those who have offended or may offend in the future.⁹

Data suggests that two in 10 children and young people in any birth cohort are known to CYF by age 17,¹⁰ either as a care and protection or youth justice referral. For some children and young people the nature of this contact is a single notification with no subsequent involvement with CYF. For others, it can consist of repeated notifications, statutory care and, in some cases, a Police arrest and referral to youth justice.

The overall prevalence of contact with CYF provides a benchmark for the size of the population who might be vulnerable *at some point during their childhood*. Using this historical benchmark, we estimate there are about 230,000¹¹ children and young people currently under age 18 who might experience vulnerability at some point during their childhood. Around six out of 10 of this group are likely to be Māori.

Based on what currently occurs, it is estimated that one quarter of this group will require intensive support and a statutory response at some point in their childhood.

Figure 3: Extent of Childhood Vulnerability



⁹ This builds on the definition of vulnerability set out in Ministry of Social Development. (2012). *White Paper for Vulnerable Children* (Volume 1). Wellington: Ministry of Social Development, 6.

¹⁰ Analysis of the 1993 birth cohort. Following references to this cohort are also from this source. Centre for Social Research and Evaluation. (2012). *Children's Contact with MSD Services*. Wellington: Ministry of Social Development.

¹¹ Note that this is a conservative estimate that assumes the same level of need today as the 1993 birth cohort

4.2. The Case for Investment is Compelling

The Interim Report provided evidence that the current system was not meeting the needs of vulnerable children and young people in New Zealand.

Too many children and young people suffer abuse and neglect

The nature of this abuse and neglect ranges from fatal injuries to forms of physical abuse, sexual abuse, and emotional abuse, including exposure to family violence and long-term chronic neglect. Analysis of CYF data showed that 8 percent of all children born in 1993 had been found to have suffered abuse or neglect at some stage during their childhood. This estimate of the prevalence of maltreatment is likely to be an underestimate given both under-reporting and the quality of CYF's administrative data. Approximately 3 percent of the cohort spent time in State care at some point during their childhood.

Children and young people referred to CYF are living in families with multiple and complex needs

Most of the families of children who are referred to CYF have high levels of long-term need and disadvantage. Many children are living in families who are experiencing the combined impacts of long-term unemployment, low income, unaddressed physical and mental health needs, parental alcohol and drug addiction, and family violence.

Of children born between 2005 and 2007 and known to CYF by age five:

- 39 percent had mothers who had been receiving a benefit for more than four out of the last five years preceding their birth, and 60 percent had a primary carer who was receiving a benefit at the time of their birth,
- 37 percent had a parent who had a criminal conviction in the five years prior to the child's birth,
- 69 percent had parents where there was a family violence incident attended by Police in the five years prior to the child's birth, and
- 36 percent had parents who were known to CYF as a child.¹²

In 2014, CYF received 152,000 family violence notifications from Police involving 97,000 children.¹³ The majority of these were not acted upon, as the nature of the concerns did not reach CYF's threshold for response and there was a lack of alternative services to address the needs of these families in the community. Evidence suggests that family violence is associated with a risk of harm to children, poor life outcomes, and higher rates of perpetration and victimisation as adults.¹⁴ These notifications represent a significant opportunity for early intervention to provide the support families need before concerns escalate into situations of harm to children.

¹² See analysis using the Integrated Child Dataset in Modernising Child, Youth and Family Expert Panel (2015). *Modernising Child, Youth and Family: Interim Report*. Wellington: Ministry of Social Development. p32 of indicators of disadvantage and need for the families of children born in New Zealand between 2005-2007, by whether or not they were notified to CYF by five years of age.

¹³ Source: CYF administrative data 2014.

¹⁴ Families Commission and the New Zealand Family Violence Clearinghouse. (June 5, 2013). *Children, child maltreatment and intimate partner violence: Research, policy and practice conference*. Retrieved from: <https://nzfvc.org.nz/conference-2013>

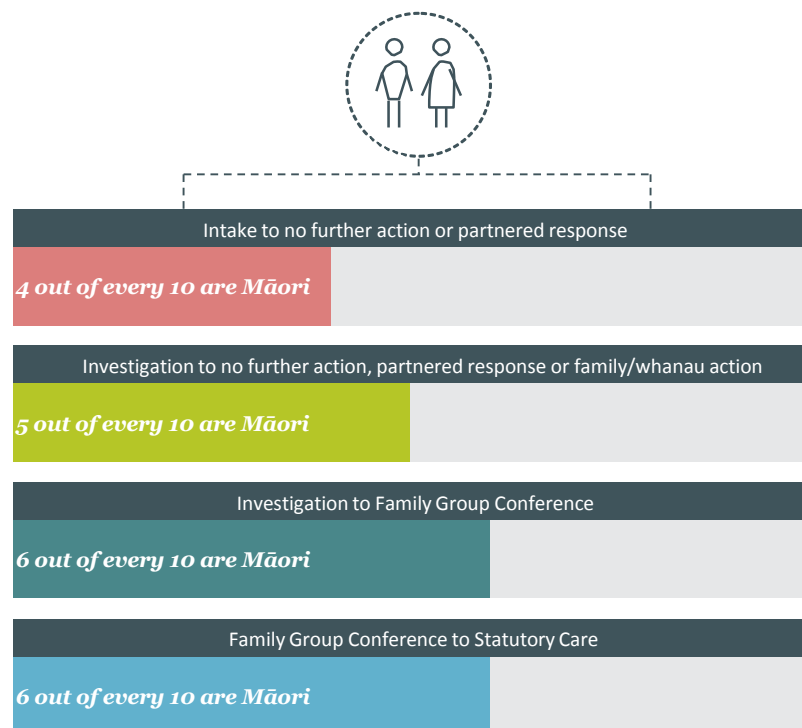
Māori children and young people are disproportionately represented

Māori children and young people are twice as likely to be referred to CYF compared to the total population. Although Māori children make up 30 percent of all children in New Zealand under five years, 57 percent of children seen by CYF by age five are Māori.¹⁵

This over-representation is likely to be a consequence of the disproportionate number of Māori children and young people in families with high levels of need and disadvantage. For example, Māori children born between 2005 and 2007 were four times more likely to have a mother who had been dependent on a benefit than non-Māori children born in the same period.

Importantly, the over-representation of Māori children and young people increases with the extent of involvement with CYF. About five out of every 10 referrals to CYF are for Māori children and young people, yet Māori make up six out of every 10 children and young people in care.¹⁶

Figure 4: Representation of Māori Children and Young People in Care and Protection in 2014



Vulnerable children experience repeat referrals and further trauma

Children placed in State care experience high levels of instability and, in a number of cases, further maltreatment. Currently children in care experience on average seven to eight placement moves by the time they are eight years of age.¹⁷ The young people we spoke with reported high levels of stress, confusion and anxiety in care, and spoke of the impact of their care experience on their sense

¹⁵ See analysis using the Integrated Child Dataset in Modernising Child, Youth and Family Expert Panel (2015). *Modernising Child, Youth and Family: Interim Report*. Wellington: Ministry of Social Development. p34 and 35

¹⁶ Source: CYF administrative data 2014

¹⁷ Analysis carried out on CYF administrative data, (2014).

of belonging and identity. Nearly all of the young people we interviewed recounted some form of maltreatment in care.

A 2010 study¹⁸ also found high levels of re-abuse of children who had left State care. Within 18 months of exiting care, three out of every 10 children and young people were re-notified to CYF and 15 percent were found to have suffered further abuse. Those who returned home or remained in family or whānau care were more likely to experience repeat abuse, with almost one-quarter of children who returned to their parents, and 10 percent of those in kin or whānau placements, experiencing further maltreatment within the 18 months following their exit from care.

“The [caregiver] was like ‘no you should just pack your bag and get the f### out of here’ and I didn’t know the area, and I was 12 and I didn’t know that place. And I was like ‘where is the train station? I will train home’ and she just kicked me out.”

FEMALE, 17

Long-term outcomes are poor for children who enter the care and protection system

Evidence shows that those who experience abuse, neglect and other adverse childhood events are more likely to experience poor life outcomes.¹⁹ Administrative data shows that for the cohort of children born in 1990/91, by age 21 those who were known to the care and protection system were more likely to have:

- **left school without at least a Level 2 NCEA qualification** – more than six out of 10 children known to the care and protection system left school with less than NCEA Level 2. This compared with three out of 10 children with no care and protection contact,
- **been referred to CYF because of youth offending** – almost two out of 10 children known to the care and protection system were subsequently referred to CYF by the Police because of youth offending. This was seven times higher than those with no care and protection involvement,
- **been in receipt of a benefit** – nearly seven out of 10 children with care and protection contact had been on benefit by age 21, compared with three out of 10 for the rest of the population, and
- **received a community or custodial sentence in the adult corrections system** – almost two out of 10 children with care and protection contact received a community sentence in the adult corrections system by age 21, and just under one in 10 received a custodial sentence. These rates were between five and nine times higher (community and custodial sentences respectively) than children with no care and protection contact with CYF.²⁰

¹⁸ Centre for Social Research and Evaluation. (2012). *Outcomes for children discharged from CYF care in 2010*. Wellington, New Zealand: Ministry of Social Development. Unpublished manuscript.

¹⁹ Refer to: Fergusson, D. M., & Lynskey, M. T. (1997). Physical punishment/maltreatment during childhood and adjustment in young adulthood. *Child abuse and neglect*, 21(7), 617-630 and Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1996). Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(10), 1365-1374.

²⁰ Analysis of the 1990/91 birth cohort. Following references to this cohort are also from this source. Crichton, S., Templeton, R., Tumen, S., Otta, R., Small, D., Wilson, M., & Rea, D. (2015). *New findings on outcomes for children and young people who have contact with Child, Youth and Family*, Wellington, NZ: Ministry of Social Development. Unpublished manuscript.

Recent analysis has also identified a high level of mental health need among children and young people known to CYF.²¹ This study estimated that, by 15 years old, three out of every 10 of those who are notified to CYF as a child, and nearly five out of every 10 who are placed in care, have identified mental health issues, compared to two out of every ten of those who do not have contact with CYF.

These poor outcomes are associated with negative impacts on the wider community, as well as considerable long-term fiscal costs.

4.3. New Analysis Further Supports the Case for Investment

The system is not meeting the needs of disabled children

The definition of 'disability' is broad, and can include physical, intellectual, learning and mental health disabilities. The Disability Survey²² identified that 11 percent of New Zealand children under the age of 15 years have a disability and 36 percent of people over 15 years live with a disability. While agencies do not currently capture accurate or reliable data about the scale and nature of the needs of disabled children in the system, or children of disabled parents, research overseas²³ indicates that these children can be especially vulnerable to abuse and over-representation in care and protection systems. However, the limited data on the needs of children notified to CYF makes its prevalence in the vulnerable children population difficult to quantify. Once in the system, disabled children can experience poorer life outcomes because they are more likely to experience the adverse outcomes associated with group care, and less likely to be placed in long-term family-based care (such as Home-for-Life) than non-disabled children.²⁴

Likewise, there are fewer safeguards in the system for disabled children. Stakeholders are particularly concerned about a separate pathway under the Children, Young Persons and their Families Act 1989 (CYP&F Act) which allows disabled children to be placed in out-of-home group care with the agreement of their parents, without the same legal protections that apply to non-disabled children.

Discussion with stakeholders has also identified a concern that disabled children and their families may fail to receive the services they need because agencies take a narrow view of when and to whom they can provide services, based on whether they consider a child or parent's needs are due to disability, parenting or care.²⁵ Thresholds for services can prevent disabled children and parents

²¹ NZ Treasury (2015). *Using Integrated Administrative Data to Identify Youth Who Are at Risk of Poor Outcomes as Adults*. Analytical Paper 15/02. <http://www.treasury.govt.nz/publications/research-policy/ap/2015/15-02/ap15-02.pdf>. (p18).

²² Statistics New Zealand. (2013). *Disability Survey: 2013*. Wellington: Statistics New Zealand.

²³ Refer to Special Commission of Inquiry into Child Protection Services in New South Wales (2008), *Report of the Special Commission of Inquiry into Child Protection Services in NSW: Executive Summary and Recommendations*; Queensland Child Protection Commission of Inquiry. (2013) *Taking responsibility: A Roadmap for Queensland Child Protection*; Families Commission. (2012). *Disabled Parenting*.

²⁴ Ministry of Social Development. (2015). *No two pathways Disabled Children Project: CYRAS case review*. Wellington: Ministry of Social Development. Unpublished report.

²⁵ Ministry of Social Development, Ministry of Health & Disabled Children Project Working Group. (2015). *Disabled Children: voluntary out-of-home placement review*: Public consultation document. Retrieved from: <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/policy-development/disabled-children-project/public-consultation-document.pdf>

from getting the help they need – for example, children can have a level or type of disability that does not meet the Disability Support Services criteria for funding, such as Foetal Alcohol Syndrome. Parents have reported a lack of support at the time a child is diagnosed, which can negatively impact on their ability to effectively parent their child.

Needs such as disability, and other complex needs and risks for children and families, require a coherent approach across a range of agencies and community partners to identify and address the full range of factors impacting on child vulnerability.

Child maltreatment repeats across generations

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 CYF. 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.²⁶

The findings reinforce the need for comprehensive and co-ordinated prevention services that have a significant focus on parenting education and support for individuals with a history of contact with CYF. Recommendations for a strengthened approach to prevention services are provided in Chapter Six.

“ The week before, her mother had rung and said ‘I’m going to be at your birthday party,’ and she didn’t turn up. So for us it was trying to make the day as big as possible, full of things, heaps of people around where she was the centre of attention. Just so that she wouldn’t remember that her mum hadn’t turned up. ”



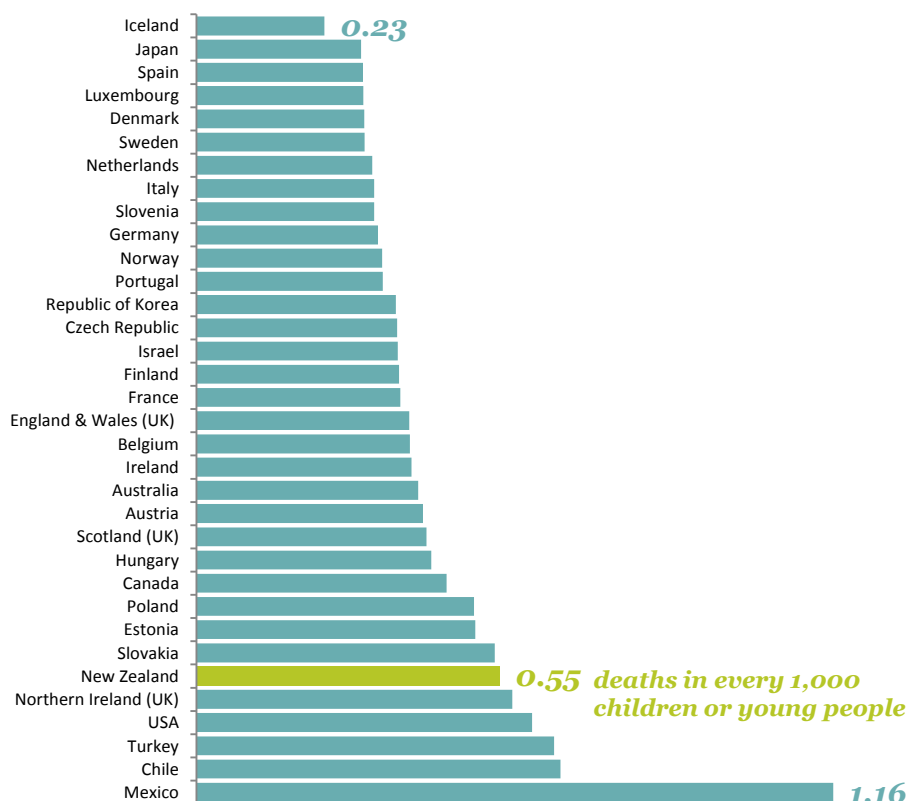
CAREGIVER

Children and young people known to CYF have higher rates of mortality

New Zealand has one of the higher rates of infant mortality compared to other high income OECD countries.²⁷ There are also above average rates of mortality among older children and young people. Differences across nations reflect a variety of factors including a commitment to child safety, health and well-being.

²⁶ Templeton, R. & Rea, D. (2015) *Young women with a history of involvement with Child, Youth and Family during childhood have higher rates of early parenting and subsequent involvement with child protection as young parents*, Wellington: Ministry of Social Development. Unpublished manuscript.

²⁷ UNICEF Office of Research. (2013). *Child Well-being in Rich Countries: A comparative overview* (Innocenti Report Card 11). Florence: UNICEF Office of Research.

Figure 5: Mortality Rates for Children and Young People Under 25 Years in 2010²⁸

New analysis has identified an increased rate of mortality between the ages of 10 and 22 years for children and young people with some level of care and protection contact with CYF.²⁹

Overall, the analysis showed that children and young people who had contact with the agency made up one-third of all deaths of those aged between 10 and 22 years. After controlling for a limited number of other risk factors, the level of contact with CYF was associated with a mortality risk that was 1.7 to 2 times higher than the rest of the cohort. The majority of these deaths occurred in young people aged between 16 and 22 years, and reflected higher rates of mortality as a result of self-harm, accidents and other causes.

The association between the level of contact with CYF and mortality is strongly 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.³⁰

²⁸ Source: WHO mortality database 2010. Age-adjusted deaths per thousand.

²⁹ Templeton, R. & Rea, D. (2015) *Abuse and neglect is associated with an increased risk of mortality during teenage years* Wellington, NZ: Ministry of Social Development. Unpublished manuscript.

³⁰ Center on the Developing Child. (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. United States of America: Center on the Developing Child. Retrieved from www.developingchild.harvard.edu; Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), 68-81.

4.4. Young People who Offend also Experience Poor Life Outcomes

In the year to June 2014, 12,000 young people aged 10-16 were apprehended by the Police.³¹ The majority of these young people were dealt with directly by the Police, with only 2,700 young people referred to CYF and the courts. Overall, historical data suggests that more than 4 percent of young people in a birth cohort are referred to CYF by the Police at some stage during adolescence.³²

“ [When I was in court] I was doing my old man proud because my old man was always in court.... I was just making sure my Dad knew I was keeping it real for him.... that's how it started. ”

FEMALE, 17

Despite a decline in youth offending activity in recent years, a number of important issues remain in this area.

There are a number of warning signs of conduct disorder, but many opportunities are missed

There is strong evidence identifying childhood risk factors for youth and adult offending patterns,³³ and there are many points at which earlier identification and intervention could be effective. These include early childhood education, schools, apprehensions of child offenders by the Police and, importantly, care and protection involvement. Almost 60 percent of young people referred to CYF by the Police for youth offending behaviours had previously been notified to CYF as a result of care and protection concerns.³⁴ The high rates of offending by young people with a history of maltreatment suggest that there is insufficient investment in preventing and addressing the consequences of maltreatment in children and young people.

We are not adequately preventing future offending

The recent study of the 1990/91 birth cohort³⁵ reveals a high rate of reoffending in adulthood among youth offenders. For young people between the ages of 17 and 21 who were referred to CYF by the Police, more than half had a subsequent community sentence and almost one-quarter a custodial sentence. This suggests that considerably more could be done to reduce the extent of reoffending.

“ I would get bored and sit there depressed as... If I had something to do, something I liked doing, I would have gone and done it, and then I wouldn't have been out stealing and fighting people. ”

FEMALE, 16

³¹ Source: Police administrative data, 2014.

³² Centre for Social Research and Evaluation. (2012). *Children's Contact with MSD Services* (Analysis based on 1993 birth cohort). Wellington: Ministry of Social Development.

³³ Fergusson, D. M., & Lynskey, M. T. (1997). Physical punishment/maltreatment during childhood and adjustment in young adulthood. *Child Abuse & Neglect*, 21(7), 617-630.; Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1996). Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(10), 1365-1374. Odgers, C. L., Moffitt, T. E., Broadbent, J. M., Dickson, N., Hancox, R. J., Harrington, H., Poulton, R. & Caspi, A. (2008). Female and male antisocial trajectories: from childhood origins to adult outcomes. *Development and Psychopathology*, 20(2), 673-716..

³⁴ Ministry of Social Development. (2014). *Outcomes for Children in Care: Initial data-match between Child, Youth and Family, the Ministry of Education and the Ministry of Health* [Unpublished]. Wellington: Ministry of Social Development.

³⁵ Crichton, S., Templeton, R., Tumen, S., Otta, R., Small, D., Wilson, M., & Rea, D. (2015). *New findings on outcomes for children and young people who have contact with Child, Youth and Family*, Wellington, NZ: Ministry of Social Development. Unpublished manuscript.

Poor outcomes during adulthood

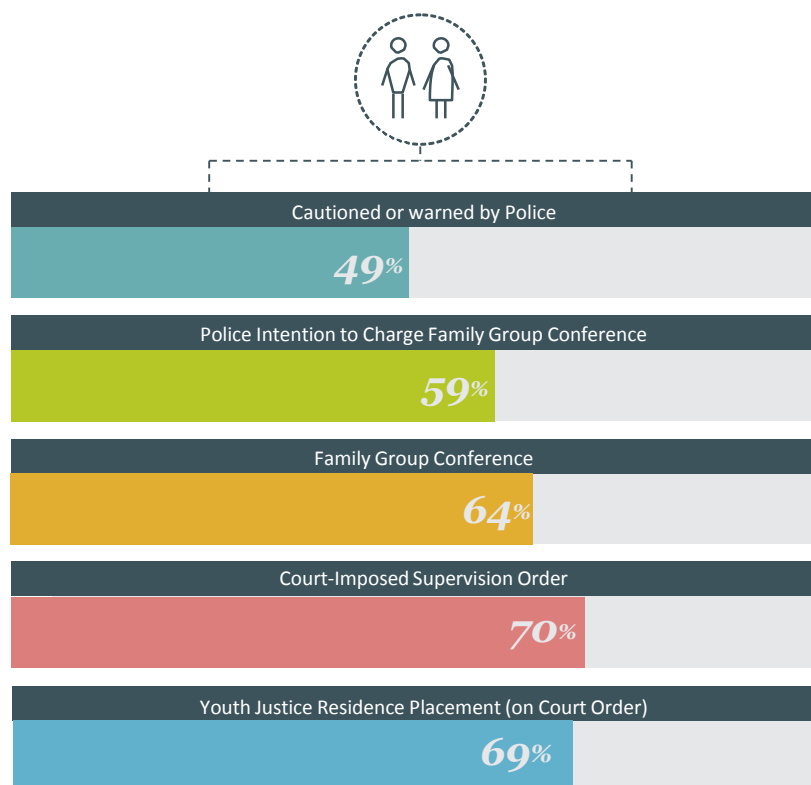
As well as high rates of reoffending, youth offenders also go on to experience adverse outcomes in other areas. For the 1990/91 birth cohort, youth offenders had very high rates of educational under-achievement, benefit receipt, early parenting, and involvement with CYF as parents. In addition, this cohort had higher rates of mortality in late adolescence and early adulthood compared to the rest of the population.³⁶

Māori youth are disproportionately represented among young people who offend

Young people referred to CYF are disproportionately Māori. Although Māori make up 25 percent of children and young people aged 10 to 16 years, young Māori comprise six out of every 10 young people in the youth justice system.

Analysis of CYF data also shows that the level of Māori over-representation increases as the intensity of intervention increases. Māori youth make up around five out of every 10 young people cautioned by Police for offending behaviours, but comprise seven out of every 10 young people placed in a secure youth justice residence on a Court order.³⁷

Figure 6: Representation of Māori Children and Young People in Youth Justice in 2014



³⁶ Templeton, R. & Rea, D. (2015) *Young women with a history of involvement with Child, Youth and Family during childhood have higher rates of early parenting and subsequent involvement with child protection as young parents*, Wellington: Ministry of Social Development. Unpublished manuscript. Templeton, R. & Rea, D. (2015) *Abuse and neglect is associated with an increased risk of mortality during teenage years* Wellington: Ministry of Social Development. Unpublished manuscript.

³⁷ Source: CYF administrative data 2014



Note the current system does not meet the needs of vulnerable children and young people and does not help them achieve long term positive outcomes.

Note the current system is fragmented, lacks accountability and is not well established around a common purpose.

Agree there is significant opportunity to improve long term outcomes and reduce future lifetime costs by investing early in well-being of vulnerable children and young people.

Agree that a bold overhaul of the system is required to place the child and their need for a stable, loving family at its centre.

4.5. Experiences of Young People, Families, Caregivers, and Front-line Workers

Since the Panel's Interim Report, we have sought a wider range of feedback from young people with experience of the youth justice system, the families and whānau of children and young people engaged in the system, caregivers, victims of youth offending, and front-line practitioners. People told us how they had experienced the system and the impact that it had on their lives, and there was a great deal of consistency in the issues they identified.

Five key themes consistently emerged:

1. A feeling of being powerless.
2. Lack of participation in decision-making.
3. Lack of support.
4. The stress of dealing with the system.
5. A lack of cultural connections.

A feeling of being powerless

The Interim Report found that the intentions of the system were not reflected in young people's experience. For many of the young people we spoke with, their involvement with CYF was characterised by instability and uncertainty and – in the worst cases – further abuse and neglect.³⁸ Young people spoke of the impact and the range of coping mechanisms they used, saying they felt powerless. They saw CYF as holding all the power to make important decisions about their lives, despite what the young people wanted or felt was best for themselves.

Parents shared a similar view in that they felt that CYF could make significant decisions about the lives of their children that were very difficult to contest. Many of the parents we spoke with did not have the means to engage lawyers, let alone challenge, what they saw as a formidable organisation, that they found “difficult to make sense of” and where their actions could sometimes be interpreted in the worst possible light.

³⁸ A new exploratory study of the reporting of abuse in care shows significant levels of abuse and neglect in care.

Parents viewed their social worker as very influential, and spoke of the frustration of coping with numerous changes of social worker as this often meant the child's plan changing, sometimes quite dramatically. To them, this re-affirmed their view of the social worker as "all powerful" and as a person who could make decisions without recourse. This resulted in feelings of confusion, anger, defeat and desperation.

Caregivers felt that they were less valued than others within the system, particularly the professionals. Many caregivers we spoke with said "professional knowledge" was valued over the information that they held regarding the child who lived with them. They spoke specifically of a power imbalance between themselves and the rest of the system and having to "fight" the system to do what was best for the child – a fight they did not always win.

“There is a power imbalance between the people that have the knowledge i.e. maybe the social worker or the agency against the caregiver.”

CAREGIVER

Victims of youth offending identified that they also felt powerless in the Family Group Conference (FGC) setting. Here they often felt intimidated by the large numbers of the young person's family at the conference, and received little support to address this.

Social workers described having to "fight" their own organisation to get what children and families needed, and expressed frustration at having to influence other organisations to prioritise the services children need. This left social workers feeling like they had to address the needs of children and young people that should be met by other agencies, particularly in the area of adolescent mental health.

The system was viewed by all as being unnecessarily adversarial; all used the language of "having to fight" when describing their interactions with CYF. It was inferred that participants often simply "gave up", or were required to expend a significant amount of energy, time and resources battling the organisation. This eroded people's resilience and, ultimately, the contribution that they were able to make towards improving the well-being of children and young people.

Lack of participation in decision-making

Young people told us that they did not always understand what was happening to them, and that their views were not always sought at critical decision-making points, like FGCs or when their plans were reviewed in the Family Court. The inability to have a say or to be "heard" left young people feeling confused, upset, and sometimes angry. Existing organisational practices and systems do not give priority to listening to children and young people.

“We are not allowed to talk in court, but the lawyer can talk all they want... [Lawyers] should at least answer their phones so we can talk to them... [What I don't understand about being in court] is why you keep us in there so long, because we are just going to get out without knowing anything.”

MALE, 16

Parents described feeling judged, "stonewalled" and excluded during their interactions with CYF. They believed professionals were quick to establish "right and wrong", despite the complexity of the situation. Like young people, parents felt unprepared to participate effectively in FGC processes. They felt many of the decisions made were pre-determined, the process was slow and bureaucratic, and they lacked a voice. Parents who had the financial resources to engage professionals, such as lawyers, reported feeling better able to challenge the decisions being made.

Caregivers spoke about feeling under-valued and unrecognised for their expertise and the knowledge they held about the child living with them. Few caregivers were routinely consulted about the on-going care arrangements for children, and therefore professionals making decisions often lacked key information about the child. A lack of involvement in decision-making also made it difficult for caregivers to meet the children's full range of needs, leaving them frustrated, disheartened and occasionally questioning whether they wanted to continue.

“ I was telling everyone for weeks that I don't want my Dad there [at my FGC] because I hate my Dad, and then I went to my FGC, and my Dad was there. It made me so angry. They could have just listened to me when I said 'don't put my Dad there... But no one listens to me. ”

FEMALE, 16

Lack of support

Young people spoke of not receiving the support they needed to address the impact of earlier traumatic experiences and the consequences of being involved with CYF, which often contributed further to the trauma suffered. They described a system that struggled to provide the basic foundations of healing, such as a safe and stable home, or to address the trauma caused by grief, abuse and neglect.

Young people believed adults expected a lot of them with little regard for the things they had gone through. Young people who had left care, or were approaching age 17, consistently agreed it was a vulnerable age and too young to be left without support.

Parents reported not always understanding what was expected of them, and many had suffered difficult upbringings as children. This sometimes meant they had a different view of what was “acceptable parenting”, and it could take time for them to fully comprehend “how bad things were”. Parents spoke of being required to complete anger management or parenting courses, with the belief that once complete CYF involvement would cease or their children would return home. However, when this did not happen it led to a perception of CYF “going back on its word” and caused frustration, mistrust and a sense of “changing goalposts”. Parents were reluctant to contact CYF if they needed support or help in a crisis, as they had previously received a reactive response rather than the support they had hoped for.

Caregivers reported not fully understanding what they had signed up for, as they had not only taken on a child but also that child's birth family and the government system as well. They were critical of the level of support they received. Almost every caregiver spoke of a lack of information when a child was placed with them, which left them “on the back foot” and unaware of the routines, health needs and behaviours of individual children. Caregivers recalled situations where they had lacked critical

“ What makes me frustrated - not knowing enough about what the health needs are. ”

CAREGIVER

(Referring to a Risperidone prescription coming in a Vitamin C container)



information about medication or high risk behaviours, which had potentially placed the child or others at risk. Care plans were described as incomplete, out of date and not useful.

Family and whānau members who had become caregivers for other children in their family spoke of an incorrect assumption that just because they were family they knew how to care for those children, who had been separated from their parents and often had a range of complex needs. All caregivers pointed to the difficulty they experienced in managing children's behaviour, and the relationship with the child's parents that could be fraught and challenging. Family caregivers stressed that they needed the same level of support as all other caregivers.

Social workers described receiving inconsistent support such as clinical supervision, which did not always meet their needs. They stated the administrative demands of the role were too great, and the result was that they were unable to spend sufficient time with families and children. Social workers pointed to a lack of tools to be effective in their role, including not enough vehicles, outdated computer systems, and a lack of administrative support.

“ I can spend a month at my desk and not see kids. That's typical, and it's getting worse - more reports, more paperwork... My job is almost becoming paperwork - not family based anymore.”

SOCIAL WORKER

The stress of dealing with the system

Parents spoke of the stress associated with CYF “turning up on your door”. Many described feelings of turmoil, sadness, conflict and anger. This affected their ability to respond rationally and calmly to the circumstances that were occurring and, when they responded in an emotional way, it could be held against them. Throughout this process parents spoke of feeling unsupported and alone. They believed that CYF could make significant decisions that were devastating for families, but that CYF did not always understand the full impact of the decisions they were making.

“ I felt alone and frightened. ”

PARENT

Some caregivers spoke about feeling comparatively well-resourced to cope with the demands of the system, but said that they too could feel lost in complexity, particularly in relation to the legal aspects of the care system. They reflected that if people with higher levels of resiliency and resources found it challenging to engage with the system, how much harder it must be for those less equipped.

Social workers told us that while they had been drawn to the role by the opportunity to make a positive difference, they were frustrated by the system, administrative tasks, and the difficulty in accessing the services children needed. They reported that the nature of the work was inherently stressful, managing high levels of risk and engaging with people who were often upset and traumatised. All saw burn-out as a legitimate risk of the role. Social workers also spoke about the impact of stigma and negative public perceptions of their role as “taking children away from their families”, and how this affected their ability to effectively engage with families. When asked to describe their roles, social workers used words such as ‘supporter’, ‘navigator’ and ‘mediator’.

Lack of cultural connections

Young people spoke about an overwhelming desire to belong. While cultural identity formed only one part of that belonging, young people told us that when this need was not met they were more likely to seek connections from people or networks that could be harmful, such as gangs.

“ All of [my brothers] are affiliated with White Power... CYF won't let me near them, but I'm already White Power... I only got the patch about a year ago... but I have been affiliated with them all my life. All my family is White Power. ”

MALE, 15

Understanding the complexity of an individual's relationship to culture, and recognising the fundamental importance of whānau, hapū and iwi, is a significant challenge for some staff and caregivers. Some young Māori spoke about their links to whakapapa, their marae, and cultural values as a strength and source of comfort to them. They spoke about a lack of understanding they sometimes encountered from caregivers and social workers about the importance of their culture to them. Other young people expressed a less positive perception of being Māori, and it was clear that life events could either distort or enhance this perception.

Parents with Pacific backgrounds talked of the importance of maintaining a connection to their culture, knowing where they came from, and maintaining a relationship with their cultural values, language, and institutions such as churches.

Many Māori parents described similar experiences, at times highlighting an intergenerational disconnection from whakapapa. For some parents, the idea that the system might support their child in making those connections was a source of comfort to them. Often a parent's own view of culture and what that meant could also be distorted by previous experiences.

Caregivers expressed very different views about the needs of Māori children, some feeling that the system drove a connection with culture at all costs which could undermine the stability of care arrangements for the child or young person. Others spoke of being left to navigate complex cultural issues with little support from the system, which left them feeling vulnerable and anxious that they may not be meeting the needs of the child in their care. Some caregivers felt that the system was insensitive to, or lacked an understanding of, the values and beliefs that were important from a Māori perspective.

Social workers shared their own journey into the social work profession. Some spoke of being motivated by their own cultural values and knowledge, however, not all workers expressed the same degree of commitment to culturally responsive practice. For Māori and Pacific staff, their identity as practitioners within the service could be a complex issue for them. For some it was a source of motivation; others described what they viewed as an unreasonable burden placed upon them to assist in cultural matters, with little reciprocal recognition of these skills or the impact on their workload. Staff spoke about work priorities being driven predominantly by crises, and this prevented the time and attention needed for effective engagement with families.

“ My situation is quite interesting because I'm Māori, Samoan and male. What impacts my work is that because I'm the Māori male here, I get told 'We have this hui happening, can you do the powhiri?', [or because I'm male], 'Oh I need to go and see an angry dad, can you come with me?' It's rough - the whole tokenistic approach, when it suits. I guess [when] management thinks that we need the Māori person or the Samoan, they have that kind of instant, 'are you able to help?' I always think 'Oh you're doing this to me again, two days out [from another similar request]. ”

SOCIAL WORKER



Note that young people, birth parents, caregivers and social workers were engaged as part of this work and they conveyed the following:

- a. Young people said they needed adults to love and nurture them and they wanted to be in a family that “brought out the best in them”. They wanted to be “listened to” and able to influence the decisions being made about their lives. They needed support to address the consequences of abuse and neglect and for this support to be available to them through to adulthood.
- b. Birth parents said they wanted access to support when things started to go wrong. They needed people to take the time to understand what would really make things better for their children, and be upfront in supporting them to understand what needed to change.
- c. Caregivers said they wanted to be recognised for their expertise and experience through being allowed to take a greater role in children’s lives. They wanted a greater level of support to cope with the complex needs that children in their care often had. They said they would like help in managing the relationship with birth parents and greater autonomy regarding the day to day decisions of the children they are caring for.
- d. Social workers said they wanted to make it easier to meet the needs of children and young people and wanted to do this in partnership with others. Social workers wanted to spend more time working directly with children and families and less time on administrative tasks.

5. The Future Operating Model

5.1. Vision and Purpose

The Panel confirms the vision set out in our Interim Report, that ***New Zealand values the well-being of our children above all else.***

Our aspiration is that all New Zealand children have the opportunity to grow up in a loving and stable family. For most children, that loving family will be the family they are born into; for others, the love, support and stability they need can only be provided by caregiving families.

Recognising this, our vision is supported by a central purpose: ***to ensure that all children and young people are in loving families and communities where they can be safe, strong, connected, and able to flourish.***

5.2. Operating Model Overview

This chapter outlines the target operating model for the future system for vulnerable children.

The operating model describes how the future department and surrounding system will work together to deliver the future response for vulnerable children, young people, families, and all of those who engage with the system. This response can only be achieved if all of the operating model components are complementary, driving toward a common set of objectives, and made in concert.

There are nine individual operating model layers that are grouped in three main dimensions:

1. Customers, services and delivery channels – these layers describe the end-to-end ‘customer’ or client experience, and how clients would interact with the system to receive the services they require.
2. Processes, information and technology – these layers describe the future systems and tools that are needed to deliver the required services.
3. Organisation, people and property – these layers describe the skills, competencies, culture, leadership, organisation design and locations required to deliver the services to the department’s key clients.

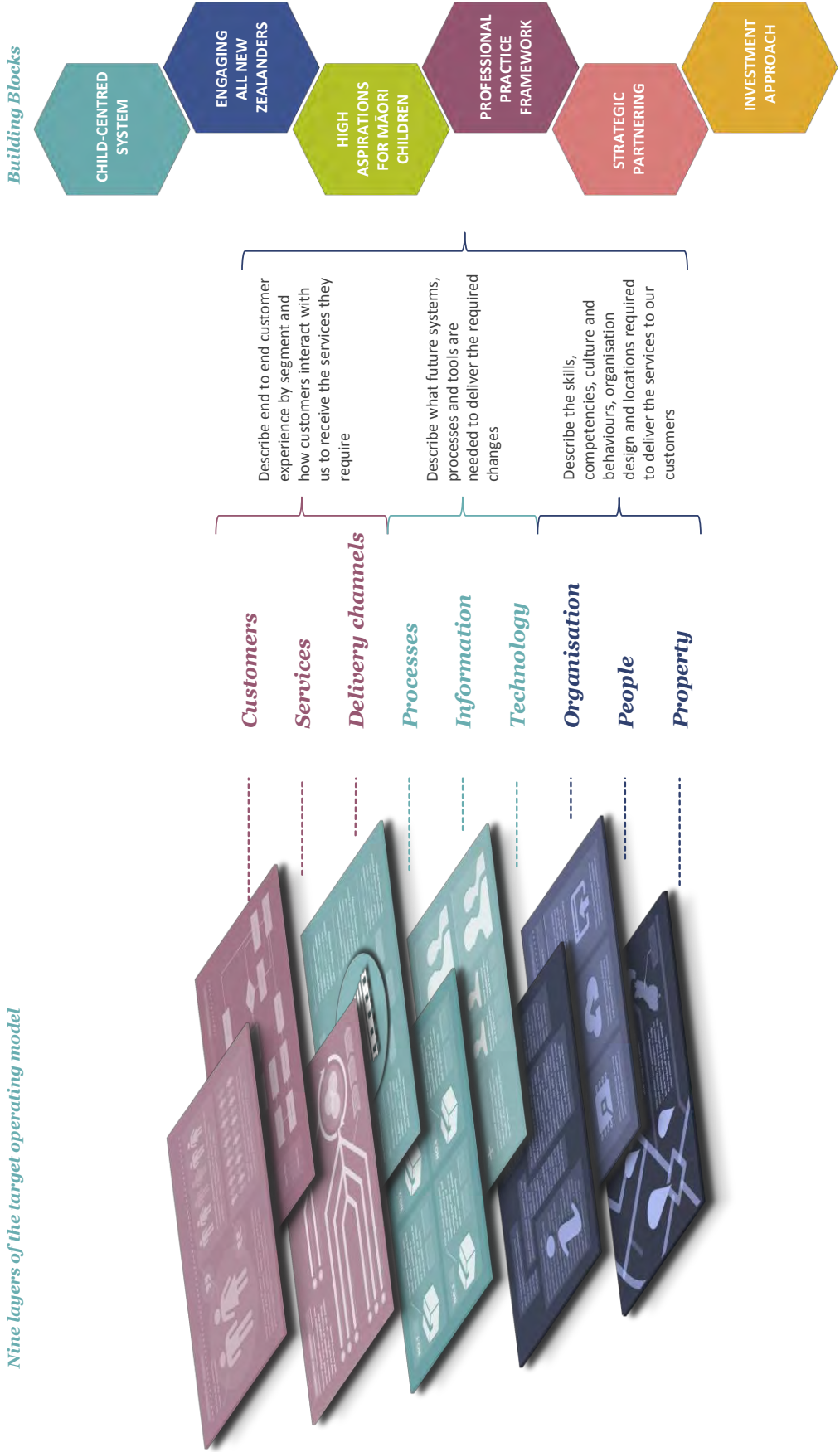
The operating model layers are supported by six foundation building blocks.

The building blocks and layers of the operating model, and how they interact, are summarised in the diagram below.

Conceptual diagram

Figure 7: Operating Model Conceptual Diagram

Nine layers of the target operating model



5.3. Building Blocks of the Future Operating Model

A child-centred system

All children have the right to enjoy a positive childhood, the excitement of beginning independence and the success of healthy adulthood. Children become vulnerable through no fault of their own; they rely on the adults in their lives to care for them, guide them, and challenge them to affirm their identity and achieve their potential.

The future system must recognise that no organisation can ever care for a child in the way that a family can. It is only through those around the child – their parents, siblings, whānau, hapū, and caregivers – that a child's need for a loving, stable and life-long relationship can be met.

“ Yeah, because when I was younger, whenever my social workers would come around, they wouldn't take me off by myself. And because you don't want to say things in front of your caregivers, and they don't do anything about it, and then your caregivers have heard what you said then once they leave... So I suppose just take the kid away and talk to them. Well my social worker that was with me, she never sat down and talked to me and didn't give me the opportunity to tell them. Just listen to the kids, Like there were a lot of times when I felt like no one was listening.”

FEMALE, 17

Safe, stable and loving care has several essential features. At the centre is a child's relationship with at least one adult who is able to love, protect and ensure the welfare of the child. Children also need a sense of stability in other areas of life that are important to them, such as schooling and friends. All children should be able to develop and maintain a broader network of enduring relationships, particularly with their extended family and whānau. Children also need to have a sense of belonging and connectedness, in a community and place they can call 'home'.

The role of State agencies must be to work with local communities to ensure children and families receive the services and support they need at the earliest opportunity to enable them to flourish.

The opportunity to hear the voices of young people must be embedded in the future operating model. This will be enabled through independent advocacy at individual and system levels, and on-going roles for young people in design and governance.



Note that children and young people lack advocacy at an individual or system level and are not involved in the design of services or the current system.

Agree the voices of children and young people are embedded into decision-making at both individual and system levels, including through:

- a. the establishment of a permanent and independent advocacy service, which elects a Youth Advisory Panel, and
- b. new statutory objectives to seek and give effect to the voices of children and young people.

High aspirations for Māori children

The majority of children who are known to CYF, including for youth offending, are Māori. A future where vulnerable Māori children and young people are able to live in stable, loving homes and whānau are enabled and supported to provide this environment is the aspiration. New Zealand can reach this endpoint through deliberate and careful navigation that encourages greater innovation and new approaches.

Without a target there is nothing to move toward. The Panel proposes the future department have aspirational targets to reduce the over-representation of Māori and the forward costs of maltreatment and vulnerability for all children by 50% over a generation. This translates to an indicative overall liability reduction of 20% over five years, once the new operating model is in place. The achievement of the overall indicative target and the target to reduce the over-

“ So that’s something that we try and encourage with the girls, all three of them, to spend time with their whānau. We just don’t want them missing out and still having that identity. So the girls are well aware of who their whānau is, who is who.”

CAREGIVER

representation of Māori would require the forward liability associated with poor outcomes for Māori children to reduce by at least 25-30% over the same period. This would be based on the actuarial liability model which is discussed in more detail in Chapter Eight of this report. This would create a measurement framework that helps identify the scope for future investments and the on-going results of investment decisions in services, programmes and interventions.

Significant expansion of the scope, quality and capability of programmes to be delivered by the future department and the wider sector is required to better respond to the needs of Māori children, young people and their whānau. Any review and expansion must be cognisant of geographic cover, degrees of familiarity or comfort with Te Reo and coverage across the continuum of prevention and intervention. Programmes should incorporate a Māori perspective and worldview that is adaptive to the individual circumstances of Māori children, young people and whānau. The Panel proposes the establishment of a partnership foundation between Māori and non-Māori academics, social service providers, iwi and the future department to build a common agenda around improving life outcomes for Māori children and their whānau through better programmes and services.

The Government investment in the Whānau Ora approach over the last five years aims to uplift whānau and families by building their capacity and capability to achieve their goals and reduce their reliance on government funded services. Whānau Ora has driven a systems change within government and service providers toward a greater focus on the integrated delivery of social services for whānau. The whānau planning process involves assisting whānau to define and engage with the issues they face and to develop solutions tailored to their circumstances. Capability building at whānau level is necessary to respond to increasing levels of complex needs, including those of vulnerable children.

Māori children and young people come into CYF care and the youth justice system due to a range of underlying drivers. These factors relate to living with higher levels of socio-economic disadvantage, inequality, deprivation and vulnerability than the general population. Resolving these causes cannot be achieved by the department alone. The professional practice framework will establish common

values, principles, definitions and approaches at a system level across the social sector – which will include higher expectations for, and improving the delivery of services to, Māori children, young people and their whānau.

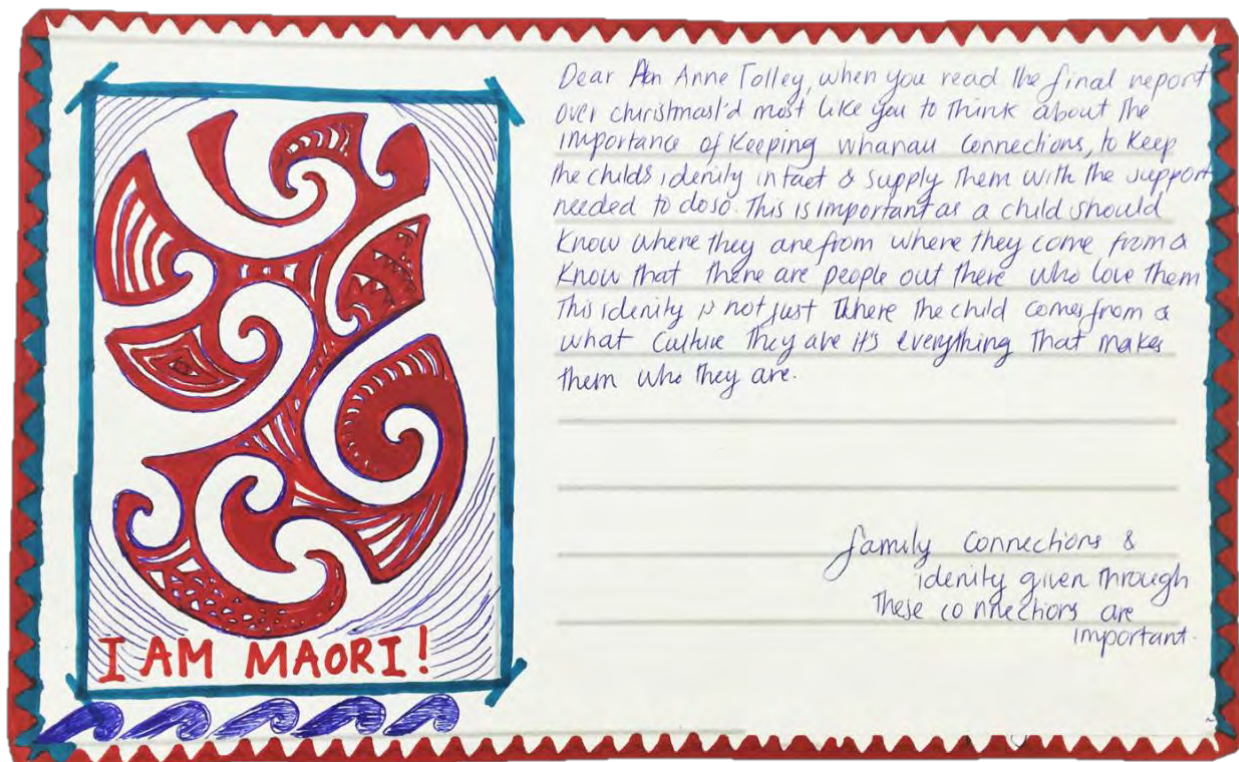
Successive reviews of CYF have failed to empower or deliver change for Māori children and young people. Sharing governance input to include Māori is a progressive forward step. Fundamentally, governance is about power, relationships and accountability – who has influence, who decides, and how operational decision-makers are held accountable.³⁹ The Panel believe it unlikely the future department and wider system will achieve the required change without strategic Māori leadership, direction and influence. Effective governance should include the appointment of an independent Māori person experienced in the work of the department and the social sector, with strong iwi and Māori leadership credentials and deep Māori sector experience, to the Social Investment Board. The proposed Youth Advisory Panel will also see a number of Māori young people appointed. A fit for purpose governance model should align national governance mechanisms and regional arrangements with iwi and Māori leadership in the regions. In many instances these regional relationships already exist. This approach will enhance and improve existing relationships and ensure consistency across the department without increasing administrative load.

When the CYP&F Act was passed in 1989, it was the existing workforce to whom the role of operationalising and implementing the new direction was tasked. Repeated reviews of CYF have highlighted the difficulty people had, and continue to have, in implementing the direction established in the Act. Greater attention is required to the importance of transformational leadership, workforce capability and innovation when designing and implementing the new operating model. In this area, and the wider social sector, all staff must be able to work effectively with and for vulnerable Māori children and their whānau.

CYF presently have specific duties to Māori under the Act. These are the highest form of obligation available; legislated requirements in the Act which creates and empowers CYF.⁴⁰ However there is no accountability to Māori children and their whānau by CYF to publically report against those obligations. Accountability is an important mechanism to measure and improve performance. The sector and department should invite scrutiny by being collectively accountable for their performance to their customers – Māori children, young people and their whānau and those people who have a vested interest in their performance – the public and Government of New Zealand. The future department will have much stronger mechanisms and obligations to publically report against departmental accountabilities. This will also support and encourage all New Zealanders to become involved by providing relevant accountability related information.

³⁹ Joseph, R. (2014). *Indigenous Peoples' Good Governance, Human Rights and Self-Determination in the Second Decade of the New Millennium - A Māori Perspective*. Māori Law Review, Doc Retrieved from: <http://maorilawreview.co.nz/2014/12/indigenous-peoples-good-governance-human-rights-and-self-determination-in-the-second-decade-of-the-new-millennium-a-maori-perspective/>.

⁴⁰ Refer sections 7(2)(a) and (c) of the Act for example.



(Postcard from a Youth Advisory Panel member to Minister Tolley, 2015)

There are opportunities for the social sector to benefit from the recent Treaty partnership journey iwi and the Crown have undertaken. New Zealand has yet to fully realise the potential for iwi strategic transformation in the social sector. The future operating model will take a strategic partnering approach with iwi and Māori organisations to provide services and support Māori children, young people and their whānau, making better use of the natural attributes of these organisations and communities to serve the needs of vulnerable Māori children, young people and their whānau.

Iwi strategic partnering in the social sector is already underway. For example, CYF and Ngai Tūhoe have undertaken a transformative approach to provide Ngai Tūhoe greater 'mana motuhake' to better provide for Ngai Tūhoe. Ngai Tūhoe and CYF are committed to working together to improve the outcomes for Ngai Tūhoe children and young people in CYF care, or at risk of coming into care. Their combined goal is to have no Ngai Tūhoe tamariki and rangatahi in state care. Ngai Tūhoe and CYF have made a commitment conscious of their shared determination and ambition to achieve:

- innovative and enduring solutions for the social transformation of the iwi,
- an iwi community, fully engaged with and committed to the decision-making process and enduring outcomes,
- CYF and iwi progression together for modernised community development, and
- a united and integrated contribution from the government sector collaborating with iwi to achieve sustained community growth.⁴¹

⁴¹ Ngai Tūhoe Social Service Taskforce (2012). Ngai Tūhoe Service Management Plan. Retrieved from <http://www.ngaituhoe.iwi.nz/vdb/document/44>.

Iwi and Māori organisations commonly exist to provide benefits and services to their iwi members. A large number of iwi and Māori organisations are also philanthropic. Iwi and Māori organisations want to be involved in the social sector. The Crown can also see benefit in iwi being involved in this area – evidenced by the creation of the Whānau Ora Partnership Board⁴² and the growing number of Iwi Settlement Accords. However, there remain a number of hurdles which prevent iwi and Māori organisations from being effectively involved. In developing the approach to strategic partnerships the department will need to remove administrative and legislative barriers. These barriers will also apply to other NGOs and other philanthropic organisations working in this area.



Note that the majority of children who are known to CYF are Māori and reducing the over representation of Māori children and young people is an objective of the future system.

Agree the design of the operating model and the operations of the future department, shall set high and explicit expectations and targets to improve outcomes for vulnerable Māori children, young people and their whānau.

Agree the department have an indicative target of improving outcomes for vulnerable Māori children and young people that would result in a 25-30% reduction in the forward liability costs within 5 years, once the new operating model is in place.

Agree to establish a partnership foundation between qualified academics, social service providers, iwi, Whānau Ora and the future department to carry out a gap analysis of existing programmes and services to support the department in the commissioning of new initiatives and approaches to improve life course outcomes for Māori children and whānau.

Agree that Whānau Ora can play a role in assisting whānau to develop a stronger understanding of their own strengths and how they can access social services to support better outcomes for vulnerable children.

Agree strategic partnering with iwi and Māori organisations is established by the Transformation Programme, and later by the future department, to provide opportunity and invite innovation from organisations interested in improving outcomes for vulnerable Māori children, young people and their whānau.

Agree MSD commence, and the future department continue, publically reporting progress toward improving outcomes for vulnerable Māori children and young people.

⁴² The Whānau Ora Partnership Group is a forum of six Ministers of the Crown and six iwi representatives nominated by the Iwi Chairs Forum. The group determines the desired outcomes for Whānau Ora and identifies opportunities that the Crown and iwi can contribute to, to support these outcomes.

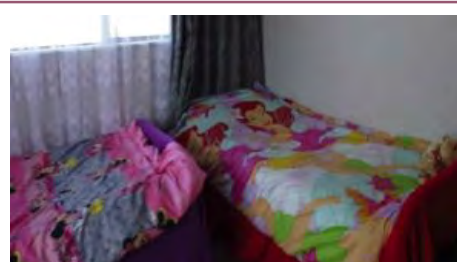
An investment approach

An investment approach for vulnerable children will underpin the transformation of the system from one that is incident-oriented and focused on short-term safety and offending, to one that fundamentally considers a lifetime view of the well-being of individual children, and intervenes early to address the factors contributing to child vulnerability and the costs associated with poor outcomes.

Analysis has demonstrated that children who have had contact with CYF are considerably more likely than others to experience poor lifetime outcomes. These poor outcomes are seen across the system, and are experienced by individuals and families and reflected in increased costs in areas such as welfare and justice.

An investment approach requires consistent and comprehensive information to deliver insights to assist decision-making and enable the system to learn and improve over time, including:

- information about the well-being and needs of children and families, and their risks of poor outcomes over their lifetimes,
- the nature of the services provided to children and families to meet their needs, and
- the costs of these services and their effectiveness in improving the well-being of children and their families in the short and long term.



“What makes me sad - empty rooms.”

PARENT



Note that research unequivocally confirms that investment in early intervention for children at high risk of poor outcomes will result in the best long term outcomes, and significant fiscal and social benefits.

Agree to adopt a social investment approach to meeting the needs of vulnerable children and young people that is based on a forward view of lifetime costs.

Agree that work begin by 1 April 2016 to specify and build an actuarial valuation model for vulnerable children and young people.

Strategic partnerships

Traditional delivery and purchase models have failed to provide a range of effective services and approaches or to be sufficiently child-centred. Stakeholders have described a siloed system with insufficient partnership and collaboration around children's needs. Current funding approaches are restrictive and do not permit innovation or the creation of sustainable services to meet changing needs.

The current system, with diffuse accountabilities across various agencies, has been ineffective in ensuring vulnerable children and families get the services they need, when and where they need them. A “negotiation and best efforts” approach has failed, particularly with respect to government agencies.

A strategic partnership is when government and communities or organisations work together around a common objective, to achieve a collective impact by sharing responsibilities to meet the needs of children and families. It is not about creating a larger government department or a localised series of duplicate or ‘mini’ agencies – it is about recognising that State agencies will never be able to provide the love and nurturing children require, and that communities, local providers and iwi are better placed to provide the support that families need to care for children.

Strategic partnering involves a number of key components including:

- joint planning and mutual trust,
- clear governance processes,
- transparent performance metrics and reporting,
- collaborative risk management and issue resolution, and
- multi-tiered relationships and information exchanges.

In the future, strategic partnerships will be underpinned by a greater ability of the department to directly purchase the services that children and families need, ensuring that community partners, such as iwi and Pacific organisations, can also access timely professional support services where required.



Note that the current “negotiation and best efforts” approach to service provision across agencies has not ensured vulnerable children get the services they need.

Agree that strategic partnering involves:

- a. joint planning and mutual trust,
- b. clear governance processes,
- c. transparent performance metrics and reporting,
- d. collaborative risk management and issues resolution, and
- e. multi-tiered relationships and information exchanges.

Agree the future department will engage in strategic partnerships with communities, iwi, Māori, Pacific organisations, and providers as a primary mechanism for meeting the needs of vulnerable children and families.

Agree the future department will broker to obtain services from Māori and Pacific organisations and other providers on behalf of vulnerable children, families and the communities and iwi who support them.

Agree the future department will directly purchase specialist services for vulnerable children and their families. If other Crown agencies or entities cannot provide them in a timely manner, the future department will purchase from them, or pursue other sources.

Agree the future department take a market building role to create capability, capacity and supply of services required to meet the needs of vulnerable children and families.

A professional practice framework

The new operating model will be supported by a clear framework of practice that describes the values, principles, definitions and approaches at both system and practitioner levels required to achieve the full range of objectives for vulnerable children.

In our Interim Report, the Panel noted the need for a shift from rules, compliance and timeframe-driven practice to professional judgement based on an evidence-based understanding of the impact of trauma on children and young people, the science of child development and attachment, and best practice approaches in building resilience in children and young people.

“ It frustrates me that we don’t have the time to actually sit down and examine our practice the way we probably should as a team to support each other in a more formal way. ”

SOCIAL WORKER

A trauma-informed practice model explicitly recognises the powerful impact of trauma, in its multiple forms. Trauma theory suggests that many of the behavioural symptoms seen in vulnerable children, young people and their families and whānau are a direct result of attempts to cope with adverse, often overwhelming experiences.⁴³ There are many definitions of trauma but all share this common understanding:

⁴³ Bloom, S. L., & Farragher, B. (2013). *Restoring sanctuary: A new operating system for trauma-informed systems of care*. NY, USA: Oxford University Press.

“An event, series of events, or set of circumstances, that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being”.⁴⁴

Children referred to CYF have backgrounds characterised by high levels of adversity, often over prolonged periods, with many experiencing highly stressful traumatic events (e.g., sexual and physical abuse, emotional neglect, impoverishment, exposure to family violence), or sadly in some cases, all of the above. For those children taken into care, this initial trauma is further compounded by separation from their families, friends and communities and uncertainty around their future. Multiple changes in caregivers, currently the norm, only exacerbate an already dire situation. It is therefore imperative that the future system response recognises and is equipped to deal with this reality. The implications are wide ranging and will impact upon staff training, system organisation, and the types of evidence-based services provided.

It is worth noting that many of the difficulties displayed by vulnerable children can be viewed as attempts to cope with overwhelming, traumatic events. These children must receive highest quality therapeutic intervention so they can begin to recover from these experiences. There are well-established, effective treatment and intervention options available to promote recovery from trauma⁴⁵, and it is now time to systemically introduce such trauma-informed approaches.

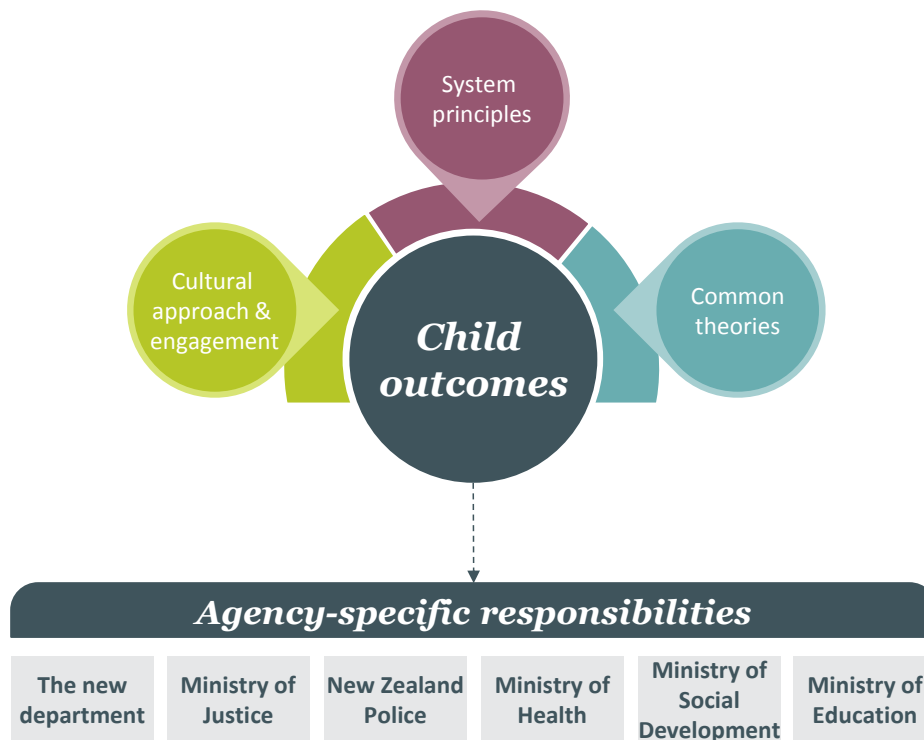
The proposed framework will operate at two levels:

1. A **system-level practice framework** that underpins the engagement of all agencies and professionals with vulnerable children and families (shown in Figure 8). The system-level framework will ensure that a range of professionals working with children and young people, across multiple agencies, have a shared view on best practice and objectives.
2. A **department-level practice framework** that provides explicit guidance about *what* needs to be done, *why* it needs to be done, and *how* it needs to be done. Mandatory standards and tools for supported decision-making will ensure a focus on the needs of individual children and young people, ensure that staff are clear about the “must-do’s”, and that decisions and their rationale are transparent and well-evidenced.

⁴⁴ SAMHSA. (2014). *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. United States of America: SAMHSA’s Trauma and Justice Strategic Initiative. Retrieved from <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>.

⁴⁵ Conradi, L, Agosti, J., Tullberg, E., Richardson, L., Langan, H., Ko, S. and Wilson, C. (2011) Promising practices and strategies for using trauma-informed child welfare practice to improve foster care placement stability: a breakthrough series collaborative. *Child Welfare*, 90 (6) 207 – 225.

Figure 8: A System-Level Framework for Practice



Note the current system is fragmented and lacks a common set of definitions, policies, processes, tools and practices when dealing with vulnerable children, young people and families.

Agree the need for a consistent practice framework shared across all agencies working with vulnerable children to ensure a more coherent experience for children, young people and their families.

Agree to the implementation of a single, system-wide, trauma-informed, professional practice framework characterised by a common set of definitions, behaviours, values, principles and commitment to evidence from all professionals working with vulnerable children, young people and families across the social sector.

Agree that the system-wide practice framework would apply to the areas of youth justice and care and protection. The practice framework will support professional judgement through providing guidance on trauma, building resilience, attachment and child development as well as addressing criminogenic factors and drivers of offending behaviour.

Engaging all New Zealanders

The Interim Report emphasised the importance of engaging with New Zealanders to:

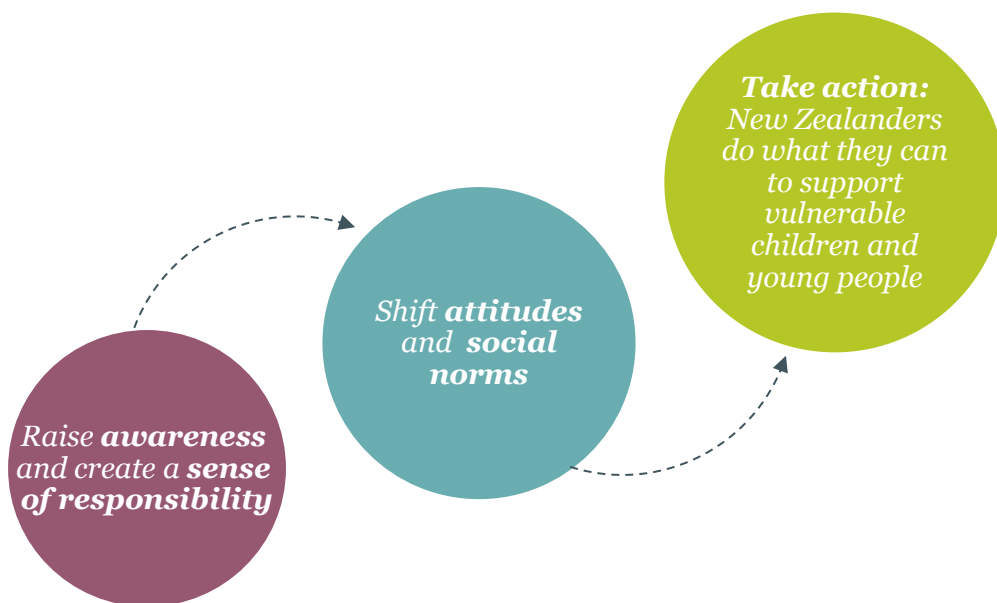
- build their understanding of what care means for children,
- take action to support vulnerable children and young people whenever they can in their daily lives,
- provide access to safe, loving and stable families for vulnerable children and young people, and
- play a shared role in championing the role of children, young people and their families in designing the system.

‘All New Zealanders’ is interpreted to mean:

1. The State – all ministries and agencies of the State which can have any direct or indirect impact upon a vulnerable child, care experienced person and their families and whānau.
2. The community – the network of community groups (sports, arts & voluntary clubs), businesses and organisations based in the areas where vulnerable children, care experienced people and their families live.
3. Individuals – New Zealanders who will take personal actions to champion, engage and care for a vulnerable child, care experienced person or their families.

An engagement strategy would have three key areas of focus, shown below.

Figure 9: Engaging all New Zealanders



Raise awareness: We feel responsible

Building a stronger, more positive identity for vulnerable children and young people is vital to reduce stigma and to foster wider support for vulnerable children and their families by all New Zealanders. In the future operating model, the independent advocacy organisation’s membership, primarily via the Youth Advisory Panel, will have a key role in empowering vulnerable children and young people

in the system. They will represent their voices in public forums and in policy, service and programme design. To ensure that their voices have impact and influence, the Youth Advisory Panel would regularly meet with government Ministers and chief executives, as well as leadership and governance bodies overseeing the future department.

Beyond the Youth Advisory Panel, the wider care community of New Zealand of all ages must feel able to embrace their past, and own and share their care identity. There are tens of thousands of care experienced adults who have gone on to lead successful lives in New Zealand. If they own their identity, they can set a positive role model for children in care whilst challenging the dominant negative image of care, which inhibits New Zealanders from wanting to engage with vulnerable children or the care system.

Prioritising early the engagement of this older care experienced population with their care identity will enable them to start to advocate, champion, and support those in care.

Practical awareness-raising strategies might include:

- information about how to get involved in supporting children and families in their community,
- campaigns to improve understanding and knowledge of healthy child development and age appropriate behaviour,
- educating New Zealanders about the signs of vulnerability, and
- an intensive community engagement focus, akin to the Police Prevention First strategy, to build a view of the department in the community as a positive and trusted presence.

Shift attitudes and social norms: We agree and we believe

Often knowledge alone is not enough to motivate an individual or organisation to do something; people need to be conscious of the urgent need to act. The most effective way to achieve this is to hear first-hand a true and compelling care story. Testimonies demonstrate how ordinary citizens either discriminated or improved the life of a child in care and how this had a longer-term impact. They motivate people to act; delivering on this will shift social norms which in turn can:

- reduce prejudices and stigma for vulnerable children and families,
- increase tolerances for the behaviours of children and young people who are facing significant challenges in their lives,
- encourage a sense of shared responsibility for vulnerable children, and
- motivate people to proactively include and involve vulnerable children in their lives, through school activities, sport and recreation, churches, marae, and other community activities.

Take action: We will do something

As New Zealanders develop a greater understanding of the contribution they can make, there will need to be clear mechanisms to enable them to become involved. These include:

- targeted national advertising campaigns for families who are interested in providing life-long relationships for children,
- incentives for businesses and organisations to support caregivers with flexible working arrangements,

- government agencies and Crown entities required by legislation to make public statements about their specific contribution to the lives of vulnerable children and young people, against which they would be held accountable,
- promotion of opportunities for individuals, community groups and organisations to offer what they can for children and young people in care, including philanthropic giving, mentoring, volunteering, scholarships, internships and employment, and
- strategic partnerships with iwi, non-government funders and businesses for the development of services for young people in care, such as advocacy services.



Note that the love and care required by children and young people can only be provided through individuals and families, not through organisations or the State.

Note that all New Zealanders can have a role in providing love, care and support to vulnerable children, young people and their families.

Agree that a core responsibility of the future department will be to raise awareness and engage all New Zealanders in providing love, care and support to vulnerable children, young people and their families.

Agree that the future department will work with the Youth Advisory Panel and advocacy service to engage all New Zealanders in supporting vulnerable children.

6. Target Operating Model Layers

The proposed target operating model is significantly different from the current state and is described in more detail through the following layers:

- customers,
- services,
- delivery channels,
- processes,
- information,
- technology,
- organisation,
- people, and
- property.

6.1. Customers

The most important customer group for the future system is the child or young person at the heart of the service. Building on the definition of vulnerable children set out in the White Paper on Vulnerable Children,⁴⁶ the future department would take a broader view of vulnerability to include (i) children who are at significant risk of harm now or into the future as a consequence of their family environment, and/or their own complex needs, and (ii) young people who have offended or may offend in the future. Currently around 230,000 children under age 18 may experience vulnerability at some point during their childhood, and around six out of 10 of this group are likely to be Māori.

To support children and young people, the system must also understand the needs and design services for:

- families and whānau and hapū,
- caregivers and caregiving families, and
- victims of youth offending.

As part of the process of developing this report and set of proposals, the Panel engaged extensively with the customers (and participants) of the future system. This approach of engaging with children, young people, families and communities should continue in the detailed service and business process design in the future system.

There are also wider stakeholders that need to be much more positively and actively engaged for the future system to be effective. Operating model layers and the proposed implementation approach have also been designed with these stakeholders in mind. These include:

- all New Zealanders,

⁴⁶ Ministry of Social Development. (2012). *White Paper for Vulnerable Children* (Volume 1).

- strategic partners such as iwi, Māori and Pacific organisations, providers and tertiary institutions, and
- a wide range of professionals and service delivery agencies.



Agree that the primary customer groups for the future department are (i) children and young people who are at significant risk of harm now and into the future as a consequence of their family environment, and/or their own complex needs, and (ii) young people who have offended or may offend in the future.

Note that currently around 230,000 children under age 18 may experience vulnerability at some point during their childhood, and around six out of 10 of this group are likely to be Māori. It is estimated that one quarter of this group will require intensive support and a statutory response at some point in their childhood.

6.2. Services

The future department will deliver the services children, young people and families need through five core services.

1. Prevention Service

Research shows that early intervention in the life of a child is most effective in reducing the likelihood of long-term harm, the demand for statutory interventions, and the poor life outcomes associated with abuse, neglect and youth offending. The prevention service will focus on identifying those families with children most at risk of poor life outcomes, including those at risk of youth offending, and working with communities to directly purchase or broker the services and support families and whānau need at the earliest opportunity to provide safe, loving and stable care for their children at home.

2. Intensive Intervention Service

Where a child is at risk of harm, the department must be equipped to respond to ensure that child's safety or well-being, to understand the nature of the harm or potential harm caused, and provide intensive support to the child and their family to address the full range of needs to keep the child safe in a loving stable home. Where families are unable to provide the care their children need, intensive intervention services should offer timely, evidence-based decision-making and interventions that focus on providing children with the earliest opportunity to develop relationships in a loving and stable caregiving family.

3. Care Support Service

Where a child is unable to live with their birth parents, care support services will partner with caregivers and communities to provide the range of services needed to develop stable and loving relationships in caregiving families. This includes the full range of information, tools, training, advice

and support caregiving families need to provide exceptional, life-long care to vulnerable children. It also includes the services children require to address their full range of often complex needs, including the provision of recovery services to address the impact of any trauma suffered as a result of their childhood experiences or as a consequence of being taken into care.

4. Youth Justice Service

When children and young people offend, youth justice services must work with victims, families and communities to enable young people to take responsibility for their actions, and address their full range of needs to prevent further offending. This includes brokering evidence-based services for young people to address offending behaviours and wider factors contributing to offending, and restorative justice processes to enable healing and restoration for victims and young people. The youth justice service also encompasses early intervention services for younger children who offend, the delivery of community placement options for young people on remand, and therapeutic residential care for young people serving Court-imposed residential orders.

“ [It would be better if CYF was] working alongside us instead of telling us what to do. [CYF should] find out what the problem is and try to solve the problem—not ‘Oh no, he has offended... lock him up—just work with that [one] problem.’ [Understand] why he’s offended, and he might change.”

MALE, 16

5. Transition Support Service

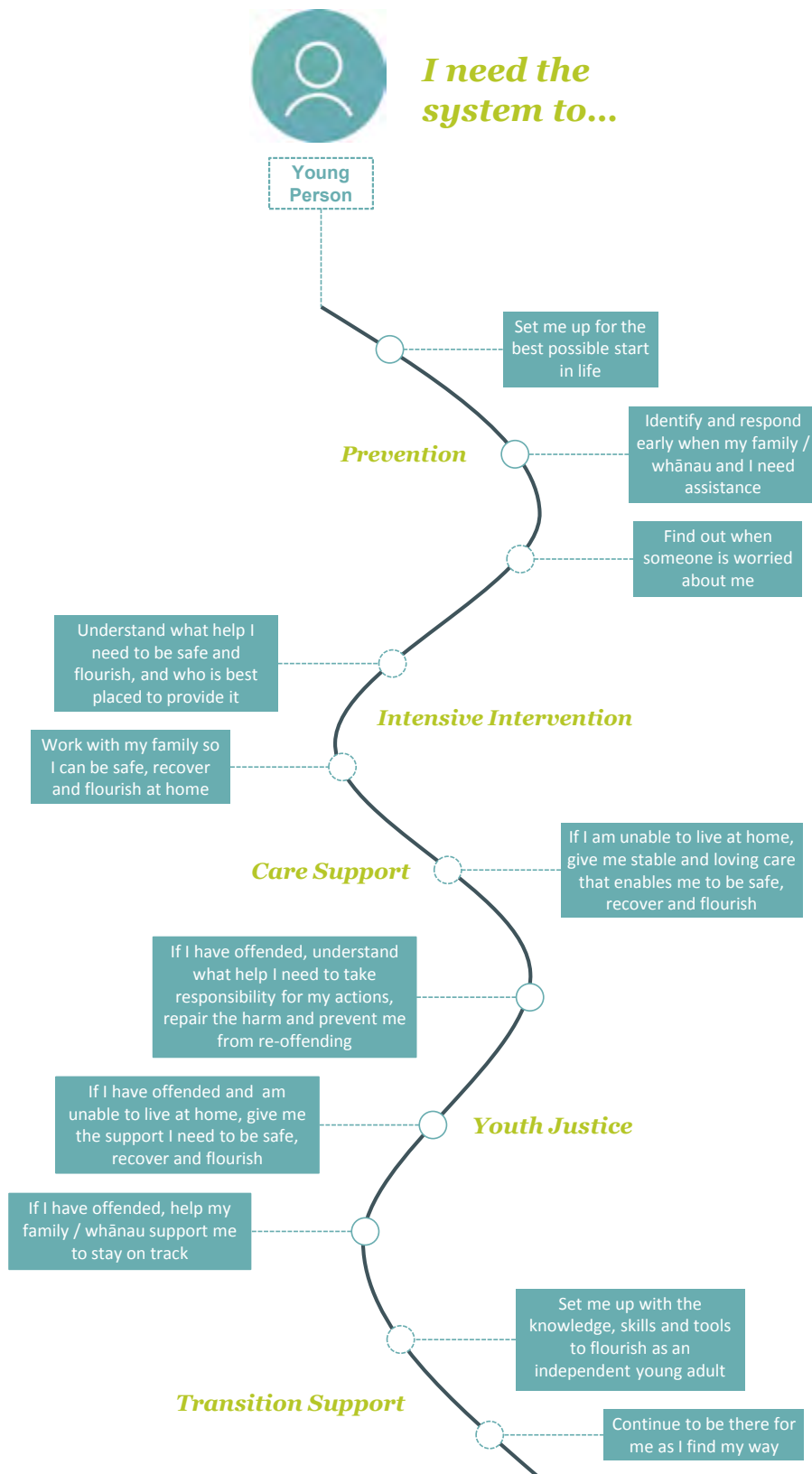
For young people who have experienced care, or have spent significant time in a youth justice residence as a result of their offending, transition support services will work with communities and iwi to broker the services those young people need to flourish. This includes practical assistance and services to equip young people to achieve their aspirations for the future, and support for caregiving families to enable them to continue to provide love and care as their young person enters young adulthood.



Agree that the future department has five core service areas:

- a. *Prevention*: supporting families to develop loving and stable relationships with, and meet the needs of, their children, and preventing young people from offending.
- b. *Intensive intervention*: early and effective identification, investigation and assessment where there are concerns around the safety or well-being of vulnerable children and young people, and high-quality decision-making and intensive support that prioritises children’s need for stable loving care at the earliest opportunity.
- c. *Care support*: partnering with caregivers and communities to ensure that children who cannot live with their birth parents develop a loving and stable relationship with another family, have their healing and recovery needs met, and maintain their connection with their birth family where possible.
- d. *Youth justice*: preventing children and young people reoffending, holding young people to account for their offending behaviour, and providing a restorative justice opportunity for victims.
- e. *Transition support*: partnering with caregivers and communities to ensure young people get the loving care and support they need to grow into flourishing adults.

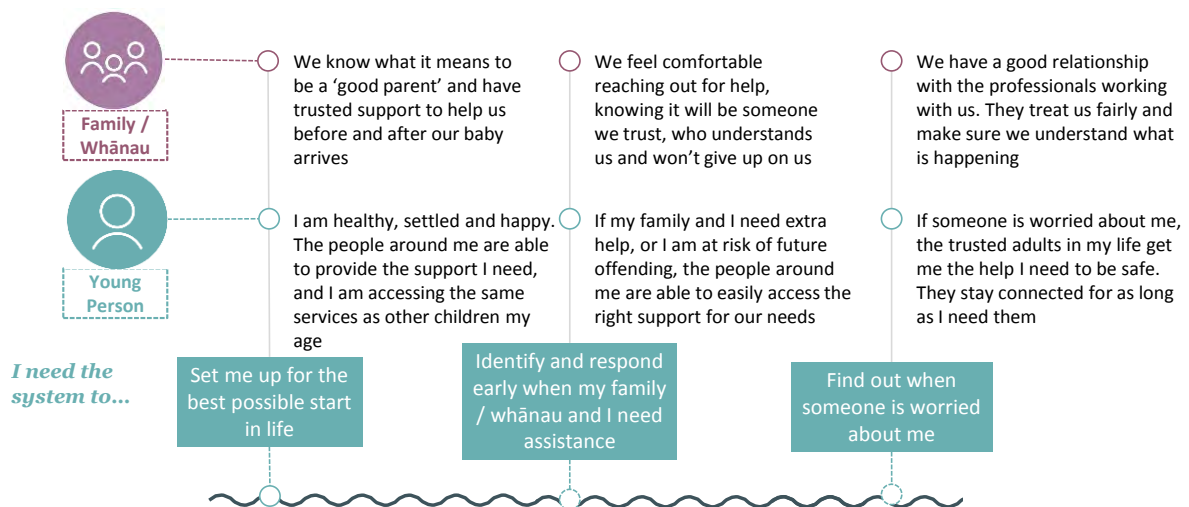
Figure 10: Services Delivered by the Future Department



Prevention Service

A focus on preventing vulnerability is the most significant change for the new operating model. It is the most effective way to create positive life chances and reduce longer-term financial and social liabilities. Prevention responses focus on the underlying factors that make families and children more vulnerable, and strengthening families and whānau to provide children with the best possible opportunity to experience a loving and stable home. This will rely on significant collaboration and building trust in communities; developing skills and transparency in strong teams; investing in effective service capacity and remembering a child needs a stable, strong, loving family to provide the care and connectedness they need to flourish.

Figure 11: The Future Experience of the Prevention Service



An investment approach recognises the future costs of inaction and invests early to prevent these

Children who are currently not sufficiently prioritised for an early response include children in families where there are early signs of family violence, whose parents experienced care during their own childhood and are beginning to struggle in their parenting role, and children who display early signs of offending behaviour. An investment approach would help ensure these children, young people, and families get the right services and supports they need, from those best placed to support them.

Currently services are focused on improving only one part of a family or child's life, without seeing this in the context of the child's wider vulnerability and well-being. The child and their birth family may have multiple needs such as housing, addictions, or mental health. They may require specialist skills or services to help address these problems, but they want access to these services brokered by one external relationship. An investment approach incentivises this to happen.

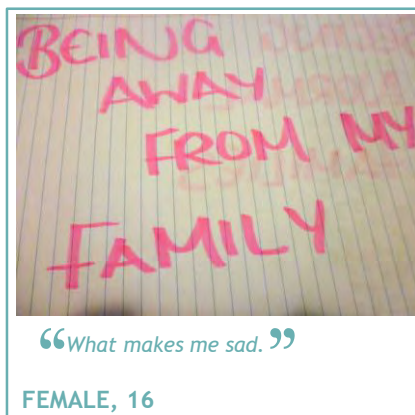
“ We’re 6ft away from the bottom of the cliff... If there was more prevention work within the community, these people wouldn’t get to us... We want to work ourselves out of a job, and we’re not doing it.”

SOCIAL WORKER

Earlier and more effective prevention services with families could make the biggest difference to the outcomes for children and young people. This would support the shift of the system to consider

initial contact as the best opportunity to provide families with the support they need to be able to provide loving care for their children.

This approach would begin pre-birth with parents who are at risk of having vulnerable children; for example, care experienced young people are a highly vulnerable population, reflected in their relatively high rates of early (and often unsupported) parenting and imprisonment⁴⁷. Supporting young people in care at the time they are transitioning to adulthood is a key opportunity to ensure their children do not subsequently come into care themselves. This requires a key relationship with a person they trust, enabling them to access sexual health services and supporting them to identify and forge healthy relationships. As an example, Lead Maternity Carers (LMCs) must have the ability to continue to provide extended and intensive support to new parents who are especially vulnerable.



A child-centred system will prioritise early support for children at greatest risk of vulnerability

Currently, services aimed at preventing the escalation of children and families into the statutory system are fragmented, inconsistent, and lack a clear focus on those children and families at greatest risk of poor life outcomes, particularly those experiencing chronic neglect.

Under the proposed operating model, prevention services for vulnerable families and their children would be co-ordinated by a single department, that holds the accountability for ensuring those families receive the services they need, when and where they need them. This would include the bringing together of Children’s Teams, the High and Complex Needs Unit and the Community Investment function of MSD, into the future department. This includes family violence services that are currently funded through Community Investment. An increased focus on building relationships within their community to connect families to services will see a reduction over time in the numbers requiring statutory intervention in both care and youth justice systems.

Improved access to services for vulnerable families and children

The future department would hold the responsibility for making sure children and young people get the services they need from other agencies, rather than families and caregivers having to navigate and negotiate. Data driven analysis on indicators of strength and vulnerability in families across different parts of the country will support better alignment of services to need.

“ I just ended up in a ball of tears on the floor. And I stayed that way for a long time. I hit rock bottom. My partner thankfully stayed with me, because any other man would probably have left when you have got your partner who is just not functioning because she has just lost her life. The CYF social worker told me it was permanent, and I was never going to see them again. And to me that was heart-breaking. ”

PARENT

Existing social sector agencies, such as the Ministries of Health and Education and key Crown entities, will continue to be accountable for the provision of universal services, with strengthened

⁴⁷ Crichton, S., Templeton, R., Tumen, S., Otta, R., Small, D., Wilson, M., & Rea, D. (2015). New findings on outcomes for children and young people who have contact with Child, Youth and Family, Wellington, NZ: Ministry of Social Development. Unpublished manuscript.

responsibilities, at both an individual and system level, for ensuring availability of those services for vulnerable families and their children.

In addition, the future department would be able to directly purchase services for vulnerable families where those services could not be readily accessed from agencies in a timeframe that meets the needs of children and families. There is a need for investment in evidence-based approaches to prevention. A number of services have shown promise both in New Zealand and internationally at addressing specific or multiple risk factors (see a table of possible prevention programmes in Appendix M).

Partnering to build, purchase and broker access to services

The future department would engage in strategic partnerships with community and iwi organisations, recognising that these organisations are best placed to provide the support families and whānau need.

The future department would increasingly take on the role of building and brokering access to such services provided by partner organisations. Services would include a focus on building parents' ability to care for and meet the unique needs of each child, and services that directly address the needs of children and young people themselves.



“I weave things together so we get a full picture—the community organisations, the whānau, their goals. That's my job.”

SOCIAL WORKER

The department's workforce would require capabilities both to develop and maintain such partnerships and fulfil a brokering role. This would include specialist brokerage functions in key areas such as family violence and transition services. Children's Teams would benefit from the new strategic partnering capability, and the ability to broker the services children and families need within their communities. Where necessary, the future department would directly purchase services from agencies such as Health.

A market-making strategy would be required to build capacity and capability within the community. This will take time to implement in full, until the workforce and service capacity is developed. An increased emphasis on the capture of, and access to, quality data and analytics in the future system would be key. The Vulnerable Children's Hub has the potential to play a pivotal role as part of a brokering system to support professionals to link vulnerable families and children to appropriate services.

Strategic partnerships with iwi and Māori organisations to provide services

Iwi and other Māori organisations are well placed to help whānau in their community – as they may already hold a relationship with the family, or be easily able to connect with them.

Strategic partnerships with such organisations would help align the aspirations of hapū and iwi for their children and whānau, with the broader objective of responding to Māori families and their

children and young people. Strategic partnering will value the unique elements each party brings to the partnership and enable self-determination of iwi to provide directly for the well-being of their families and children in partnership with government agencies in meaningful ways.

Through such a partnership, the iwi and the department would together agree the outcomes they are seeking to achieve with respect to the families and children in that community, and agree the role each party will play in achieving that outcome.

The partnership model would enable those working with vulnerable Māori families and children to:

- share, learn and implement evidence-based practices which are working in other iwi or Māori organisations to support vulnerable Māori families,
- enable external services to complement the iwi relationships to support vulnerable families, and
- map gaps in the continuum of services, particularly in respect of national coverage and across different intervention types.

The scope and capability of approaches that meet the needs of whānau will need to be expanded to take account of geographic cover and different intervention needs. They will incorporate a Māori perspective which can adapt to individual circumstances.

A consistent practice framework for all professionals

The department's workforce would require the ability to identify early indicators of vulnerability and determine when preventative intervention is necessary, whilst building partnerships and brokering services. This would include specialist brokerage skills in key areas such as family violence and transition services.

For other professionals working with vulnerable children and families, a common practice framework would provide a shared understanding of vulnerable children and families' needs and the ability to identify early when additional support is required.



“What makes me sad.”

FEMALE, 24

Guidance and training in common tools would be provided to professionals who regularly engage with vulnerable families (including doctors, nurses, teachers, Police, social housing providers and others). This would enable professionals to identify needs across a range of indicators of vulnerability, including antenatal care, family violence, poverty, income, mental health, signs of early offending behaviours, post-natal depression and alcohol/drug use. It would also support professionals to identify the appropriate response – whether referral to the future department, or direct connection of families to evidence-based services. This would include clear accountabilities, training and support for LMCs, Whānau Ora Navigators and Well Child/Tamariki Ora workers.

Where a specialist response is required, professionals must be able to easily share information with the future department. Professionals across the system will require an information-sharing framework, IT systems and channels that support open and consistent exchange of information

about families and individual children and young people, necessary to promote their safety and well-being.

Engaging all New Zealanders in supporting families to safely care for children

All New Zealanders have a role to play in supporting families to nurture children and keep them safe. Any engagement strategy needs to have a clear underlying message that child safety and well-being is everybody's business. Communities within which vulnerable people live need to shift existing attitudes and build awareness and understanding of the causes of vulnerability. This will enable them to feel able to proactively offer support, provide localised solutions and if necessary refer to other agencies. A more understanding and empathetic community will enable vulnerable and at risk young people and parents to feel less stigmatised and more able to seek additional help when they require it.



Agree that prevention services will entail:

- a. an explicit focus on early identification of those families with children most at risk of poor life outcomes and mitigating early risk factors contributing to child vulnerability, such as family violence. This would require:
 - supporting adults to get the help they need to be able to provide safe and loving care for their child,
 - a workforce that is equipped to understand the dynamics of, and effective responses to, family violence, and
 - specialist brokerage skills in the area of family violence services.
- b. use of evidence-based programmes, and development and testing of innovative approaches that meet the assessed needs of children, young people and families,
- c. increased funding for prevention services based on key investment opportunities,
- d. market building and strategic partnerships to increase the capability and capacity to provide evidence-based prevention services,
- e. creating clear accountability within the future department for prevention activity, with new services associated with prevention of youth offending, and
- f. strengthened responsibilities and accountabilities for other agencies and Crown entities for ensuring availability of effective universal and enhanced services for vulnerable children and families.

Intensive Intervention Service

The decision that a child is unable to live with their parents is one of the most difficult that there is. There must be a balance between giving birth parents the time and support they need to build a safe, stable and loving home for their child, while at the same time understanding the impact on children of living in situations of uncertainty and risk. This uncertainty means that the child is unable to develop the stable relationships that are so essential. This is even more important within the early stages of a child's life when children are developing their early attachments to key figures.⁴⁸

Figure 12: The Future Experience of the Intensive Intervention Service



While the prevention part of the system would focus on strengthening families to care for their children, the focus of the intensive intervention service is working intensively with families to keep their children safe at home or, where there are serious concerns about harm or well-being, making decisions to move a child into a loving stable family at the earliest opportunity.

A child-centred system that seeks to balance the child's need for love and stability with support for the birth parents

Where possible, the objective of those working with vulnerable children and families should be to strengthen the birth family so that the child is able to stay at home. In situations where family violence is a feature of the home, support will be provided to facilitate the safety of all family members, address the violence, and provide parents with the full opportunity to safely care for

“ [the father] started becoming violent, and I was really, really stuck, and I didn't know what to do or where to go. ”

CAREGIVER

⁴⁸ Atwool, N. (2007). The role of secure attachment as a protective factor for vulnerable infant. *Social Work Now*. Retrieved from http://thehub.superu.govt.nz/sites/default/files/42799_social-work-now-38-dec07.13-22_0.pdf

their children.

Where the family is unable to make the changes required in a timeframe that meets the needs of their child, it is important that alternative arrangements are made for the child to form stable loving relationships at the earliest opportunity.

This means that the decision to continue working with a family to care for their child, or to find an alternative home for that child, needs to be taken in a considered way that is consistent with the age of the child. Planning for a permanent relationship outside the family home should start early, and often at the same time as continuing to support the family to become strong.

A quality investigation and assessment process is essential to identify and support families to access the right interventions for the child and family. This will be a time-bound process. If it does not effect sustainable change then an alternative caregiver family will be found for the child. This process will happen transparently, aiming to engage the birth parent and family in the process.

Building trust in the decision-making process will encourage more families to reach out for help when they need it and communities to be more active in identifying potential harm and notifying agencies there is a need for support. The new operating model will recognise that participation at this point would, for some, not be on a voluntary basis. It will enable services to build sustainable solutions to ensure unmet needs are identified and addressed, whilst being decisive in order to reduce the number of repeat notifications of abuse or neglect.



Agree that identifying and responding to safety concerns will remain a core function of the department, but in the future decision-making will also ensure earlier planning for an alternative permanent relationship for the child.

A single point of accountability for the assessment and planning for the child

The future department would hold the single point of accountability for assessment, planning and decision-making with respect to a child and their family. This would require a single plan for that child and family across government, held by the department. All plans would explicitly identify responsibilities and child-appropriate timeframes for actions.

“...we had been on the plane for 36 hours from London, and I was just so shocked. They said ‘fine, the kids will be dropped off tomorrow’. I said, ‘hang on we have just got back into the country, and I haven’t organised preschool or anything, they said, ‘no, the kids will come tomorrow’.”

CAREGIVER

Other government agencies and partner organisations would be key partners in developing plans. Services would be accessed either directly or through direct purchase by the future department. A leadership role for the department within the social sector in respect of vulnerable children would be critical to enabling it to hold this central point of accountability and work alongside other agencies to deliver on these plans.

The workforce within the future department would require the skills, capabilities and supervision to hold this single point of accountability and to be able to work collaboratively with partner organisations and families to ensure the agreed roles and responsibilities are fulfilled in good time.

To support this, a new support pathway would be established within the statutory system. This would provide for the intensive support for children to remain in the care of their birth parents, and consistency and certainty for parents and practitioners about what needs to happen to achieve that objective.

The support pathway would become the primary route for families to get the help they need where there are concerns around family violence and children are present. Practitioners would be oriented around a common goal of creating safety and stability for the child and parent and addressing the trauma associated with family violence.

This support pathway would also enable removal of the separate disability pathway provided under sections 141 and 142 of the CYP&F Act, which allows for a parent to voluntarily place a child in statutory care. Parents of children with disabilities would be able to access additional support to care for their child at home through this new support pathway (including respite care) and, where they are unable to continue to care for their child, the child would receive the alternative care, intensive support and services they need.

At all stages of case management and decision-making – including when a child has moved to a new family – planning would include a focus on building strengths, capability and resilience in the wider birth family/whānau to either care for the child with intensive support, or to maintain a positive relationship.



Agree the following system shifts are required to meet the needs of vulnerable children and young people with disabilities:

- a. consistent assessment and recording of disability-related needs,
- b. investment in evidence-based services to meet the needs of children with disabilities,
- c. consideration of disability in service and programme design and testing,
- d. removing the separate statutory care pathway for children with disabilities, provision of additional intensive support, including respite care, to parents to care for their disabled children at home,
- e. provision of the same processes and safeguards for disabled children who can no longer be cared for at home as those for non-disabled children, and
- f. requirements to understand the experiences and views of disabled children and young people through linkages to strong, established advocacy services.

Use of the investment approach to measure and improve the effectiveness of decision-making

Effective decision-making to match the family or child with the right set of interventions is critical to seeing the benefits of an investment approach.

Information collected about children, families and the success of different interventions, and the associated analytical tools, would assist the future department to better assess needs and risk and identify those interventions most likely to make the biggest difference to the child or young person.

Strategic partnerships that provide services and intensive support

At present, there is limited support available to children and young people to recover from harm or trauma, or to help their parents deal with the consequences of their own history of abuse or neglect.

There is a need to expand the range of specific therapeutic recovery services available. Appendix M provides an overview of evidence-based programmes considered as part of this review, that are worthy of further consideration for expansion or adaption to the New Zealand context.

“It was like a whole world had opened up to me that I can get support, I can get help. Before that, I didn’t even know half these places existed, I didn’t even know CYF existed until they unfortunately had taken my children.”

PARENT

In recognition of the importance of the family relationship to a child’s longer term outcomes, there should be more investment in intensive support services for families to enable them to continue to care for their children at home. This would include strategic partnerships to deliver evidence-based services that seek to build parenting capability and capacity. In families where violence is present, this will require co-ordinated interventions for both parents and their children.

A practice framework that ensures decision-making in a timeframe that meets children’s needs

The timely and accurate identification and response to safety concerns would remain a central function of the decision-making process. The professional practice framework would also require those assessing the needs of vulnerable children and families to take a more holistic view of the full range of needs, risks and protective factors of the child and their family, in particular:

- maximising safety – beyond physical safety to understanding psychological and social safety,
- responding to the trauma that the child has experienced,
- identifying the child’s wider needs, such as undiagnosed disability,
- address family needs like housing, addiction and mental health issues, and
- enhance the well-being and resilience of the child and family.

There would be a focus on supporting children and young people to build a sense of identity, recognising this is a source of resilience and strength. Positive cultural perceptions and connections will be enhanced, with opportunities for a child or young person to become more involved with various aspects of their culture throughout their journey.



“Who am I?”

FEMALE, 16

A core element of the practice framework will be facilitating professional judgement in decision-making processes. Practitioners need to be conscious of their reasoning process and think about how they make judgments, not just about the judgments themselves.⁴⁹ Staff will be supported by professional supervision to enable them to make the best possible decisions.

A clear assessment and decision-making process that ensures children's voices are heard

In the course of an assessment, and in monitoring progress against the identified plan, the process needs to:

- actively seek and respond to the views and aspirations of the child, with particular efforts made to elicit the views of children who can experience barriers to participation related to disability, language and age,
- seek the view of an independent advocate where they hold a trusting relationship with the child to gain the child's views independent of the family-dynamic,
- ensure children and young people only tell their story once,
- actively value the knowledge and expertise that the birth family and caregiving family possess, and
- ensure children, families, and caregivers are each able to fully participate, through a single professional.

The decision-making framework needs to articulate clear roles and responsibilities of all those involved in decisions, including from the wider system. There must also be enough time dedicated for children and young people to have their say, and for professionals and family to understand what they are saying. Community providers could provide support services to families to assist them through this process.

“ You always felt like you were getting watched. That you were walking on eggshells. That you can't do anything right. ”

PARENT

At present, FGCs are the primary vehicle through which planning and decision-making for a child and family occurs. While the aims of the FGC are laudable, the way in which they have been implemented and the resulting experience for children and their families falls short of achieving the intent of the model. We recommend that the FGC model is reviewed, with a view to determining whether it is capable of supporting the new practice framework described in this report, and if not, the changes needed to enable that.

The future department would need to be equipped to work with families and children during “family hours” – which often fall outside normal business hours of 9am to 5pm. This would require a greater proportion of the workforce to work outside normal business hours and at weekends.

“ [My caregivers] didn't tell me that [Nan] had passed away, and I couldn't go to her tangi. They knew about it because the lady I live with now, she was like telling them 'bring the kids down. I just want them to see Nan off' and everything. But [the caregivers] didn't tell us, and I found out through one of the youth girls that we used to go to church with. ”

FEMALE, 16

⁴⁹ Heuer, R. J., & Center for the Study of Intelligence (U.S.). (1999). *Psychology of intelligence analysis*. Washington, D.C.: Center for the Study of Intelligence, Central Intelligence Agency

Culturally appropriate decision-making processes, recognising whānau, hapū and iwi

Over time, it is envisaged that iwi would take on a greater role in the decision-making processes and exercise of statutory powers.

Decision-making with Māori children and young people would engage their whānau, hapū and iwi to ensure that the right people are involved, bringing the right knowledge, support and help to achieve the best outcomes.

The future operating model envisages a wider range of professional domains (such as health, education, and psychology) working with children and families, both within the department and across agencies. For Māori children and young people it would also be critical to recognise the principles of tikanga and whakapapa, with each domain balanced and recognised as of equal importance.⁵⁰

There would be explicit recognition that linking a child and whānau with their hapū and iwi is something that should be available for all Māori children and young people as it is critical to their long-term identity, belonging and ability to flourish as adults. The workforce must therefore be sufficiently skilled and resourced to make these links for all Māori children and young people.

Engaging all New Zealanders to trust the system, identify risk early and respond

In order to perform the significant and critical role that the department plays in the lives of children and young people, the public must trust that its statutory mandate is used in the best interests of children. The department needs to earn that mandate by demonstrating transparent behaviour, acting with integrity and investing in its community presence.⁵¹

Alongside this, the department would run initiatives to educate New Zealanders about the signs of vulnerability and empower them to take action. This will include targeted initiatives to encourage the wider public to have honest conversations with loved ones when they have concerns, or to seek help when they are concerned about the well-being of a child or young person.

New Zealanders will be enabled to provide part of the solution both formally and informally, as community parents. They will make sure vulnerable children participate in community activities from sports to arts, and include them in their own family's daily life. For the child or young person partnering with their community is vital to their well-being, whilst giving respite and support to a struggling family.

⁵⁰ Social Policy Evaluation and Research Unit. (2014). *Effective parenting programmes; Māori parenting programmes within the context of whānau*. Retrieved from: <http://www.superu.govt.nz/sites/default/files/Effective-Parenting-Programme-Report.pdf>.

⁵¹ New Zealand Police. (2014). *Policing excellence: the transformation of New Zealand Police 2009-2014*. Wellington: New Zealand Police. Retrieved from: <http://www.police.govt.nz/sites/default/files/publications/policing-excellence-closure.pdf>.



Agree that intensive intervention services will entail:

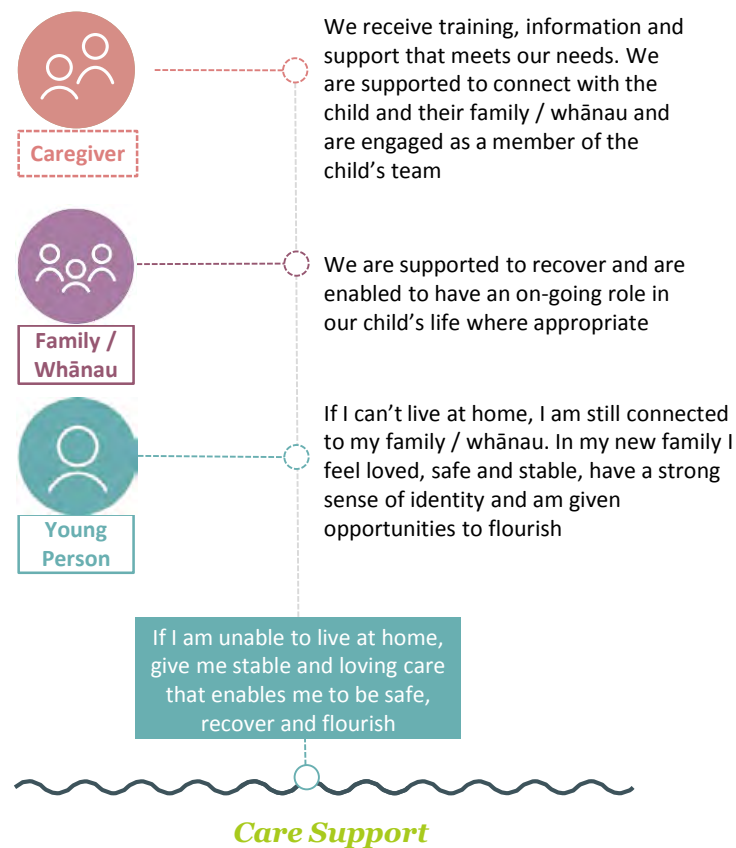
- a. a single point of entry for vulnerable children and families, and a single plan across agencies,
- b. a single point of accountability for identifying and assessing the needs of vulnerable children, young people and families, including those who have significant unmet needs but do not yet require a care or youth justice response,
- c. assessment tools that take account of the full range of needs, risks and protective factors of children and families to inform decision-making and purchase of services, and support strategic partners to deliver services that meet children and families' identified needs,
- d. investing in intensive support and services to strengthen families to care for their children at home, including mental health, addiction and family violence services,
- e. meeting the full range of assessed needs for vulnerable children, young people and families, including provision of therapeutic services,
- f. child-centred decision-making guided and supported by a professional practice framework, that prioritises a child's need for stable and loving care from the earliest opportunity, and
- g. review of the operation of FGCs to ensure the full participation of children, young people, family, whānau and caregivers, and that families get the time, information and support they need to make good decisions.

Care Support Service

The future model of care is driven by the simple premise that every child needs to be in a long-term stable loving family. This means the unnatural upheaval of moving family placement should not happen more than once or twice in a child's life and must be planned. This will be very different from the transient nature of most young people's current care journeys. Achieving stability in loving homes will be the single biggest driver towards improving outcomes for vulnerable children.

When children are unable to live with their birth parents at home, they require intensive support to develop a sense of stability and to build new relationships with a family who will be there for them now and in the future. The State has a role in supporting families to build loving and stable relationships with children in their care and to help them ensure that those children enjoy the same opportunities and outcomes as other New Zealand children.

Figure 13: The Future Experience of the Care Support Service



A core function of the care support service will be to ensure that children who have been removed from the care of their families are found a safe, stable and loving home at the earliest opportunity. It will be recognised that the child's important relationships, such as with their birth family, siblings and friends, should be sustained, regardless of where they are living. Caregiving and birth families will be supported to have constructive relationships, so that the child or young person can benefit from everybody contributing as fully as they can.

Children and young people should receive the support and services that they need to help recover from the traumatic experiences suffered in childhood. New Zealanders will be more aware of the experiences of children in care and motivated to act as caregivers, and therefore a greater range of families will be prepared to provide loving homes to children. It will be critical that these families are better supported to meet the full range of complex needs that their child in care may have, and the different experiences and support needs of each caregiver, whether kin or non-kin.



“ My room [is where I go to be by myself]. Because, like, it's just there for me. I can go there whenever I want. It's my space really.”

FEMALE, 16

Each child and young person's full range of needs are understood

The new practice framework will ensure that people working with vulnerable young people are sensitive to the ways in which the child's needs are understood in the context of trauma. Children in care often have extraordinary needs due to the abuse or neglect that they have experienced and often require support from a range of organisations. The care support service will work collaboratively with other agencies and community groups to ensure children and caregiving families have the services that they require in order to support the stability of the placement and to help the child recover and grow.

If services cannot be obtained from other government agencies, then the department will have the capacity to purchase the services directly. This may require markets to be developed in areas where services are not currently available.

Providing the opportunity for children to participate and connect

Caring for children and young people in a truly child-centric way means supporting children and young people to fully participate where they can. The independent advocacy service is being launched to fulfil this mandate. At an individual level, they will be supported to make sense of the things that have happened to them so that they can make informed choices, and to connect with other care experienced young people. Their views can then be considered when key decisions are taken, particularly at critical times such as Family Court reviews and FGCs. Tailored advocacy processes will be required to support young children.

All children entering care will be proactively offered on at least an annual basis, access to the independent advocacy service. This will support them to have a voice so that they can have a greater level of influence on their care experience and better understand their care identity. Complaints and advocacy processes will also be accessible to disabled children and parents and include consideration of access to the full range of services.

Maintaining relationships around the child, their identity, and connection to their whakapapa

The need for the system to provide stability in care and relationships is of over-riding importance to the children and young people's sense of safety, well-being and development. This is primarily achieved through supporting the key caregiving relationship so that it can endure over a child's lifetime. If the child is placed in the care of a family and has stable loving relationships within that home, then regardless of differences in their ethnicity or culture to the family, the child should not be moved.

“ Blood doesn't necessarily mean family to me, because family for me is the people that I involve myself in... I was living with caregivers and other children on a day-to-day basis and you need to continue that in order to create a better relationship. And so that just really stood out for me as family. ”

FEMALE, 24

Instead other significant, healthy relationships will be fostered for that child or young person, including relationships with wider family members, especially siblings and if relevant their whakapapa and marae.

Māori youth spoke most strongly about a desire to belong and that cultural identity formed a strong aspect of that belonging. They went on to say that their links to whakapapa, their marae and cultural

values were a strength and source of comfort to them. This emphasises the need to identify whānau at an early stage in a child's life so, if a child or young person is unable to live with their birth parents, that opportunities to live with extended whānau and to develop or sustain key relationships are maximised.

Iwi leaders strongly articulated their desire and duty to assist these young people and their whānau; and that the Crown has a duty to let them.⁵² They highlighted barriers such as information-sharing, the length of present funding terms and under-investment in this area, their desire to help prevention when vulnerability is first apparent for a child and their whānau, and their hopes for genuine partnering opportunities in the future system. This must be planned and expedited quickly so that children are not left in limbo with other caregiving families they attach to, as once attached that relationship will be viewed as their key one. Improving these relationships through strategic partnerships within community and iwi networks will be a key function of the future department.

Caregiving families hold the critical relationship with the child and birth family

The critical relationship that children have is with the family who is providing care to them. Caregivers should be viewed as “strategic partners”, recognising the expertise and commitment that caregiving families contribute to children and young people in their homes.

“ Not valued. All of our hard work is just like...done and dusted because we don't have a say in the child's life ... Like the final plans for this child we don't have any say. Even though we know what's best for them. ”

CAREGIVER

Caregivers want to be able to take responsibility for the child in their care. When the child is with them, they want to make the on-going decisions in the child's daily life. The caregiver will be seen as a leading voice in planning the child's journey until permanence for the child has been secured. Caregivers expressed frustration at not being able to make day-to-day decisions concerning the children that they were caring for, such as routine medical and dental procedures, approving school trips, engaging a babysitter, and overnight stays. The future department will reflect a much higher level of trust shown toward caregivers, so they are able to fully participate in children's lives and be a leading participant when key decisions are being made about the child.

If it is safe, the caregiver will be a key contact with the birth family and be able to shape the plans so that the contact the child has with their birth family is as constructive as possible. If the child is to return to their birth family, the caregiver is to be able to remain in contact and would be expected to be available to care for them if the child needs to return to care. Other children are not to be placed with that caregiver. Each child should know who their caregiving family is and know they can return there if and when they need to.

“ I don't really think Home for Life has been explained that it's still contact with the birth families more than likely, and how that can work. What happens when it doesn't work? Who is going to be there to help you? And I think that's the main thing that really needs to be looked at, what happens after you have got Home for Life, where is the support? ”

CAREGIVER

“Home for Life” caregivers who had orders under the Care of Children Act also said that as they were permanently caring for the child there were occasions where it was appropriate for them to make decisions that are normally reserved for the child's guardian, such as where children go to school

⁵² Iwi Leaders Forum Group (October 14, 2015). Refer to Appendix H for a full list of experts with whom the Panel and Secretariat met.

and medical procedures that are not routine. The amendments to the CYP&F Act that come into effect in July 2016 allow for Special Guardianship Orders to be made in favour of caregivers. They will provide the ability for caregivers to make specific guardianship decisions without having to consult with the natural guardian.

Adoption will remain one of the suite of options for legally securing the relationship between the child and the people caring for them and will be the right option in some instances, such as where children are born as a result of a surrogacy and are in need of establishing a legal relationship with their intending parents. New Zealand's adoption legislation is significantly out of date and not well aligned to current practice, international obligations or social norms. The Adoption Act 1955 does not ensure explicit consideration is given to the needs of children. We propose a fundamental review of the adoption legislation.

Supporting caregiving families to meet the needs of the child

Many caregiving families require extra support to fully meet the needs of children in care.⁵³ This may be drawn from the extended family or local community, and there may also be a role for the government to provide services to sustain and strengthen the caregiving relationship.

The new system must expand access to stronger supports to all caregiving families. The same support will be available to all caregiving families regardless of whether they are family/whānau, "Home for Life" caregivers, non-kin foster carers or adoptive parents. It will also acknowledge that the caregiving family as a whole requires the support, not just the people who complete the application. Caregivers will be able to access services to support them when things get tough, including in-home therapeutic support, coaching and advice. This will include access to 24/7 crisis support. There are a number of evidence-based caregiver support programmes that could be adapted for New Zealand and rolled out if successful (a list of these is provided in Appendix M).



Whānau caregivers signalled that they needed the same level of support and training that was provided to other caregivers. This reflected a need to shift away from the assumption that just because they had a pre-existing relationship with the child, they understood how to meet their complex needs.

Children want caregivers who accept and want to love them because they care, not because they receive a salary and it is their job. Caregivers were clear that financial support arrangements should be aimed at supporting them to meet the needs of children and not as a salary. Payments and support will be made available to caregivers to ensure the child can be properly cared for, but not at

⁵³ Troutman, B. (2011). *The effects of foster care placement on young children's mental health: risks and opportunities*. Retrieved from: <https://www.healthcare.uiowa.edu/icmh/child/documents/Effectsoffostercareplacementonyoungchildren.pdf>.

a level whereby caregiving is seen as a commodity to which a salary is attached. The future system would provide a proactive and responsive financial support system for caregiving families that would assist them to manage through critical times and cope with challenging behaviours. This may include financial supports such as parental leave entitlement and establishment grants, and reviewing eligibility for the Family Tax Credit. It would also provide the flexibility to recognise those caregivers with specific skills, expertise, or providing a family for children with very high or complex needs.

Expanding access to higher quality care in a home setting

Currently CYF are too reliant on group care settings, many of which are operated from properties they own. The reality is that many of these settings, including the care and protection residences and family group homes, have a model of care that is not supported by a strong evidence base and, in some cases, runs contrary to what evidence and best practice tells us. Many of these settings have significant design deficits which have serious implications for children and young people who have likely suffered significant trauma.⁵⁴

“ I was in ... [residence] for 18 months. Imagine being stuck in there for that long, and you're with teenagers who were criminals or wannabes. But I just thought that was normal.”

FEMALE, 24

It is anticipated that with a wider range of well supported caregivers, there will be a diminishing reliance on institutional care, such as that provided in residences and family group homes. Where group care settings are required, they will be in family-like settings that are local, therapeutic and time-limited with the intention to return the young person back into a loving family.⁵⁵ This will require that the Residential Care Regulations 1996 are repealed and replaced with more up-to-date regulations in relation to residential care, covering a broader range of care settings.

The key to moving away from group care settings lies in attracting a greater number of New Zealand families to care for children and then in intensively supporting these families so that even young people with the most challenging needs can be cared for.

To bring New Zealand in line with comparable jurisdictions, the future system will have a set of mandatory National Care Standards which can be used to identify key factors that influence positive outcomes for children and young people in care. These standards will be consistent with the Children's Rights Charter, and form a basis for the evaluation of effective care as part of the OCC's monitoring function of the future department.⁵⁶

It is proposed that monitoring carried out by the OCC in relation to children in care is enhanced to include all group care settings and providers of care including Non-Governmental Organisations, to ensure caregiving families are safe, skilled, and being supported to care for children. The role of the OCC will continue to include understanding children's experiences through speaking directly with them, and working with the new advocacy service where this is appropriate. The new National Care

⁵⁴ Office of the Children's Commissioner. (2015). *State of care 2015: What we learnt from monitoring Child, Youth and Family*. Wellington: Children's Commissioner. Retrieved from <http://www.occ.org.nz/assets/Publications/OCC-State-of-Care-2015.pdf>.

⁵⁵ Interagency Working Group on Unaccompanied and Separated Children. (2013). *Alternative Care in Emergencies Toolkit*. London: Save the Children.

⁵⁶ Higgins, D. & Katz, I. (2008). *Enhancing service systems for protecting children: promoting child wellbeing and child protection reform in Australia*. Retrieved from <https://aifs.gov.au/sites/default/files/hk.pdf>.

Child, Youth and Family. (2015). *Charter for young people in care: children and young people have rights*. Retrieved from <http://www.cyf.govt.nz/documents/about-us/publications/charter-for-children-and-young-people-under-12.pdf>.

Standards will also mean that children and young people will have a clear understanding of the level of care they can expect.

Investing in children in care

The investment approach requires that we have a good understanding of the outcomes that children in care are achieving. It also encourages the future department to understand the impact of the services that it is purchasing and then to direct that investment to services that work. This will mean that investment will go to those services that can clearly evidence that they strengthen the caregiver relationship with the child or address the specific needs of the child or young person.

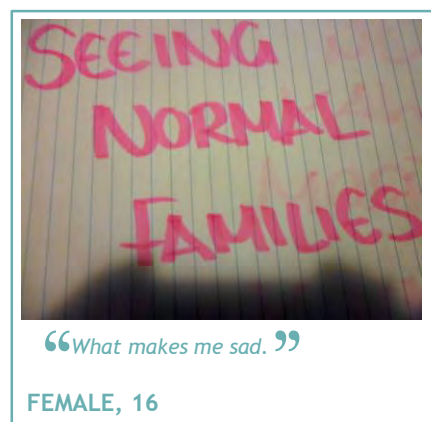
Finding the right caregivers for our children

Central to the future operating model is having a much bigger pool of caregivers who are motivated to provide a life-long loving stable home. This new model will need to be planned and phased in over several years as it will require many more motivated caregivers. A primary focus will be on efforts to engage, recruit, retain, and effectively support a wide, diverse base of caregiving families to provide safe, secure and loving relationships to meet the range of needs for children and young people.

There is a need to raise the quality and capacity of caregivers, through an effective strategy to engage a broader range of New Zealanders in recognising these children as their own so they are willing to offer them a home. A strategic cross-sector approach should be taken to develop a national caregiver recruitment strategy,⁵⁷ including working with Māori and Pacific communities.

Messaging via care experienced stories, should focus on the strengths and challenges children needing care face, and empower families to recognise they have the skills and determination to make a difference and provide the love these children need for the long-term.

Alongside better recruitment practices there is a need to strengthen the approval processes for caregivers and having clear standards and expectations are critical to safeguard the most vulnerable children.⁵⁸



There would be more in-depth assessment and independent oversight of caregiver approval decisions for both non-kin and whānau caregivers. The assessment will consider all of the caregiving family, including their own children and any actively involved extended family and whānau. The assessment framework should be broadened to assess the caregiver applicants’ strengths, weaknesses and areas of development.

⁵⁷ Matheson, I. (2011). Foster family recruitment: What the international research tells us. Paper presented at *Child Welfare League of Canada’s Every Child Matters National Webinar series*.

⁵⁸ Luke, N. & Sebba, J. (2013). *How are foster carers selected? An international literature review of instruments used within foster carer selection*. Rees Centre for Research in Fostering and Education: University of Oxford.

Matheson, I. (2009). Foster care standards: *A four country study and foster care standards analytical framework*. Plenary paper presented to the International Foster Care Organisation (IFCO) World Conference, Dublin, Ireland.

Developing a positive care identity

Young people in care commented on the stigma of “not belonging”, and the lack of understanding around early childhood trauma and how it affected them. The future operating model must empower young people to “own” their experiences and be comfortable with their care identity. Children, young people and their families and whānau must feel genuinely supported by the wider community. The new advocacy service will play a pivotal role in assisting children and young people in care to understand and own their care identity. Active efforts are also required to shift underlying attitudes or prejudices among the general public about these children and young people. This could involve helping New Zealanders understand the way in which prior trauma and maltreatment can impact on the behaviour and development of children and young people, and using well-known New Zealanders to talk about their experiences in care.⁵⁹



Agree that care support services will entail:

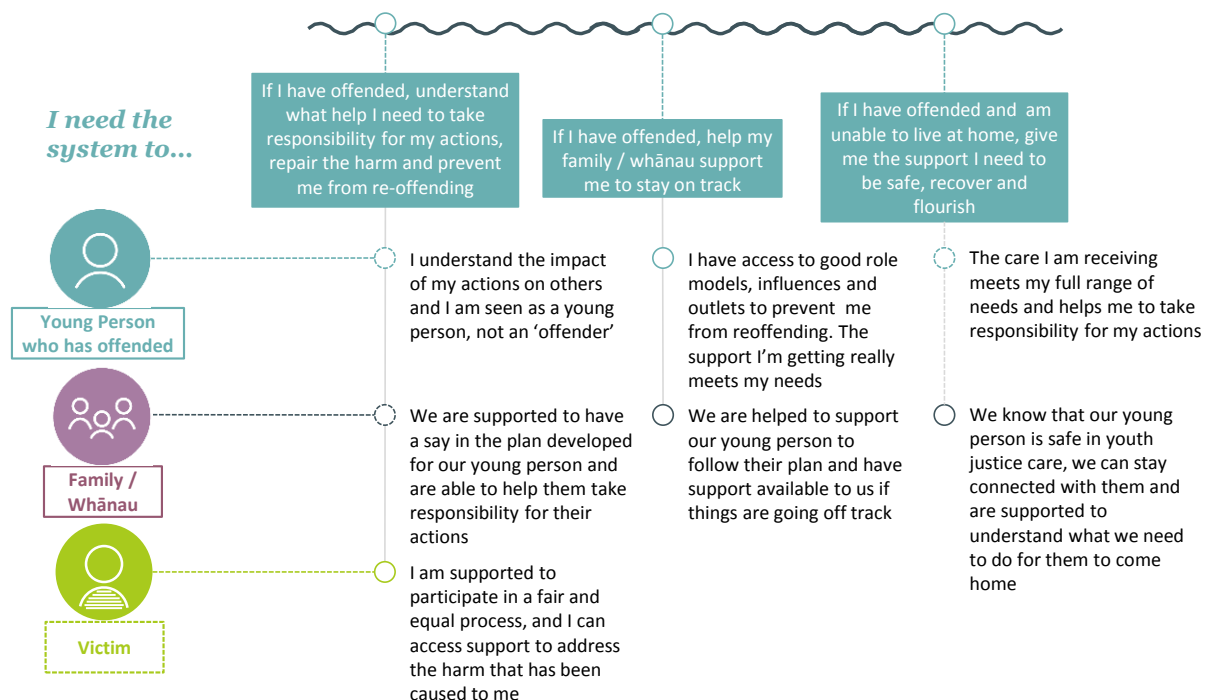
- a. new and clarified obligations and decision-making principles and processes to support stable and loving care from the earliest opportunity for children who can no longer be cared for by their birth family, including greater ability for the care family to make ‘every day’ decisions for the child in their care,
- b. meeting the identified recovery, growth and developmental needs of children in care, through improved access to a wider range of evidence-based services,
- c. strengthened focus on maintaining trusted relationships, including relationships with birth families, in a manner that supports the development of a child’s personal and cultural identity,
- d. investment to create a larger and more diverse pool of caregiver families that have the capacity, knowledge, skills and support to build and maintain loving and long-term relationships,
- e. creating a larger and more diverse pool of Māori and Pacific caregiver families who have the capacity, knowledge, skills, resources and support to build and maintain loving and stable long-term relationships with children, young people and their birth family,
- f. reform of the financial support for caregivers (including Unsupported Child Benefit and Orphans Benefit) to ensure consistency and alignment with the new operating model, including consideration of initial establishment costs, skills allowances, paid parental leave, and entitlement to tax credits,
- g. creation of mandatory National Care Standards in line with the Children’s Rights Charter, and
- h. more intensive assessment of caregivers and a greater level of independent scrutiny of caregiver approvals.

⁵⁹ Matheson, I. (2011, March, 23). *Foster family recruitment: What the international research tells us*. Paper presented as part of the Child Welfare League of Canada’s Every Child Matters national webinar series

Youth Justice Service

The purpose of the youth justice service is to prevent children and young people from offending and reoffending, to hold young people to account for their offending behaviour, and to provide a restorative justice opportunity for victims.

Figure 14: The Future Experience of the Youth Justice Service



The current youth justice service has many positive features. As outlined earlier in this report, apprehensions of children (aged 10-13) and young people, youth justice referrals to CYF, court appearances and serious offending convictions are trending down for 95% of youth offenders. However, the Police still apprehend more than 12,000 children and young people a year, and have indicated that challenges remain with the top 5% of life-course persistent offenders.

The current youth justice service is focused on a sub-set of apprehended children and young people who are referred to CYF to hold a youth justice FGC.

There are many opportunities to reduce reoffending and improve the long-term outcomes for children and young people, and to better support victims' involvement in decision-making and restorative processes.

Antisocial behaviour among youth essentially comes in two forms.⁶⁰ The first involves a relatively small group of mainly boys (10% of boys, overall approximately 5% of the total population) who begin behaving in an antisocial way very early in the life. These children are characterised by neurodevelopmental deficits, low self-control and poor emotion-regulation, and families in which

⁶⁰ Moffitt, T.E. (1993). Adolescence-Limited and Life-Course Persistent Antisocial Behavior: A Developmental Taxonomy. *Psychological Review* 100(4), 674-701.

the parents themselves exhibit criminality, substance abuse, and mental health problems. These households often struggle financially, and unsurprisingly, parents often struggle with their parenting roles, tending towards inconsistent, harsh or coercive parenting practices. Adult relationships are often fraught, with intimate partner violence. These children continue to behave in an antisocial way as they grow up. Breaking this cycle is particularly difficult precisely because the criminogenic environment exerts its influence on children who are already vulnerable due to early neurodevelopmental deficits. In the absence of evidenced-based interventions focussing on both the child and the environment (in which parents play the key role), altering antisocial life course trajectories becomes increasingly difficult with age.

The second form of antisocial behaviour emerges around adolescence and is seen among one fifth of young people. They do not possess the deficits typical among those who exhibit antisocial behaviour from young ages. Instead their delinquency is largely driven by negative peer influence (thus interventions that place these individuals in group settings with other antisocial peers are likely to be counterproductive). This group is increasingly recognised by both the Police and the judiciary as likely to desist if the State responds appropriately and avoids stigmatising with criminal convictions. Hence the value and popularity of a range of alternative justice and/or diversion programmes for this group.

The bottom line is that for those on the early onset antisocial trajectory, both the child and parents need to be the focus of intervention, and that this intervention should occur as early in the child's life as possible. This will result in the greatest impact and thus reduction in forward liability. Many opportunities already exist to identify those with the most troubling criminogenic risk factors, beginning as early as pregnancy. It is now a matter of following through and implementing the best interventions. In this regard, the interagency Advisory Group on Conduct Problems has produced a series of reports that provide a detailed, evidence-based roadmap for how this should occur in the New Zealand.⁶¹

In the future the number of Māori, Pacific and other children and young people coming into contact with the youth justice system would be reduced – through enhanced prevention programmes, early identification of risk factors, such as conduct disorder, and a special focus on children who are in the department's care and protection service, or who offend at a younger age.

There would be clear objectives associated with reducing reoffending by providing evidence-based and effective programmes, and by treating children and young people first and foremost as young people who are still growing and developing.

⁶¹ Advisory Group on Conduct Problems. (2009). *Conduct Problems: Effective Programmes for 3-7 Year Olds*. Wellington: Ministry of Social Development. Retrieved from <https://www.health.govt.nz/system/files/documents/publications/conduct-problems-effective-programmes-for-3-7-year-olds.pdf>. Advisory Group on Conduct Problems. (2009). *Conduct Problems: Best practice*. Wellington: Ministry of Social Development. Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/conduct-problems-best-practice/index.html>. Advisory Group on Conduct Problems. (2011). *Conduct Problems: Effective Services for 8–12 Year-olds*. Wellington: Ministry of Social Development. Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/conduct-problems-best-practice/conduct-problems.html>. Advisory Group on Conduct Problems. (2013). *Conduct Problems: Effective Programmes for Adolescents by the Advisory Group on Conduct Problems*. Wellington: Ministry of Social Development. Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/conduct-problems-best-practice/effective-programmes-for-adolescents.html>.

Effective prevention of offending or reoffending requires more than just working with the young people themselves, and the system would need to work much more intensively and in partnership with family and whānau. Tailored support and services would be provided to both strengthen the family and build greater resilience factors for the young person.

When young people are part of the youth justice system, services will be available at the earliest opportunity to address the underlying factors contributing to offending. The future system will actively work to hold them to account, to provide therapeutic treatment if needed, address the criminogenic factors, build resilience and provide them with support throughout the process, including improved access to legal representation.

Both children and young people who offend would receive a comprehensive needs and risk assessment e.g. the Youth Offending Risk Screening Tool (YORST)⁶², so that a plan can be developed for the best set of services and support. A much smaller number of young people than now would spend time in secure youth justice residences, and those that do will have a positive and therapeutic experience and a planned and supported transition back home that is aimed at stopping offending behaviour.

“ The judge said for me to get a lawyer, and he is a palangi, so I need a translator... I had enough. I can't fight anymore. I'm going mental, I don't know what to do. These people just hate me for nothing because they don't tell me what I have done wrong.”

PARENT

The approach would change from primarily managing process and particular events, to a service focused on identifying early indicators of potential life-long offending and on working with strategic partners to ensure vulnerable children and young people and their family/whānau receive the support and specialist services they require to stop offending.

Better support for victims

Victims would be more effectively supported to participate meaningfully and fairly in restorative and youth justice processes.

The current system places too much confidence in the assumption that simply bringing together the victim, the young person and their family will produce a restorative outcome, when in fact this requires skilful facilitation, preparation and support. A restorative process can be an opportunity for healing but that will only happen consistently if the process is facilitated by skilled professionals trained in restorative practices.

The future system would ensure it meets its obligation to restore the harm caused, by:

- ensuring victims have a safe environment in which they can have a voice, and
- ensuring victims have access to the support they need before, during and after the youth justice process – including ensuring they are able to access entitlements.

It is recommended that the operation of FGCs be re-designed to ensure victims are better prepared and supported through the process and to make the experience fairer and less intimidating for victims.

⁶² Mossman, Elaine (2010), Research to Validate the New Zealand Youth Offending Risk Screening Tool (YORST) Phase 1: Screening and Assessment of Young Offenders Risk of Recidivism: Literature Review

Treat children as children

In the future system, children or young people who demonstrate offending behaviours would be considered to be vulnerable and seen in the context of their family/whānau, hapū and iwi. Young people who offend have the same rights as any other young person and often have a more complex set of needs.

Children and young people would be considered children and young people first and foremost, rather than offenders and this would drive the nature of professional practice. This recognises recent neuro-science regarding the extent to which brains and cognitive and behavioural management abilities continue to develop and mature into the early 20s.⁶³ This approach also recognises that offending behaviour is only one aspect of a child or young person's situation, and is an opportunity to strengthen the focus on life-course persistent offenders.

This would change the nature of services and interventions provided to young people, the practice framework used by youth justice workers and the way in which the department works with the family and whānau of offending children and young people.

None of this would minimise the need to hold children to account for their offending, as the impact of their offending on others can be as significant as the impact of adult offending.

Extend the jurisdiction of the youth justice system by raising the age

The Panel recommends moving the upper age setting for the youth justice system from age 16 to 17, so that only those 18 years of age and above would be considered adults for justice purposes and become part of the adult justice system. In addition, where a person aged 18 or 19 is charged with an offence, a court would have the power to transfer the case to the Youth Court, if the court considers it is in the interests of justice to do so, taking into account the age and maturity of the alleged offender, the nature of the offence and the person's previous offending.

New Zealand is out of step with the international community in excluding 17-year-olds from its youth jurisdiction. Almost all Australian states (excluding Queensland), England, Wales, Canada and many American states include 17-year-olds in their youth jurisdiction.⁶⁴ The age at which the youth jurisdiction ends is also inconsistent with other legal ages in New Zealand, such as the voting age. The United Nations Convention of the Rights of the Child defines a child as someone under the age of 18, and recognises that children are entitled to special care and assistance.

As noted, there is a growing body of evidence about brain development and maturity which supports increasing the age at which young people are treated as adults.

Evidence suggests that dealing with young people in the youth jurisdiction rather than transferring them to the adult system is likely to reduce reoffending and reduce the number of victims of crime.⁶⁵

⁶³ Gluckman, P. (2011). *Improving the Transition - Reducing Social and Psychological Morbidity During Adolescence* - A report from the Prime Minister's Chief Science Advisor. Wellington: Office of the Prime Minister's Science Advisory Committee. Steinberg, L. (2008). A Social Neuroscience Perspective on Adolescent Risk-Taking. *Dev Rev*, 28(1), 78-106. doi: 10.1016/j.dr.2007.08.002.

⁶⁴ Australian Institute of Health and Welfare. (2015). *Youth justice fact sheet no. 55: Comparisons between Australian and international youth justice system, 2013–14*. (Cat. no. JUV 74). Canberra: AIHW.

⁶⁵ Lambie, I., Ioane, J., & Best, C. (2014). 17 year olds and youth justice. *New Zealand Law Journal*, 316-320

Although there is no New Zealand research examining the potential effect of dealing with 17 year olds in the youth justice system, it has been suggested that the current system of dealing with 17 year olds in the criminal justice system “is likely doing more harm than good.” Several overseas studies have concluded that dealing with 16 or 17 year olds in the youth system reduces recidivism.⁶⁶

The less mature reasoning and behaviour of young people should be taken into account when dealing with offending. A formal criminal record has long-term consequences for employment and social engagement. Being labelled as 'criminal' at a relatively early age can too easily become a self-fulfilling prophecy, rather than holding out the expectation for changed behaviour and a crime-free life.

Raising the youth justice age to 18 would have significant financial and other impacts and would involve a significant increase in young people and the services and facilities required by the department. It would also have major impacts on other agencies such as the Department of Corrections and the Police.

New Zealand’s lower age of criminal responsibility is currently 10 years of age which is younger than most comparable jurisdictions.⁶⁷ No child aged 10 or 11 has ever been convicted of an offence. Raising the age of criminal responsibility from 10 to 12 would recognise the developmental difference between these ages and bring New Zealand into line with other comparative jurisdictions. The Panel is of the view that offending behaviours among 10 and 11 year olds are best addressed through the care and protection system.

These are not proposals that the Panel makes lightly. However, we consider the likely positive impact on life outcomes for young people outweighs the other impacts. We recommend these changes only in the context of a reformed youth justice system that has the new features recommended here.

The high rates of offending by young people with a history of maltreatment suggest that there is insufficient investment in addressing the consequences of maltreatment in children and young people. An improved prevention and early intervention service means that the future system will have strong links between the care and protection and youth justice parts of the system and will assess and relate to children and their family and whānau in a holistic and integrated way.

The future system will support transition planning for the young person from first contact with the youth justice service. Support for the young person’s whānau, hapū and iwi to enable them to provide a positive environment to return to, where possible, will also be identified and planned for. The future department will use its brokering and direct purchase ability to ensure that this setting is best placed to build resilience and prevent reoffending.

⁶⁶ See for example: Centers for Disease Control and Prevention, Task Force on Community Preventive Services, “Effects on Violence of Laws and Policy Facilitating the Transfer of Juveniles from the Juvenile Justice System to the Adult Justice System,” *American Journal of Preventive Medicine* (April 2007); “Juvenile Offenders and Adult Felony Recidivism: The Impact of Transfer” (2005) 28 *J of Crim and J* 59; Henrichson, C., & Levshin, V. (2011). *Cost-Benefit Analysis of Raising the Age of Juvenile Jurisdiction in North Carolina*. Vera Institute of Justice

⁶⁷ Child Rights International Network. (2015). *Minimum Ages Of Criminal Responsibility Around The World*. Retrieved from <https://www.crin.org/en/home/ages>.

Reducing remand to residences

The future system would minimise the number of young people who receive custodial remand in youth justice residences. This requires a better understanding of why young people on custodial remand are a much higher proportion than those who are sentenced; custodial remands comprise 73 percent of total admissions to youth justice residences, yet only 25 percent of young people remanded go on to receive a custodial order by the Youth Court. Given the negative impacts of residential care on future offending behaviour, it is considered desirable to minimise the use of custodial remands as much as practicable.⁶⁸

“ [CYF should be] putting us into something proper instead of making us stay in [residences] like this for months and months.... It works, but you can't just walk out into the community and try everything. The only time you get to do that is when you actually have to leave.”

MALE, 16

This would be achieved through legislative provisions that ensure custodial remand placements only occur when necessary, and by regularly reviewing custodial remand placements. Alternative options to custodial remand in residences, such as electronic monitoring will be explored.

Over time the future system would develop a range of alternative solutions. These could include extending the use of electronic bail, supported bail, smaller community-based settings, and other means by which young people can be maintained within their families and communities such as small local group homes with specially trained and well-supported workers. Options must appropriately balance the need for public safety with meeting young people's developmental needs.

Engaging all New Zealanders to help prevent youth offending and offer second chances

All New Zealanders will have an important role to play in the future youth justice system. People in the community, as well as members of whānau and families, can be vigilant to early signs of offending behaviour and offer support to parents and other family members, as well as opportunities and experiences to young people that can help build their resilience and positive behaviours.

When young people have offended, New Zealanders can help stop reoffending by offering support for services, acting as role models and continuing to have high aspirations for these young people, rather than labelling them as offenders. These public attitudes are vital to supporting a system that enables children and young people who offend to learn from their mistakes and reduce their likelihood of further offending.

High aspirations for Māori children and young people

Currently Māori children and young people are over-represented in youth justice, as they are in care and protection. The over-representation of Māori then continues and increases through each stage of the youth justice process, through to residential care. The future system would work effectively to reduce the rate of Māori over-representation in youth justice and reduce the absolute numbers

⁶⁸ Lambie. I. & Randell. I. (2013). The impact of incarceration on juvenile offenders. *Clinical Psychology Review* (33), 448-459. doi.org/10.1016/j.cpr.2013.01.007.

through partnerships, culturally aware practice and a focus on earlier assessment and support services.

Iwi, Māori organisations and whānau and hapū are well placed to provide effective youth justice responses for Māori young people that help them to take responsibility for their offending in a culturally appropriate way, which strengthens their cultural identity and enhances their connection to their whānau, hapū, iwi and whakapapa.⁶⁹

Successful initiatives, such as Te Kooti Rangatahi and Oho Ake, have been developed and led with Māori and the support of government.⁷⁰ The future system would support the development of further such initiatives – led by iwi, and supported by the future department.

“ And then we had a meeting here last week with them, and I was at the point of saying ‘take these kids, just take them, you’re just so bloody useless.’ You come into our whare, you have no Māori. I put it in writing, we want Māori, our kids are Māori, we are Māori. No respect for us at all as Māori. Can’t even pronounce our Mokopuna’s name right.”

CAREGIVER

The department would work closely with Māori organisations, iwi, whānau and hapū, from the beginning to trial and develop effective approaches for Māori children and young people – both to prevent early offending and to reduce the likelihood of reoffending.⁷¹ The department will also partner with Pacific organisations to develop evidence-based services for young Pacific offenders.

An investment approach to youth justice

The new system would focus much more strongly on the prevention of offending. Rather than considering offending for some children to be unavoidable, it will actively assess and provide offending-focused services and support at the earliest possible point. The department will no longer just wait until a child or young person has been apprehended by the Police or a care and protection concern arises.

“ When I was eight or nine, my Dad used to put stuff in our pockets... and make us walk out [of a shop]... and I thought that is how you steal... so I started doing that, and... when I was nine or ten, I started going into shops and putting things in my pocket and walking out. I thought I was a styler.”

FEMALE, 16

There is very strong evidence identifying childhood risk factors for youth and adult offending patterns,⁷² and there are many points at which earlier identification and evidence-based services could be effective. These include early childhood education, schools, apprehensions of child offenders by the Police, and importantly care and protection involvement (almost 60 percent of

⁶⁹ Te Puni Kōkiri. (2011). *Addressing the Drivers of Crime for Māori*. (Working Paper 014). Wellington: Te Puni Kōkiri. Retrieved from; <http://www.tpk.govt.nz/en/a-matou-mohiotanga/criminal-justice/addressing-the-drivers-of-crime-for-maori>.

⁷⁰ Kaipuke. (2012). *Evaluation of the Early Outcomes of Ngā Kooti Rangatahi*: Submitted to the Ministry of Justice. Wellington: Kaipuke. Montgomery, K. (2014). *Tūhoe uho Hauora, Oho Ake Evaluation*. Unpublished.

⁷¹ See: Mason Durie’s theory of ‘Te Whare Tapa Whā’ - the four cornerstones (or sides) of Māori health. The four cornerstones are: Taha tinana (physical health), Taha wairua (spiritual health), Taha whānau (family health) and Taha hinengaro (mental health). Durie, M. (1998). *Whaiora: Māori Health Development*. Auckland: Oxford University Press, 68–74.

⁷² Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2009). Situational and generalised conduct problems and later life outcomes: evidence from a New Zealand birth cohort. *Journal of Child Psychology and Psychiatry*, 50(9), 1084-1092. Odgers, C. L., Moffitt, T. E., Broadbent, J. M., Dickson, N., Hancox, R. J., Harrington, H., Poulton, R. & Caspi, A. (2008). Female and male antisocial trajectories: from childhood origins to adult outcomes. *Development and Psychopathology*, 20(2), 673-716.

young people referred to CYF by the Police had previously been notified as a result of care and protection concerns).

Offending behaviours often can be seen in children and young people from a young age.⁷³ Addressed early, young people can avoid ever needing to engage with the Youth Justice system. Under this approach, professionals working with children and young people – and the future department itself – would be able to refer children and families to a range of evidence-based services that target early signs of offending behaviour.

This would require working closely with formal education providers, recognising that schools are often uniquely placed to identify behavioural problems early and address them prior to a child needing to be excluded from formal education.

When children or young people come into contact with any part of the future system, including care and protection, an assessment of risk factors (such as conduct disorder) for youth and adult offending patterns will be undertaken and, where these are identified, access will be provided for vulnerable children and their families to services with proven effectiveness.

Where conduct disorder is present, the future system will use a commissioning role and ability to directly purchase or build services to ensure that children and young people receive effective services as early as possible.

In the future when children (those aged 10-13) are apprehended, Police and the department would work much more closely in making decisions about next steps and the most effective interventions to provide. This is a key intervention point for improving long-term outcomes.

Strategic partnering to ensure timely access to effective support, services and treatment

In the future youth justice system, a wider range of services and interventions will need to be developed to better support children and young people and their whānau/family across a range of dimensions including: specialised assessment tools and processes, services and support approaches to strengthen families/whānau, treatment for conduct disorder or other neuro-disabilities, and tailored reoffending programmes for Māori and Pacific children and young people.

“ My Mum put me in. She rang CYF for help and that’s how I ended up in [CYF services] ... We just need more at home, more support. ”

MALE, 16

At present, a young person who has offended will only receive social work support where there is an intention to lay charges. In this way, to receive support, a young person has to be escalated into the system. Reducing reoffending will require the future department to assess needs and potentially ensure services and supports are provided in every case.

Research suggests there is likely to be a high percentage of neuro-disability in young people who commit more serious offences.⁷⁴ The future system will take an active role in ensuring that such

⁷³ Peseta, S. L. (2012). *Inquiry into the identification, rehabilitation, and care and protection of child offenders: Report of the Social Services Committee Fiftieth Parliament*. Wellington: Social Services Committee.

⁷⁴ Hughes, N., Williams, H., Chitsabesan, P., Davies, R., Mounce, L. (2012). *Nobody made the connection: The prevalence of neurodisability in young people who offend*. Retrieved from: http://dera.ioe.ac.uk/16045/1/Neurodisability_Report_FINAL_UPDATED__01_11_12.pdf

disabilities are identified early and that young people are provided with the services and treatment they require to live crime-free and successful lives.

This will be achieved through increasing the range of evidence-based programmes available, especially where these specifically address known criminogenic factors such as anti-social peer groups and addictions.

A practice framework that recognises the special skills, knowledge and workforce required

The new practice framework would also apply to youth justice. It is expected that many of the key components of this practice framework would be common and applicable for those working with any vulnerable child or young person (including those who are vulnerable due to their actual or potential offending). Effective youth justice work requires an understanding of trauma, child development and attachment and building resilience. Youth justice workers would also need cultural knowledge and be able to understand the identity and cultural and family connection needs of children and young people.

The practice framework will provide guidance for specific youth justice decision-making processes. For example, drivers for offending behaviour and knowledge of specialist court processes. It would provide a common understanding across agencies and professionals of contemporary youth justice direction and methods, and the options available for youth prior to custodial remand.

While the number of young people who receive custodial remand sentences in youth justice residences would be minimised, the future vision for youth justice residences is that they become more child-centred and therapeutic and that time in a residence, and the period of transition and re-integration back into whānau and community, is a time of significant investment in young people that promotes better long-term outcomes.⁷⁵

The future system would restrict the use of youth justice residences for only those young people who have committed category 3 or 4 offences or a series of serious offences involving violence and who require a level of containment that can only be met in a secure setting. Youth justice residences would be seen as an option of last resort with an overall strategy to limit the use of large-scale secure residential facilities.

Youth justice residences would continue to be operated in partnership with Education and Health but would be operate within an enhanced multi-disciplinary operating model that provides evidence-based rehabilitation programmes to young offenders. The practice framework would guide the youth justice workforce to effectively address criminogenic factors and drivers of youth offending. Transition planning, as well as brokering and directly purchasing supports and services in the young person's community of origin, would become core functions of the residential service.

⁷⁵ Wall, Redshaw & Edwards. (2013). Beyond Containment: Driving change in residential care. *Scottish Journal of Residential Child Care* 12(1), 7-19.



Agree that youth justice services will entail:

- a. recognising child offenders as a priority group and working with Police to identify children who offend early and working with both the child and their family to reduce reoffending,
- b. reducing the number of young people remanded to a secure residence through utilising a range of community based options,
- c. developing a new multi-disciplinary operating model for the youth justice residences in partnership with Health, Education and Corrections,
- d. increasing the range of evidence-based services that reduce reoffending through focusing on the criminogenic needs of young people, based on reports from the Inter-Agency Advisory Group on Conduct Problems,
- e. partnering with Māori and Pacific organisations to develop a suite of evidence-based approaches to stopping offending and reoffending,
- f. promoting restorative justice through supporting victims to participate in youth justice processes, and
- g. working intensively with young people and their families to support the transition out of the youth justice system.

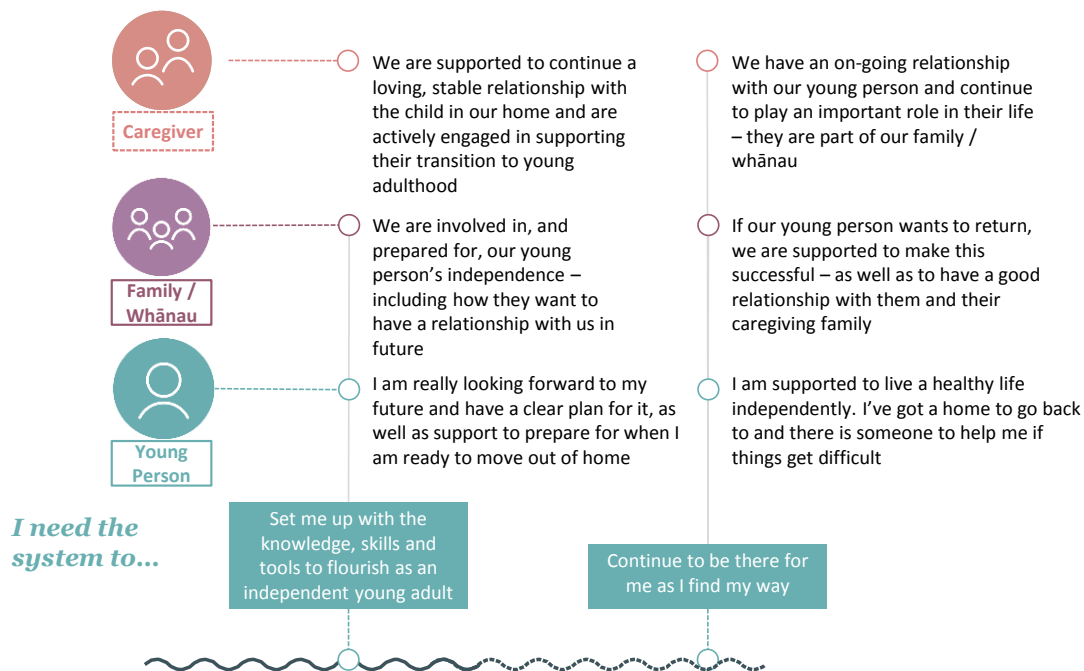
Transition Support Service

Becoming a young adult is a period of great excitement and trepidation in any young person's life. With it comes a great sense of opportunity and freedom, coupled with the realisation of what it means to be an adult. New Zealand must continue to support our vulnerable children at this time.

We often confuse leaving care with leaving home, but when you leave home you do not leave family. When you leave care you leave your home and the relationships (family) behind too. Often at this critical stage of independence, the progress young people have made socially and in education can unravel as the relationships they were not necessarily conscious they relied on, are no longer present. This will now change.

Care will no longer be compartmentalised into artificial relationships which change as you progress from childhood through adolescence to adulthood. Now the life-long loving caregiver relationship will guide young adults to live independently, whilst being there for them when necessary. This means care can continue beyond 17 up to age 21 within the caregiving home if the child and family desire it. At any stage the young adult will be supported to leave home and return if necessary. They can try and live independently, study, travel or work and do it with the security that their supportive relationships are still present. Central to this transition is that it is not linear, but that the young person will retain the key relationships with the caregiving family to help them move on in life.

Figure 15: The Future Experience of the Transition Support Service



Young people reaching the care leaving age are among the most vulnerable in New Zealand. This is evident in the exceptionally high rates of adverse outcomes we see for them in early adulthood. Many young people leaving care report a sense of abandonment, anxiety and fear and experience high levels of instability and insecurity across many aspects of their lives. They often have limited social networks and few trusted adults with an enduring commitment to stick with them.

Young people in need of care and protection should not have their assistance lapse at age 17; the legal age for leaving care in New Zealand. Current transitional support for care-leavers is limited in scale and scope and not, in large part, designed to address the range of material, health, education and safety needs affecting most of these young people. Recent changes to the law do not go far enough in providing extended and proactive support.

Caregiving and birth families and front-line staff have commented on the adversarial nature of the system and the constant fight for resources to meet the needs of their young people.

There are however pockets of good practice and support for young people transitioning to adulthood. Some professionals, caregivers and other adults do an exceptional job by going above and beyond. Specialist transitions services in Auckland and relational youth-focused services, such as the Youth One Stop Shops, take the time to build effective relationships and successfully link young people to a range of supports.

New Zealand's young care leaving age is unusual internationally. Research suggests that raising the age of care and improving support to care-leavers will increase their chances for success as adults.⁷⁶

Caregivers 'for life'

Caregivers who have built a loving relationship with a child or young person in their home will be supported to maintain that relationship through and beyond the young person's transition to adulthood.

This requires recruiting a larger pool of caregivers so that young people can remain with their caregiving families rather than being moved out to accommodate the placement of other children. The recruitment approach will prioritise finding caregivers who are willing and able to build life-long relationships with children and young people in their homes.

“ [There was] a caregiver I stayed with for four years. I still talk to him [and] go and hang out...because he gets me. I'm an outdoor kid and he takes me caving [and] fishing.... I love fishing, so I like checking out new spots along the river.... One day I went at 9am and didn't come back until 10pm. ”

MALE, 16

The role of a caregiver with older adolescents needs to change gradually over time to allow for more independence, with changing expectations on the young person and the caregiver. Caregivers would have access to the training, support and information they require to develop the knowledge, confidence and skills to provide support, guidance and challenge to the young people in their families.

Young people would journey into adulthood with the care, support and guidance of their family

Young people would be provided with loving and stable care until they are developmentally ready for independence⁷⁷, rather than at the comparatively young and abrupt age of 17. This requires legislative change to raise the age of care and protection to age 18 and create a right to stay in, or return to, care until they are age 21. This would align the care leaving age with social norms and bring New Zealand in line with comparative jurisdictions internationally.

“ Like I'm so scared for when I become independent because I still don't know what I'm doing. I still don't know how to catch a bus. How am I going to be able to live by myself and cook for myself every night and pay the bills every week? I don't know how I'm going to do that because I'm still not financially organised. ”

FEMALE, 16

Young people would be encouraged to stay with their family until they were ready to take the next step and would have a right to return home to that family as a natural part of the process of 'testing the waters' and becoming an adult.

There would be new care options that recognised the growing independence and changing needs of the young person. This would enable the young person to have more say over their care

⁷⁶ Munro, E., Lushey, C., Maskell-Graham, D., Ward, H & Holmes, L. (2012). *Evaluation of the staying put: 18 plus family placement programme: final report*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183518/DFE-RR191.pdf.

Courtney, M.E. & Dworsky, A. (2010). Does Extending Foster Care beyond Age 18 Promote Postsecondary Educational Attainment? *Chapin Hall Issue Brief*. Retrieved from http://www.chapinhall.org/sites/default/files/publications/Midwest_IB1_Educational_Attainment.pdf.

Courtney, M. E. & Dworsky, A. (2010). The risk of teenage pregnancy among transitioning foster youth: Implications for extending state care beyond age 18. *Children and Youth Services Review* 32(10), 1351–1356.

⁷⁷ Gluckman, P. (2011). *Improving the Transition: Reducing Social and Psychological Morbidity During Adolescence: a report from the Prime Minister's Chief Science Advisor*. Retrieved from: <http://www.pmcsa.org.nz/wp-content/uploads/Improving-the-Transition-report.pdf>

arrangements. Young people would be able to either stay in, or return to their home or to live independently in supported housing. Supported housing would be offered at different levels of independence, such as short-term flatting simulations, supported boarding placements in the community or supported flatting. Consideration should be given to giving these young people priority access to social housing or support to access private rental housing.

Young people can access customised and flexible packages of services and supports

The future department would work with caregivers and young people to proactively identify and meet the needs of those transitioning into adulthood up to the age of 25. This would include health, education and housing services.

Once a young person has left care, contact would be maintained to assess needs, and provide advice and support to age 25. While the young person would have the right to refuse on-going support, there would be incentives for their engagement. For those who want it, professional support would be available to assist young people with challenges routinely faced when entering young adulthood, such as housing, employment, and relationships.

Contact would be maintained with care-leavers through interpersonal and interactive channels that are accessible on mobile devices, have a social media “look and feel”, and which provide a directory of services and useful resources. Young people would be able to view and edit their own plan through this channel. Maintaining contact with young people will enable them to give input into assessments on the effectiveness of their care and transitions services.

Young people are supported to retain a bond with birth family during and after the transition

Young people we spoke to talked about the importance of being able to have relationships with their siblings, mothers and fathers, and extended whānau. Birth families often exert a strong pull for care-leavers and the caregiving families will often find themselves co-parenting during transitions.⁷⁸

The new operating model assumes that contact with birth family will have been maintained during the child’s time in care. The relationships that supported this connection in care will continue to play this supportive role as young people gain more independence. This support may extend to helping the young person if they choose to attempt to return to their birth family. This help will ensure the safety and well-being of the young person, and be there in support if the return to the birth family is unsustainable.

⁷⁸ Collins, M. E., Paris, R. & Ward, R. L. (2008). The Permanence of Family Ties: Implications for Youth Transitioning From Foster Care. *American Journal of Orthopsychiatry*, 78(1), 54-62. doi/10.1037/0002-9432.

Young people are listened to, championed and connected as they enter young adulthood

Young people in care and following their transition from care through to age 25 would have access to the advocacy service. This service would recognise the distinct developmental stage and unique needs of these young adults. It would champion access to entitlements across the system, including housing, financial supports, health (including sexual and relational health), parenting, disability services, and tertiary education.

“CYF was just pretty much, ‘you stay here for how long we say.’ Once you turn 17 ‘see you later.’ No help afterwards”

MALE, 20

Through the advocacy service, young people would have access to connect to a peer-support network of young and older adults with prior care experience. Young people who have experienced care talk about the extended process required to make sense of their experience. Regardless of whether they had a good or not so good care experience, they appreciate being able to connect together with other care experienced young people who know what it is like to live without their birth family. They have been labelled and burdened with stigma for most of their life due to not being able to live within a functional birth family – together they know what it feels like and appreciate being able to connect.

Beyond informal connections sometimes care-leavers have more profound needs. There can be trauma and grief around the experiences of maltreatment, as well as the loss associated with separation from family. During the transition to adulthood these issues can come into focus. Young people are forming their adult identity, may react to the shortfalls of the care experience and many attempt to reconnect with their birth family. Peer connections can play a transformative part in sense-making, helping young people to know that they are not alone and aspire to achieve. Understanding and claiming their care identity can provide connection and a route to making sense of an individual’s life experiences.

Once care experienced people – both young and old – have made sense of their identity they are powerful advocates for influencing change. The advocacy service will help care experienced people understand and tell the safe parts of their care story. This will happen informally in many instances and be the route to educate New Zealanders on how they can support care experienced people.

Formally a small number of young people would have the opportunity to be elected to the Youth Advisory Panel from the care experienced membership of the independent advocacy service. This will provide a voice that can influence policy, service-design and decision-making. Legislation will be amended to ensure the views of young people at an individual and system level are heard and hold the care system to account through these routes.

Partnering to design and deliver transition services

Strategic partnering with the social services sector, philanthropic, iwi, Māori organisations, including Whānau Ora Commissioning Agencies, and Pacific organisations would be used to generate and deliver innovative, sustainable and effective approaches that meet the changing needs of these young people. The department will actively engage key partners to generate agreement about the objectives of the transition services, what success looks like for care-leavers, how this should be measured and the contribution each partner would make towards achieving those goals.

The future department would build partnerships that use the strengths that different partner organisations can offer, including local knowledge and networks, prior experience of working with care-leavers, the ability to make long-term service commitments to young people as they grow up, and the capability to develop and test innovative and evidence-based approaches. Some iwi and hapū organisations are already well placed to either partner or design and deliver their own transitions services for young Māori care-leavers.

One of the priorities for strategic partnering would be in the area of supported housing. The development of new supported housing options will be a particular challenge in those areas where there are already significant stresses on the housing market. Another priority would be working with strategic partners to ensure the delivery of transition services in rural areas.

An investment approach for care-leavers

There is currently a major shortfall in the provision of services to meet even the most basic needs of these young people in New Zealand. International evidence is growing about what is effective in this area and there are now programmes that have demonstrated a positive impact on a range of outcomes. This suggests the opportunity to reduce the social, economic and fiscal costs associated with this population of young people (and their children) is significant. For example, a recently conducted study of the impact of a well-designed transition support programme in the United States showed improvements in employment and earnings, and a reduction in homelessness, hardship, mental ill-health and experience of violent relationships.⁷⁹

The application of an investment approach would require the collection of new information on the needs and experiences of care-leavers, and the effectiveness of transition support services.

A transition that succeeds for young Māori

More than half of the young people transitioning out of the formal care system into adulthood are Māori. The future system will only be effective if it is intentionally designed to meet the needs of Māori care-leavers. This means having specific targets and metrics embedded into the performance and monitoring framework. It also requires explicitly testing of programme effectiveness for Māori and the impact on outcomes that matter for all children, including cultural identity and connection to whakapapa.



“What helps me in my role—I’ve always been taught by my grandparents that my strength is not my strength alone—it’s the strength of the people that came before me and the ones before them.”

SOCIAL WORKER

⁷⁹ Valentine, E. J., Skemer, M. & Courtney, M. E. (2015). *Becoming Adults: One-Year Impact Findings from the Youth Villages Transitional Living Evaluation*. MDRC. http://www.mdrc.org/sites/default/files/Becoming_Adults_FR.pdf
Courtney, M.E. & Dworsky, A. (2010). Does Extending Foster Care beyond Age 18 Promote Postsecondary Educational Attainment? *Chapin Hall Issue Brief*. Retrieved from http://www.chapinhall.org/sites/default/files/publications/Midwest_IB1_Educational_Attainment.pdf.

Transition planning is an opportunity to identify where there might be gaps in a young person's connection to their culture and ensure that steps are taken to address this.⁸⁰

The department must ensure that it has a commissioning approach and processes that support strategic partnering with iwi, Māori, Pacific and other communities and organisations. The services that are commissioned and developed through strategic partnerships need to be culturally responsive, safe, trauma-informed, flexible, holistic and evidence-based.

Recognising the unique skills, knowledge and workforce required to support young people

Experts, including researchers and those working with vulnerable young people, emphasised the importance of quality relationships between professionals and young people and the value of positive youth development approaches that build on strengths and provide opportunities for mastery.⁸¹

The future department would require greater youth development expertise and access to new services and capabilities to meet the needs of young people as they grow into adulthood. This would include specialist roles and services to support young people with tertiary education and employment support, housing options, budgeting services, family planning and, where required, mental health, drug and alcohol services. The future department would also require greater capacity to meet the increased number of young people as they remain longer in care.⁸²

For Māori young people it would be critical to recognise a particular expertise in tikanga and whakapapa, and an appreciation of the connections to whānau. The basic principle will remain that young people will be surrounded by positive relationships in support services, but have one key relationship that supports them to access the services they need.

Engaging all New Zealand to provide support and opportunities for vulnerable young people

The future department would have a role in helping all New Zealanders to understand the experiences and voices of young people, and identify ways in which they can offer help for care-leavers. For example, employers could be encouraged to offer young people in care and care-leavers opportunities to trial a particular career through internships, part-time or full-time roles.

Good parents go out of their way to support their children into career opportunities and good jobs. They tap into their networks, guide young people through the application and interview process, and support them as they find their feet.

The Panel proposes a model of 'community parenting' is adopted, similar to the model of 'corporate parenting' in Scotland.⁸³ This would require government agencies, Crown entities and other key

⁸⁰ Finnie, R. (2012). Access to post-secondary education: The importance of culture. *Children and Youth Services Review*, 34(6), 1161-1170. doi:10.1016/j.childyouth.2012.01.035.

⁸¹ Sanders, J., Munford, R., Anwar-Thimasaran, T., Liebenberg, L., & Ungar, M. (2015). The role of positive youth development practices in building resilience and enhancing wellbeing for youth. *Child Abuse & Neglect*, 42, 40-53.

⁸² NSW Department of Community Services. (2007). *Out of home care service model: Supported independent living*. NSW Department of Community Services. Retrieved from: http://www.community.nsw.gov.au/_data/assets/pdf_file/0017/321056/oohc_supported_independent_living.pdf, 6.

⁸³ Who Cares? Scotland. (2015). *What is Corporate Parenting?* Retrieved from <http://www.corporateparenting.co.uk/about-corporate-parenting/>.

partners, in particular iwi, to identify opportunities to support young people to access the kinds of opportunities that a good parent would secure for their child.

This might include offering a guaranteed number of jobs or internship placements based on selection criteria, and support for care-leavers to engage in tertiary education such as extended accommodation in dorms over the holiday period and provision of scholarships, mentoring and a 'care alumni' network.

The future department would be able to purchase transition services and supports directly on behalf of young people, including free or discounted health care, employment and education counselling services.

Government agencies and Crown entities, including schools, would be required to report on their specific contributions to young people within the care population, and would be held accountable for this. They will be obligated to state what they will do on an annual basis through amendments in the Vulnerable Children Act 2014 in relation to the Vulnerable Children Plan.



Agree that transition support services will entail:

- a. supporting caregivers to maintain a loving relationship with a young person through and beyond the transition stage,
- b. legislative change to raise the minimum age of care to age 18,
- c. creating a right to remain in, or return to, care up to age 21, which will require reform of the financial support for these young adults through care and income support systems,
- d. a single point of accountability for ensuring the needs of young people in transition are identified and met, up to age 25, inclusive, with service design and delivery achieved through strategic partnering, and
- e. establishment of 'community parenting' whereby other government agencies and Crown entities are required to identify and report on their specific commitment and response to children within the care population, for which they will be held accountable.

6.3. Delivery Channels

The new operating model will require a number of significant changes to the way services are commissioned, delivered and funded:

- a broader range of service delivery channels than now – particularly in the prevention and transition areas,
- market building in key areas to increase the capacity and capability of potential providers,
- development of strategic partnerships, including with iwi, Māori and Pacific organisations,
- testing and trialling of new approaches and tailoring of overseas approaches to develop a stronger portfolio of evidence-based services within New Zealand communities,
- the future department having the ability to directly purchase and broker services for individual children, families and whānau, and
- reducing “clutter” in the vast array of community or place-based funding mechanisms through a single, integrated approach.

No one model of service delivery will fulfil the requirements of the future department in isolation; rather a mixed model will be required. The department will need to develop strategic partnerships, at an individual and organisational level, to ensure the provision of services that are directly delivered, purchased, brokered, or provided by a strategic partner.

Commissioning will enable the future department to take a number of approaches and use a variety of delivery channels:

- *Strategic partnering* – strategic partners of the future department are likely to include iwi and Māori and Pacific providers, social service providers, government agencies and philanthropics.
- *Direct purchasing of services* – the department will have the ability and funding to directly purchase services from other government agencies. Key features would be:
 - the money follows the child and family,
 - service provision relevant to the timeframes that best suit the child,
 - invest in and develop evidence-based approaches, including addressing trauma, and
 - agile provision that responds to the changing needs of vulnerable children.
- *Direct service delivery* – some children will continue to require services delivered by the department. Key aspects would be:
 - the appropriate workforce composition, with some disciplines other than social workers employed directly in some settings,
 - enhanced capability to collaborate and work across agencies, and
 - understanding how to support and strengthen the critical relationship between the child and the family caring for them.
- *Developing the capacity and capability of strategic partners and providers* – the department would actively increase the capacity and capability of providers and strategic partners, where enough of this does not yet exist. This could take a number of forms including:
 - joint service design,

- work with professional registration bodies, associations and tertiary institutions to increase the volume and quality of key specialist and professional skills (e.g. trauma informed practice), and
- working with capable and existing providers to support them to develop services in smaller and more remote areas.
- *A more consolidated commissioning and partnership approach* – this will reduce the “clutter” of services and funding schemes in the community. This will include:
 - working across agencies to collaboratively design and develop new initiatives that will meet the needs of vulnerable children, young people and their families and whānau, and
 - investing in increasing the capability of Children’s Teams and Whānau Ora to directly purchase or broker the provision of services to support vulnerable children and their families.

Stakeholders have spoken with us about the negative impacts of the “clutter” of different funding and delivery initiatives in the community. We have heard that the significant number of programmes and approaches can:

- overstretch resources at a local level,
- set conflicting priorities, and
- provide multiple services targeted at the same cohort of vulnerable children.

This is illustrated in the following diagram.

Figure 16: Current Funding and Delivery Initiatives in the Community



Planning and strategic commissioning for outcomes

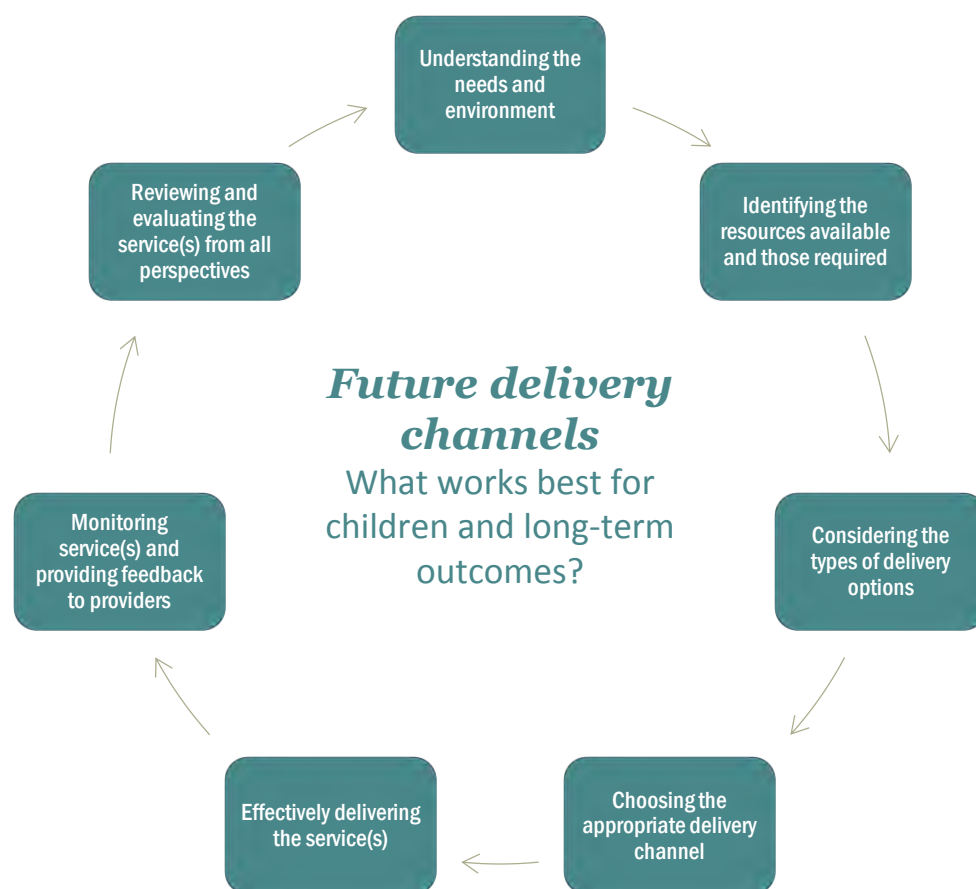
Strategic commissioning will require a more sophisticated leadership approach, able to foster a high degree of engagement, co-operation and agility across the sector to ensure services are tailored to the unique needs of an individual child. For this, the department must be able to invest in significant development of the future delivery partners' capacity and capability. The department will require core skills such as: collaborative service design, innovation, brokering, building effective strategic partnerships, market building and navigating a range of funding and commissioning approaches. A number of the key values and approaches that the department will need to adopt to successfully manage a wider range of delivery options are described in Appendix K.

The strategic commissioning process would:

- assess the needs of a population, now and in the future, and assess the required resources,
- set priorities and develop strategies to meet those needs in line with local and national targets,
- build capability and capacity in communities to respond to the needs of children and families on behalf of the department,
- design services, whether delivered with strategic partners, by the department itself, or by providers to meet those needs and targets,
- monitor and evaluate outcomes regularly so innovative suggestions can be incorporated within the service line, rather than at the end of it, and
- consult and involve a range of stakeholders, service users and communities in the whole process.

This overall approach is demonstrated in the following diagram.

Figure 17: Elements of a Strategic Commissioning Approach



Likely service delivery channels and market readiness

Among the service providers we have spoken to, there is a sense of “being hopeful and cautious” about this transformed and more aspirational way of working with vulnerable children and their families. However, there is also recognition that such an approach will require substantial change and tangible shifts in order to provide sustainable, evidence-based, innovative and flexible services. There will need to be a focus on assessing and building market readiness to provide the necessary services, taking into account the needs of particular children and families in regard to where they live, their cultural background and the intensity of service required. The future department will take a market building role through the commissioning and direct purchase of services across Health, Education, employment and other specialist services. This would be done in partnership with communities and iwi, to ensure access to specialist professional services to meet the needs of the children, young people and families they are working with.

Prevention Service

Iwi and Māori leaders in particular spoke of the greater role they could play in working with their own vulnerable children and whānau at an early stage. While there is a need for more services to be developed with more investment in evidence-based approaches to prevention, there is considerable potential to directly purchase a greater range of prevention services. This will require an increase in the number of practitioners, their training, scope of work and competencies. Services for direct

purchase could include special education, parenting, family planning, mental health, drug and alcohol services, as well services to support prevention of youth offending.

Intensive Intervention Service

The range of services likely to be required will range from working intensively with families who readily accept their need for assistance, to those where a degree of statutory influence will be necessary. The future system would require all practitioners to have a robust understanding of child development and trauma-informed approaches. It will need to invest to ensure all providers have the relevant expertise. Services for direct purchase could include therapeutic interventions, special education and health related services that support healing and recovery for children, young people and families.

Care Support Service

Depending on the range of needs and degree of specialised services a child may require, the amount of direct service delivery, versus partnered, brokered or direct purchasing approaches, is likely to vary. For most children where caregiving families are providing love, nurture and stability, direct purchasing and brokering approaches are likely to be the primary method of securing services to support families to provide safe, stable and loving care. For a small number of children and young people the future department will provide services directly, for example through small group care settings.

Youth Justice Service

The stronger focus on preventing reoffending will require a much broader range of targeted services. In particular, we are aware that we need to increase the capacity and capability of specialist treatment for conduct disorder, and work with Māori and Pacific organisations to develop and trial effective interventions for young people who offend or are at risk of offending. We will also seek to develop the level and type of support available to victims of youth crime, to enable them to fully participate in restorative and youth justice decision-making processes. Direct purchasing of services may include programmes to prevent reoffending, community based services to address criminogenic risk factors and partnering with communities and iwi to secure services required to enable them to play a role in supporting transitions for youth offenders.

Transition Support Service

A shift to this approach is significant and will require substantial investment by the future department initially. A broader range of delivery models, including strategic partnership will provide a more effective set of services and better outcomes for vulnerable children and young people. Front-line staff will also be better equipped and supported to focus on these long-term outcomes. Services for direct purchase could include tertiary education and employment support, housing options, budgeting services, family planning and, where required, mental health, and drug and alcohol services.



Agree that the main features of the new delivery channels approach will be:

- a. to strategically partner and commission for outcomes,
- b. based on the principle of the funding following the child and family, and to fully fund the direct purchase of services, and
- c. to invest in and increase the capacity and capability of service providers and partners for the delivery of services.

6.4. Business Processes

As part of the first phase of implementation, detailed business processes will be developed. From the analysis and operating model development done so far, components of the likely business process changes that will be required include:

- processes to support a consistent approach across the sector, including the implementation of a common professional practice framework, such as trauma-informed practice tools,
- consistent and comprehensive assessment processes,
- service design and other processes to capture and analyse the voices of children and young people, parents, caregivers and professionals,
- strategic partnering models and associated tools,
- information sharing approaches,
- re-design of the current case management platform,
- improved access to information and data analytics,
- direct purchase capability,
- caregiver recruitment and support processes, and
- brokering systems and tools.

These business processes will be developed using a service design methodology that places a strong emphasis on co-design with children and families, and other system users and participants.

6.5. Information

The future information processes and systems will have three key features:

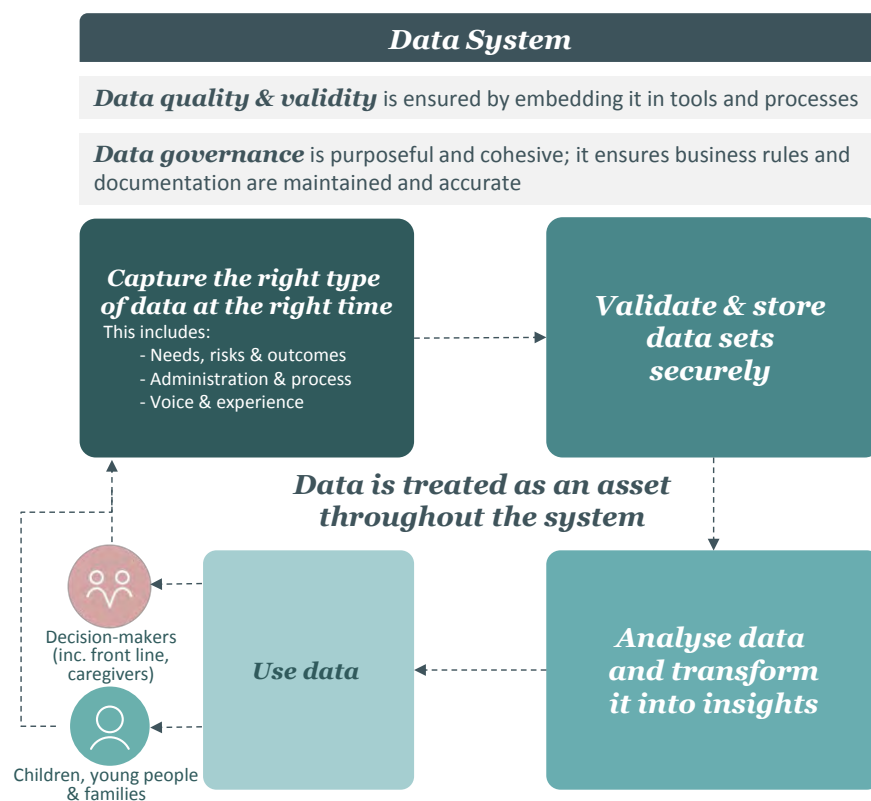
1. **Collect the right information in the right way** and make it easy for people to record and extract the information they need.
2. **Data governance, management and quality control** – Data governance will ensure business rules and documentation are maintained and accurate, with quality control throughout the collection, storage and use of data.
3. **Use of data to inform decision-making** – Data is critical to a transparent, effective and evidence-based system for vulnerable children.

Effective use of data and information is critical to achieving and maintaining an evidence-based, learning system that seeks to understand individuals' needs and tailor services accordingly.

In order for information to effectively support this system, the way it is collected, analysed, and used needs to significantly change. For example, maltreatment data is one of the most critical pieces of information collected, but currently is highly unreliable. Data from a recent exploratory study suggests that the rates of abuse in care have been under-reported due to the underlying quality of recording of findings and the methodology used.⁸⁴

Both capacity and capability will need to be developed. Data governance will need to be established, invested in and led from the highest level of the organisation. There will need to be adequate resourcing to establish and maintain a solid data foundation that is documented, and built upon sound, agreed business rules.

Figure 18: Key Shifts in Information



The right data collected in the right way

The future system should capture data regarding needs, risk factors and outcomes of vulnerable children and families, at an individual and cohort level. This would allow sector staff to see a single, consolidated view of a child's needs across the sector and make decisions regarding when, and what type of, support is required. Capturing this information from the first point of contact would also

⁸⁴ Following the release of the Interim Report, Insights MSD and the Office of the Chief Social Worker were commissioned to undertake an exploratory study to determine the level of error in recording of abuse in care.

enable services to be provided early to minimise the need for further State intervention, supporting the investment approach.

The system will also gather, record and report the voices and experiences of its customers and participants through mechanisms suited to each audience. This data and information will enable service design and policy to be informed by the needs and views of children and young people, as well as wider participants of the system, enabling the system to take a child-centred approach.

Further, the future system will capture a higher quality of case management and administrative data which follows the journey of the child and their family across the sector. Front-line staff will be equipped with tools and training to easily capture high quality data and information during their interactions. This will inform staff evaluation of their practice, supporting them to identify opportunities for improvement and uphold the principles of the Professional Practice Framework.

Effective governance, quality control and management of data

Quality data requires a strong foundation that includes investment in, and prioritisation of, data governance, quality control and business rules. Data governance will be led from a senior level of the organisation and a data analytics function would be established with responsibility for all data.

Data quality will be ensured through quality control and assurance processes that will be inbuilt from data capture to the translation of data into insights. These quality controls will extend to organisations outside of the future department, such as strategic partners, to ensure quality data will be gathered from all sources the child and their family interact with.

The future system will create and uphold clear guidelines and protocols regarding the safe capture and storage of data. This will include when consent needs to be obtained, when data can be shared and who can view data. This will enable professionals to respect the privacy of individuals, while also providing for the safety and well-being of children and their families.

Data that is easy to access and informs decision-making

For data to inform decision-making it must be translated into insights (e.g. key indicators, reports, evidence, predictions). These insights must be easily accessible to all decision-makers, whether they are senior managers, front-line staff or caregivers. The future system, through the use of data analytics, will have robust processes and the capacity and capability to analyse data, translate it to insights and, with the help of the new technology platform, deliver these insights to decision-makers.

Insights allow effective targeting of interventions and services and to create feedback loops that ensure continual improvement of service design and delivery. In this way, data will form the backbone of a new evidence-based, learning system focused on continual improvement of the services to meet the needs of vulnerable children and their families.

Children and families will be able to access and contribute to their own story in a way that makes sense to them. Strategic and managerial decision-makers will be able to see how the system is performing at an aggregate level, including how well it meets the needs of children, young people

and families. They will be able to use this information to make decisions aligning resources with need – essential to the development and maintenance of a system that learns, adapts and evolves.

The public and government will be informed by key performance measures that are meaningful and aligned to the purpose of the system. These measures will provide accountability and transparency across the system and give confidence that the system is achieving positive outcomes for children, young people and their families.

“ They were going to go to another caregiver, but that fell through, and so CYF just said, ‘well then mum can have you.’ ”

PARENT

This is a significant shift from the current system, as currently administrative data is of variable quality and limited use. Data is currently not collected from children, their families or caregivers regarding their experience of the system. Data that is collected is not linked across or within service lines, nor is reporting child-centred, instead it is focused on accounts of individual events and processes.

Key shifts required

A number of shifts are required to current data and information processes to:

- establish meaningful data governance to ensure data is treated as an asset and given the required leadership and sponsorship at the highest level of the organisation,
- establish and appoint data stewards for key areas of the business. Data stewards will be the bridge between the business and those who store and analyse the data. Data stewards will take a leadership role in the documentation of data, the development of business rules, and reporting,
- establish a data and analytics function, which is adequately resourced and is responsible from the point of data capture through to translation to insights. This will help lead the transition to a learning and evidence-based system,
- data governance across the whole child protection and welfare sector, (e.g. Non-Governmental Organisations, private providers and other government departments). This will include minimum agreed data standards and taxonomies for the whole sector,
- gather data on the voices of the customers, needs and well-being, process and administration. In order to collect this information, new channels and technologies will need to be developed, and
- ensure providers and Non-Governmental Organisations include the requirement to capture data at the client level. This may require providing a technology platform to ensure data quality and consistency, as many providers will not have the resources to invest in the necessary infrastructure.

In addition there are some changes that should begin immediately as they can be carried out independently of the wider transformation process:

- Better use of the data already available to provide information to decision-makers at all levels within CYF. Data reports that front-line practitioners and managerial decision-makers have access to now could be redeveloped so they are child-centred, accurate and useful, including the redevelopment of key performance measures.

- Document current data sets and data structure, and map data from point of capture (CYRAS) through to data sets and reporting, to establish data governance and quality control. Having documented data sets will also widen the pool of analysts who can work with this data.
- Integrate data from other MSD service lines into the reports of CYF for vulnerable children (housing and benefit information). Make this information available to those making critical decisions around child protection and welfare, while considering privacy issues.
- Use the Statistics NZ Integrated Data Infrastructure to track and report on the outcomes for those who have contact with child protection or youth justice.
- Implement stability of care indicators and needs/risk indicators for all children and young people known to CYF.

In the future, data would be invested in, prioritised and protected as a key resource. Significant changes are needed in some critical data capture systems to improve the quality of the data.



Agree that data and evidence is a vital foundation of improved performance for the future department and this will require:

- a. high-level leadership and governance across the organisation to enable better investment in, and prioritisation of evidence and data,
- b. minimum data standards and definitions linked to the practice framework across the wider sector,
- c. collection of robust information on the needs, well-being, experiences and voices of children and their families,
- d. use of linked data across agencies, and
- e. new analytics and evaluation capability that enables evidence-informed strategic and operational decision-making, service design and performance monitoring.

Agree the following information changes should begin immediately and ahead of the wider transformation process:

- a. Better use of the data already available to provide information to decision-makers at all levels within CYF. Data reports that front-line practitioners and managerial decision-makers have access to now could be redeveloped so they are child-centred, accurate and useful, including the redevelopment of key performance measures.
- b. Document current data sets and data structure, and map data from point of capture (CYRAS) through to data sets and reporting, to establish data governance and quality control.
- c. Integrate data from other MSD service lines into the reports of CYF for vulnerable children (housing and benefit information). Make this information available to those making critical decisions around child protection and welfare, while considering privacy issues.
- d. Use the Statistics NZ Integrated Data Infrastructure to track and report on the outcomes for those who have contact with child protection or youth justice.
- e. Implement stability of care indicators and needs/risk indicators for all children and young people known to CYF.

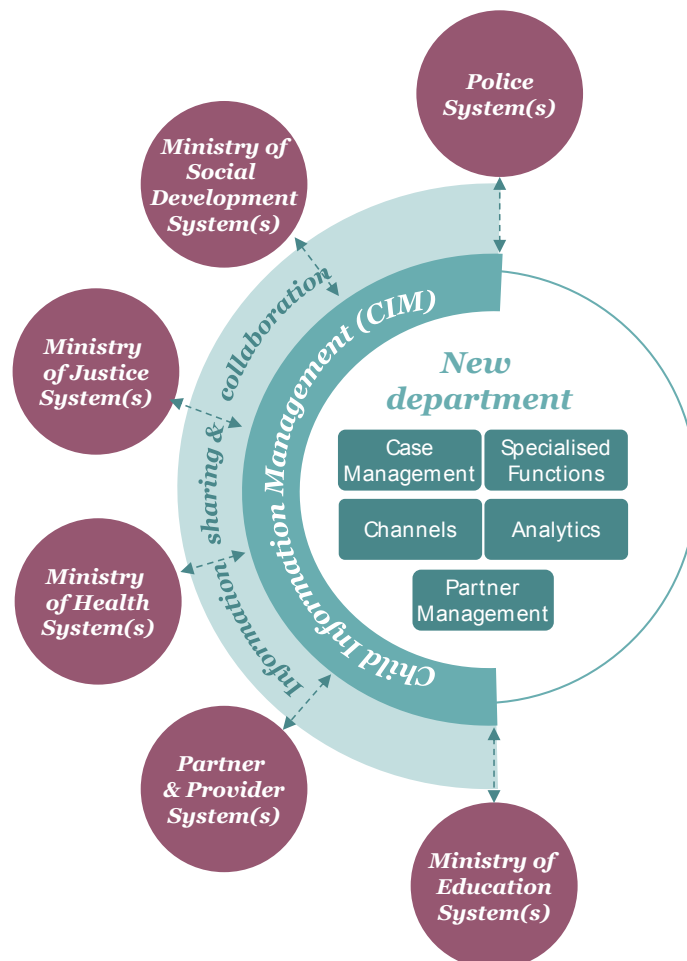
6.6. Technology

Technology applications and infrastructure and the associated communication and delivery channels are key features of the new target operating model. Opportunities exist to modernise the existing technology and channels to better support the new system's objectives.

Technology in the future system

The current Information Communication Technology (ICT) infrastructure within MSD is insufficient in its current form to support the new operating model. The future ICT system will move away from the traditional ideal of a single large ICT system to an ecosystem made up of smaller ICT systems. These systems will be connected and share information with each other and together support the future operating model. The ecosystem will be modular and layered to provide the flexibility to grow and mature with the future operating model.

Figure 19: Future Technology Approach



A key function of the technology ecosystem will be connecting and sharing information between different agencies and NGO and partner systems. An integration layer (called Child Information Management) will help this; it will be light-weight and only contain the minimal viable data needed to make it successful, such as the child's personal details, case identifier, and basic case information.

It will also help to minimise the impact on other organisations' systems and allow it to evolve over time.

Key components of the future technology system will include:

- a case management system that is intuitive for users, can be used on mobile devices, has a single view of a child – including their needs, risks, well-being and outcomes – is accessible at different levels to different participants, provides automation and workflow management, as well as core services, ranging from intake and assessment to outcome reviews,
- multi-device digital channels including phone, web, mobile, and social media that deliver data and services to partners, families, caregivers and young people,
- technologies that support analytical functions used at the front-line, including real-time operational decision-support as well as measurement frameworks to assess what has worked,
- a shift from disparate provider and contract management systems to a sector-wide partner management system,
- a high-trust information-sharing system that is connected across agencies, partners, families and caregivers, brokered by a Child Information Management system, with a consent-based approach,
- an extended architecture with ICT systems that enable partners (NGOs, private organisations) to innovate and build their own systems (such as mobile apps) to use services/data, and
- a modern, intuitive and 'natural' experience that echoes the consumer-market – for example, access via mobile devices, a Facebook-like timeline history of child-events, collaboration and 'chat' tools (such as 'whatsapp').

An effective and robust case management system for the department is critical and will require the replacement of the existing case management system CYRAS, which lacks many of the necessary features:

- CYRAS does not enable information-sharing with external agencies and providers,
- CYRAS is narrow in scope and does not cover sector-wide social service practice that ranges from prevention through to transition,
- the user interface of CYRAS is not modern, intuitive and easy to use: consequently, it does not naturally enable accurate and easy capture of data,
- much of the information captured in CYRAS is unstructured (free format notes-based) which makes it more difficult to obtain the insights to support an evidenced-based approach, and
- CYRAS is not currently mobile enabled – meaning it cannot be used by mobile case workers.

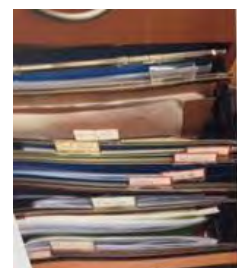
CYRAS architecture is based on a 'client-server' approach that is now very dated, and there has been limited success in modernising it for mobile workers. The system has been enhanced over the years but while the technology platform is modern, (Java, Oracle), insufficient investment has meant the system is unable to be adapted easily to meet future requirements without a significant and risky transformation process.

Any modification of CYRAS to support the new practice framework and operating model will require significant capital investment and time, and continuous intensive maintenance and capital. Even with that, it is unlikely to meet medium to long term requirements. Incremental enhancements will

not be sufficient to meet the transformation envisaged in the new operating model, and will require an extended delivery timeline.

The technology industry has moved towards custom off-the-shelf products. Specialist child care and protection software has evolved from other jurisdictions – such as the US, Canada, UK and Australia – that would allow us to incorporate the experience from these areas.

We recommend the replacement of CYRAS with a system that is child-centric, modern, highly usable, that provides the right level of automation, and supports an evidence-based approach. We propose a custom off-the-shelf approach that will meet the future operating model requirements with the best balance between on-going cost, risk minimisation and delivery speed. Case information currently housed in CYRAS will not be lost but will be migrated across to the new system so all the life history of the children and young people is retained. Detailed design, a sound procurement strategy and detailed implementation planning will be needed to ensure this new case management system can be successfully delivered.



“What makes being a social worker hard—paperwork.”

SOCIAL WORKER

A new system would:

- enable cases to be worked on collaboratively by professionals and social workers, and to be accessed by children, parents, and caregivers,
- provide front-line staff with the tools they need to speed up administrative tasks and allow them to focus on improving children’s lives,
- enable information-sharing that supports collaborative cases and timely decision-making informed by evidence,
- improve data quality, enabling the effective capture of needs, risks, well-being and results to inform an evidence-based system,
- enable better matching of service providers to children, families, and caregivers’ needs, and to partner in a more effective way,
- provide tools that aid collaboration between children, young persons and their caregivers, and across communities, professional networks, agencies, and Non-Governmental Organisations,
- enable nationwide consistency and co-ordination, through a single set of service delivery support tools, and
- allow parts or functions of the system to be retired or replaced in the future, as technologies evolve and business needs change. It would also allow for an agile and flexible IT system that supports service delivery trials or innovations.

The Vulnerable Kids Information (ViKI) system deployed by the Children’s Action Plan (CAP) provides a collaborative platform for inter-agency working. It uses cloud-based Client Relationship Management (CRM) technology. It does not, however, provide deep case management functions. The options are to either integrate ViKI into the technology ecosystem or to replace it with the new case management system. We recommend that we subsume ViKI into the new technology ecosystem. This will include leveraging the new functions such as case and partnership management systems.

An improved system-wide set of technologies will also enable a better and broader range of communication and service delivery channels.

Communication channels in the future system

Having easily accessible and effective channels of communication for those who engage with and participate in the system is essential to ensure information flows between people in a timely and accurate fashion. This includes channels for customers – such as children, young people and their families – to engage with professionals and the future department, as well as channels for those in the wider system to communicate with one another.

Children, young people and their families need to be able to easily access information and support when they are engaged with the system.

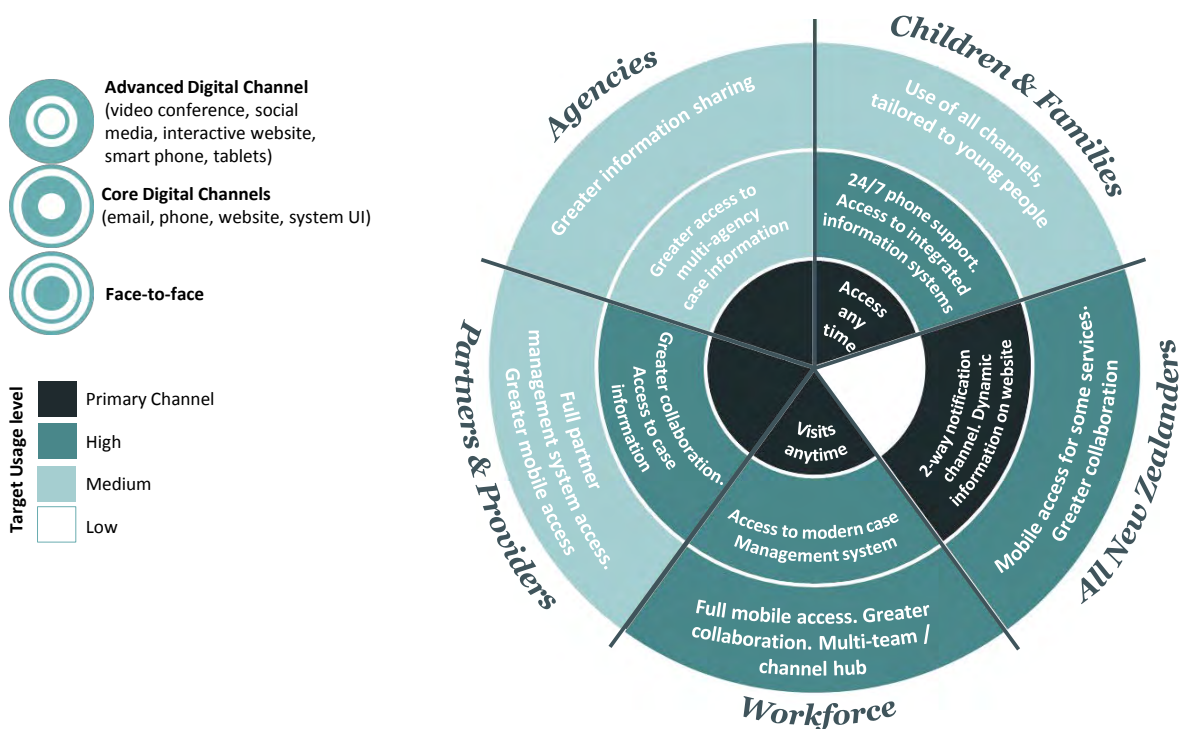
Strategic partnering also requires effective communication channels that will enable information to be shared about children, young people and their families, and for service partners to efficiently share information with the department.

In the future, **face-to-face** will remain a primary service delivery channel for children, young people, parents, and caregivers. This is crucial to building a system that prioritises personal interactions and a deep understanding of individuals' needs.

Hours of service will be extended outside the current 9am-5pm provision to give easier access to the department and to provide the support vulnerable children and families need.

The range and effectiveness of communication and service channels in future will be improved to support all of the participants of the system. The strategy is summarised in the following diagram.

Figure 20: Future Channel Shifts



Digital channels (online, mobile, social media) will be enhanced to include mobile and social tools. Every digital channel will be easier to use and have better content, as well as being accessible to different languages, ages, and cultures. Digital channels will be promoted as an important part of communication with the department for 24/7 access, ease of use and better efficiency. All digital channels will be backed by appropriate controls, so that those providing information have confidence that the information is secure and confidentiality is maintained.

Online, all those who support a child will be able to view the information about the child and their own interactions with them, and at certain points be able to input information. Those making notifications or referrals will be able to access information and decision-making tools. Front-line staff from other agencies will be able to refer via system-to-system integration. For example, from the patient management system to the future department's case management system. Information regarding the services and supports offered across the system will continue to be available online, but with better usability and access.

Front-line staff working offsite will be better supported by mobile devices, such as smart phones and tablets, complemented by electronic forms, all of which will allow them to access and capture information in a highly usable and effective way while away from the office. This will reduce transaction and administration time and allow staff to spend more time working directly with vulnerable children and their families.

As noted, mobile devices and secure social media platforms will be used to connect with children and young people in a way that they can easily access and relate to. These channels will be child-friendly and will allow children and young people to voice their experiences and contribute to their 'story', for example via features such as a 'digital lifebook', a multi-media digital record of a child's history that can stay with the child, despite physical movements they may experience.

Direct communications (telephone, email) will be used for emergency contact and case management between face-to-face meetings. Telephone will be prioritised as the main channel for emergency contact with the department.

Other agency teams could be co-located and will use a variety of channels such as phone, video conference and online services. They will also offer face-to-face meetings in an office environment that is child and family-friendly in its design and furnishings. The voices of children, families and wider stakeholders will be included in the design process.

This is a significant shift from the current approach to communications, not just in the mix of channels used, but in their quality, usability and accessibility and their prioritisation for different needs.

“ We have had poor service, and if I waited for the department, I wouldn't be getting anything. I went and did everything myself. I went and got counselling for the children. I went and I paid psychologists for [the three children] when they were little. I did all that myself. I think also I have to acknowledge we probably have a little bit more resources than others.”

CAREGIVER

Telephone (via a contact centre) is currently the primary channel for notifications and referrals which is labour intensive and puts a high burden on call staff.

The primary channel for staff to manage cases is an older-style user interface for the CYRAS case tool, which is not user-friendly and causes administration delays. Mobile tablet devices (iPads) and updated case management tools have been trialled but are not widespread across CYF.

The Children's Action Plan “hub” is managed out of a CYF contact centre, is labour-intensive and light on modern technology, instead using spread-sheets and faxes. In the future department CYF's national contact centre and the Hub will be combined and modernised to support more effective communication.



Agree to develop a new technology ecosystem to support the proposed operating model:

- a. replacing the current case-management system CYRAS with a system that is child-centric, modern, highly usable, provides the right level of automation, and supports an evidence-based approach,
- b. subsuming ViKI into the new technology ecosystem,
- c. a new sector-wide partner management system,
- d. a new high-trust information sharing system that is connected across agencies, partners, families and caregivers, brokered by a Child Information Management system, with a consent-based approach, and
- e. an extended architecture that enables partners to innovate and build their own systems (such as mobile apps) to use our services/data.



Agree a channel strategy to support the new operating model providing:

- a. greater mobile access to, and capture of information,
- b. greater access to information for key partners and families, children, young people and caregivers, and
- c. channels that are tailored to the needs of different audiences, taking account of factors such as language and age.

Agree to combine and modernise CYF's contact centre and the Hub.

6.7. Organisation

The drivers of a new system structure

All participants in the system have told us that the current system is complex, difficult to navigate, focuses on the wrong things and does not provide the level of support and services that are needed in a timely way. Children and young people have told us that they feel powerless within the system, that they have little say, that they easily lose connection to their family and culture, and that they do not get the love and care they need.

This cannot continue.

The Panel does not propose organisational and structural change lightly, but we consider it necessary in order to clearly reorient accountabilities, structure and resources around the needs of the child first and foremost.

The proposed future system would:

- place the child at the centre of the design,
- orient itself around the primary objective of establishing stable and loving family relationships for children from the earliest opportunity,
- enable the achievement of long-term outcomes, with a focus on better results for Māori children and young people,
- take a long-term investment approach,
- shift the balance of resources and attention to prevention efforts, supporting families and effective transition support,
- move to much greater engagement of all New Zealanders in the care and protection of children,
- move from direct delivery to strategic partnerships over time, and
- harness a whole network of agencies and participants.

Accountabilities

In the current system, accountability for outcomes is essentially shared and diffused across a number of agencies with no one agency having the overall accountability for what happens for vulnerable children and young people. This can allow individuals to “fall between the cracks” and further increase their vulnerability. It is proposed that in future a single future department would be responsible for ensuring the needs of vulnerable children and young people are met, not just at the point of crisis but from the emergence of early issues or opportunities for support, through to age 21 on a voluntary basis, and to age 25 inclusive.



“What makes me happy.”

MALE, 20

The future department would itself take on the responsibility for making sure children and young people get the services they need from other agencies, rather than families and caregivers having to navigate and negotiate for what they need. A future department would be accountable for ensuring the needs of children are met – this will involve making use of skilled staff and more funding to broker all the necessary services to ensure each child or young person is put at the centre.

This does not mean that the future department will become very large and attempt to directly meet all these needs, but instead it would work with a wide range of strategic partners and build market capability to ensure high quality and timely services and treatment are available. The future department would also be accountable for system leadership.

“When asking other agencies for help and support, like health or education, we constantly get ‘sorry no space, not our role, no vacancies, no answers, we don’t know what to do, so we will close the file’.”

SOCIAL WORKER

Other government agencies and key Crown entities, such as schools and DHBs, will be explicitly accountable for contributing to better outcomes for children and young people and prioritising them for services, including services aimed at prevention and early intervention. For those in care and on youth justice remand or residential orders, there would be an explicit accountability for the State as a whole to operate and act as any ‘good parent’ would do. This accountability is far-reaching and includes providing love, stability and connection through caregiving families – as well as immediate safety and the meeting of physical needs.

All professionals involved would have accountabilities for operating in a child-centred way, including actively seeking the input of children, putting services and funding around the child, using a shared practice framework and sharing information.

While not a formal accountability, all New Zealanders would be encouraged to show concern for, and become involved in, supporting vulnerable children, young people, families and whānau to be safe, connected and to flourish.

Proposed system structure

The proposed system structure would consist of the following main components:

- a stand-alone future department,
- all the existing CYF functions, funding and workforce, as well as MSD's Community Investments Group and the Vulnerable Children's Directorate (including Children's Teams) and the High and Complex Needs Unit,
- the future department would receive a reallocation of funding from Corrections and Work and Income to reflect the increase in the upper age for both care and protection and youth justice,
- the future department would receive a reallocation of funding from Health, Education and Work and Income to enable direct purchasing of services for vulnerable children from these agencies, or other providers if appropriate,
- the entire system, including both the future department and other key agencies, would be supported by a new Social Investment Board to provide an on-going focus on achieving better results for children using an investment approach,
- a new independent advocacy service,
- a new Government Chief Actuary and supporting centre of expertise located in ACC,
- increased resourcing for the OCC to provide independent monitoring and oversight of the statutory services delivered by the department, and
- key agencies in the system would be accountable by law for contributing to better outcomes for vulnerable children and young people.

The future department

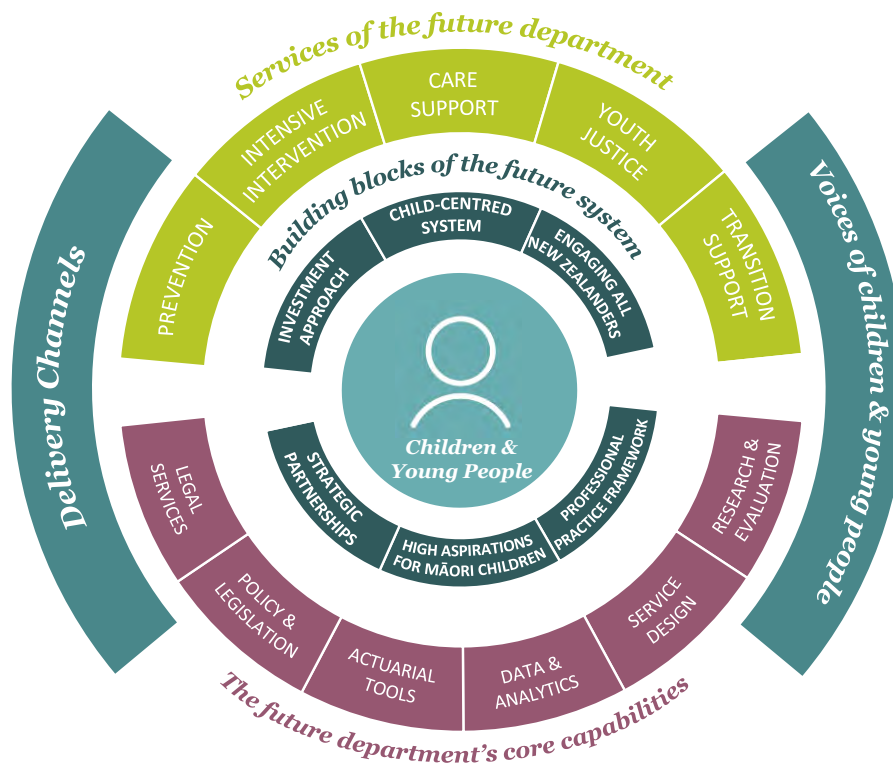
A new stand-alone department would be created with its own senior Minister and Chief Executive. The department would be the single point of accountability for all vulnerable children and young people at risk, up to the age of young adulthood.

This department would have the functions, powers, funding and other mechanisms to ensure it has direct influence on meeting these broader accountabilities. Taking an investment approach will require this department to have a number of unique features, such as multi-year funding approach, multi-category appropriations and other flexible funding mechanisms.

The core service lines of this future department would be:

- prevention,
- intensive intervention,
- care support,
- youth justice, and
- transition support.

Figure 21: The Future Department



The current Vulnerable Children's Directorate, including the Children's Teams, the Hub and ViKI (Vulnerable Kids Information System) from MSD, would become part of the future department. Over time, the role of Children's Teams would evolve from co-ordinators into brokers using strategic partnerships and direct purchase of services. The Vulnerable Children's Board will be replaced by a new Social Investment Board.

The current Community Investment Group of MSD would also transfer as the future department becomes responsible for ensuring service provision, including community-based prevention and recovery services, including the reduction of family violence.

The future department would carry out these functions in a variety of ways using multiple delivery channels, and tailoring these to what is most effective for each type of activity. Increasingly, the future department will use strategic partnerships to provide services. New and expanded services, such as prevention and transition support, will be undertaken primarily by partners from the outset. The department will also have the ability to directly purchase services for children. Across all types of delivery there will be a deliberate move to use more evidence-based services.

The department would continue to provide direct service delivery of some activities, such as statutory support for care but, over time, this may be undertaken with or by partners such as iwi or Māori organisations and NGOs. The department would also have the policy and legislative functions associated with the Children, Young People and their Families Act 1989 and the Vulnerable Children Act 2014 as key practice levers. As now, adoption legislation would continue to be administered by the Ministry of Justice.



Agree to transfer the following functions (and associated staff and resourcing) from MSD and social sector into the future department:

- a. Child, Youth and Family,
- b. Community Investment,
- c. the Children's Action Plan Directorate (including the Children's Teams, the Hub and the Vulnerable Kids Information System),
- d. the High and Complex Needs Unit,
- e. policy, research, evaluation and legislative functions, and data and analytics capability relating to community, family, care and protection, and youth issues, and
- f. CYF-focussed legal, communications, ministerial services and service design.

The department would require in-house specialist capabilities from the start, and these would either be transferred from MSD or be created, including:

- actuarial expertise and tools,
- service design,
- ministerial services and communications,
- capabilities including analysis, monitoring and evaluation, practice development,
- strategic and planning functions such as workforce development, the design and architecture for technology, channels and data governance,
- policy, research, and data and analytics capabilities, and
- legal services.

It would be the business owner for the IT system(s) that capture key client and case management data, both from the department itself as well as its partners and other agencies.

It is proposed that initially administrative and corporate support for the department could be provided by MSD through a service level agreement, including functions such as administration, payroll, IT operations and telecommunications. This would help to minimise transition risks and allow the department to focus on services to children and families/whānau, rather than building corporate services.



Agree that MSD will continue to provide administrative services and support to the future department through a Service Level Agreement for a minimum period of two years.

A new Social Investment Board

The future department and other agencies supporting vulnerable children would be supported by a Social Investment Board. This Board would have a strategic function overseeing the whole system and take a collective and long-term view of outcomes using a cohesive investment approach for vulnerable children. The Board will require robust information, including regular reporting on the impact of the system in reducing future liability.

This Board would replace the Vulnerable Children's Board, and would help remove the current duplication from multiple government decision-making and governance arrangements for vulnerable children. Any consequential impacts on the Social Sector Board should also be considered.

An effective Board requires a mix of skills and knowledge including Māori expertise, expertise in investment/insurance, complex system management and transformation. The Panel recommends that the Board also includes some independent members in order to bring a mix of skills and knowledge. We recommend the membership include:

- an independent Chair,
- three independent members,
- senior representatives from MSD, Health, Education and Police (ideally second tier operational leaders),
- Māori membership with experience in the work of the department and the social sector, with strong iwi and Māori credentials and deep Māori sector experience, and
- the Chief Executive of the future department.



Agree to the establishment of a Social Investment Board, which will replace the Vulnerable Children's Board, and give consideration to any consequential impact on the role of the Social Sector Board.

Agree that the Social Investment Board comprise an independent Chair and independent members, as well as the Chief Executive of the future department, and senior representatives from Health, Education, MSD, and Police (second tier operational leaders).

Agree to appoint Māori membership with experience in the work of the department and the social sector, with strong iwi and Māori leadership credentials and deep Māori sector experience to the Social Investment Board.

Other structural options considered

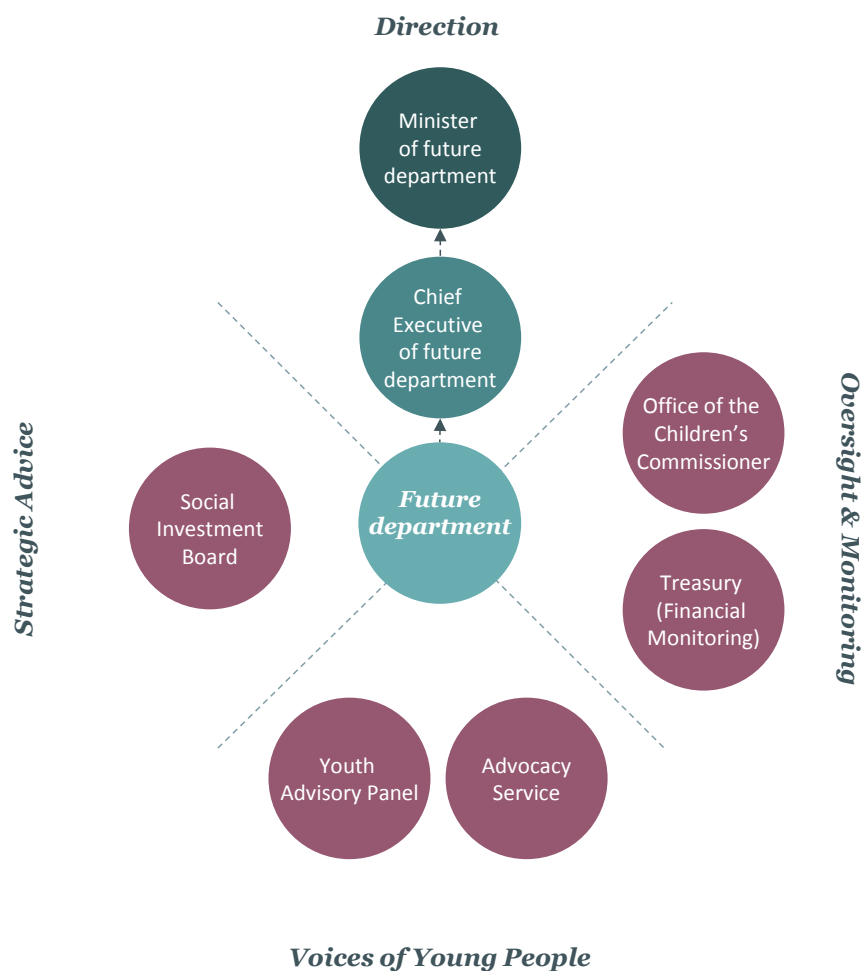
The Panel considered a number of other potential structures but concluded that the proposed structure is the one most likely to enable the achievement of its overall objectives. Given the size and scale of the proposed services, the Panel considered that neither a business unit within a department or a departmental agency would have sufficient mandate, autonomy and authority to support the future operating model. Only a Crown entity or a stand-alone department were considered realistic options. While a Crown entity has the advantages of strong governance provided by an independent Board, it would be at an unhealthy distance from Ministers given the core functions and coercive powers of the department. On balance therefore the Panel proposes the establishment of a stand-alone department. Appendix J has more detail on the other high level structures considered.

Other parts of the system

Under these proposals, both the future department and the wider system would be more closely held to account for improving long-term outcomes for vulnerable children and young people and their families and whānau. Across the system there will be greater transparency and a number of points of support, monitoring and oversight including:

- a Social Investment Board to support the effective operation of the whole system and future department for vulnerable children, including developing the Vulnerable Children's Action Plan (or its replacement),
- an independent advocacy service,
- an on-going role for the OCC in providing oversight and monitoring of the statutory functions of the department,
- financial and performance monitoring by the Treasury,
- a Chief Government Actuary, and
- a Youth Advisory Panel elected by members of the independent advocacy service.

Figure 22: Key Parts of the Proposed System Structure



An independent advocacy service

The Panel proposes the establishment of a new independent advocacy service to provide both system level and individual advocacy for children and young people in care. The purpose would be to help connect, listen, empower and advocate for children and young people in the care system. This would become a permanent feature of the new system with sustainable core funding provided by government. This advocacy service will need strong input from Māori children and young people.

This advocacy service is currently being designed collaboratively using a strategic partnership between government and philanthropy and will be jointly funded, with the philanthropic sector already having committed \$150,000 to finalise the design of the service. The key features of the new model are expected to be:

- services delivered via an NGO, funded by government and augmented by the philanthropic sector,
- a peer network and events for children and young people, using the collective voice of young people as advisors (e.g. running leadership development programmes), and
- use of digital technology to help achieve these objectives.

In addition to the establishment of an independent advocacy service, The Panel also proposes that the department and Minister establish a range of other processes to ensure that the voices and views of system participants can be more clearly expressed and have more influence including:

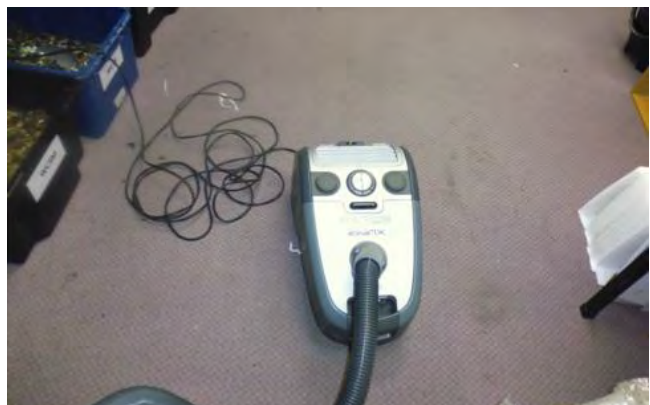
- a permanent Youth Advisory Panel,
- child-centred service design capability in the future department, and
- a stronger and more influential complaints process for all system participants (including children and young people, families and whānau, caregivers and delivery partners).

Independent oversight and monitoring

A level of oversight and monitoring of CYF, children in care and residences is currently exercised by the OCC. The Panel proposes to strengthen this role by providing additional resources for the OCC.

Currently under section 13 of the Children's Commissioner Act 2003, the OCC has a statutory role to:

- monitor and assess the policies and practices of CYF in relation to the CYP&F Act,
- investigate CYF's actions, decisions and recommendations in respect of children under the CYP&F Act,
- encourage the development of policies and services to promote the welfare of children and young people,
- advise the Minister on any matter relating to the administration of the CYP&F Act, and



“What makes me happy—I now understand why I need to keep my house tidy for my children.”

PARENT

- keep under review and make recommendations on the working of the CYP&F Act itself.

The Office is also a designated National Preventative Mechanism⁸⁵ and, as such, has a mandate to monitor all care and protection and youth justice residences whether these are operated directly by CYF or provided by other organisations.

The Panel proposes that the OCC role and functions remain unchanged and that the Office continue to monitor and provide independent reporting on the performance of the statutory functions delivered by the future department.

However in future, the OCC would also:

- monitor the system and processes for establishing caregiving placements and care services managed or provided under CYP&F Act by other organisations, including section 396 providers,
- monitor the quality of the recruitment, assessment, approval, training and support for in-family kin and non-kin caregivers,
- access data and information which would inform its role, from any organisation it has authority to monitor or review (noting the potential privacy and consent requirements in relation to any individual's identifiable information),
- provide regular reporting to Government, and
- regularly publish reports of findings to support transparency and public trust and confidence.

The Panel also considered other options such as establishing a new inspectorate or organisation but concluded that increasing the resourcing of the OCC would provide for a faster and smoother transition.

The new advocacy service and the OCC are envisaged as having distinct but complementary and parallel roles, working closely together and supporting each other's work.



Agree that the OCC continues to provide oversight and monitoring of the statutory functions of the future department, and agree to review the resourcing of the OCC in light of the recommended changes to the care support service.

Government Chief Actuary

Investment approaches are being applied in parts of the social sector to support the Government's social investment approach, and are at various stages of development and implementation. These include the use of a valuation in the investment approaches to welfare and social housing at MSD, and the exploration of a possible investment approach in the justice sector.

⁸⁵ Under the Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 2002.

There is currently some collaboration across key agencies to provide professional leadership and oversight, for example, ACC's chief actuary currently provides professional leadership for actuaries in MSD. However, the current approach has a number of risks including misaligned valuations meaning that key opportunities could be missed, such as the identification of at-risk populations.

Achieving a complete view of vulnerable children requires all of their interactions with government to be managed and prioritised, so that services are targeted at the greatest need and opportunity to improve the lives of vulnerable children.

Stronger leadership and management of actuarial expertise can support a social investment approach and more integrated service delivery. We propose establishing the new role of Chief Government Actuary to provide functional leadership for the actuarial profession. The initial focus of this role would be to consolidate actuarial leadership and expertise. The Chief Government Actuary would also set common standards and methods, and centralise procurement (including through all of government contracts), and lead workforce development for the actuarial profession in the public service. This would be similar to public service functional leadership roles that have been recently established for ICT, procurement and property management.⁸⁶

This would have the following benefits:

- developing **consistent and coherent models** so that the social investment approaches can be combined to build a more comprehensive view of vulnerable children,
- making **best use of scarce actuarially-trained resources**, through the management and consolidation of actuarial capability and leadership across agencies,
- ensuring **timely actuarial input**, through a social investment approach, to avoid slowing the development and implementation of new initiatives,
- delivering **better value for money** by ensuring actuarial resources are deployed to best effect across government, and through the creation of a more demanding consumer for actuarial consultancy support, and
- influencing the provision of **more consistent and insightful data and analytics** to guide the management, design, delivery and evaluation of social services for vulnerable children.

The functional leadership role will be supported by a **centre of expertise**. This would comprise a team of actuaries (and other disciplines, as required). This will require the development of principles and standards, consistent models, data and approaches to capture on-going costs and outcomes across the social sector. The centre would also maintain a view of the investment approach as it is implemented across state services, and work with others to help make the link between the insights



“What makes me happy—providing for the children.”

CAREGIVER

⁸⁶ State Services Commission. (2014). *Strengthening Functional Leadership – increasing value and reducing the costs of government business functions*. Retrieved from <https://www.ssc.govt.nz/bps-functional-leadership-review>

from the valuation and their operational application and vice versa.

We propose that the Government Chief Actuary role be located in ACC, reporting to the Chief Executive. This proposed location recognises the existing actuarial capability within ACC, and that an investment approach and use of actuarial tools is a core function for this agency.



Agree to establish the new role of Chief Government Actuary in ACC to provide functional leadership for the actuarial profession in the state sector through the creation of a centre of expertise.

Impacts of structural proposals on existing agencies

A number of units and functions would transfer from MSD to the future department:

- the Child, Youth and Family Group,
- the Community Investments Group,
- the Vulnerable Children's Action Plan functions, including the Directorate, The Hub, ViKI and Children's Teams,
- the community, family, care and protection, youth policy, research and evaluation and legislative teams, and
- staff or funding for a number of specialist capabilities, such as legal services, data analytics, ministerial services and communications.

These changes will have significant impacts on the functions and size of the existing MSD. There will also be impacts on those teams and staff transferring to the department. The aim of the transition process would be to minimise impacts on staff so they can continue to provide services, through "lifting and shifting" whole teams as much as possible. This approach would apply across both policy and specialist functions, and for the current CYF, Community Investment and Vulnerable Children's Directorate groups. There may well be changes to management structures in the short to medium term. For most staff, the first changes are likely to involve changes to practice and ways of working and the availability of improved operating systems.

There would also be a number of impacts on other agencies:

- Other existing social sector agencies, such as the Ministries of Health and Education, would continue to be accountable for the provision of universal services, but would have enhanced responsibilities for ensuring access and targeted service delivery to vulnerable children and young people. A portion of their current funding would also be transferred to the new future department to allow for the direct purchase of services for vulnerable children.
- Specialist delivery services such as the Special Education Service, Disability Support Services and the Child and Adolescent Mental Health Service would continue to be managed as they are currently.
- The OCC may have its resourcing increased in light of the recommended changes to the care support service.
- The NZ Police would continue to have the responsibility for apprehending children and young people who offend and for making the early decisions on next steps for these

children. In future, the Police would work more closely with the department on early intervention services provided to children who offend.

- The Department of Corrections would have operational and funding changes as a result of the youth justice proposals including the rise of the youth justice age to 18.
- The Ministry of Justice would jointly provide policy advice on youth justice with the future department, and would continue to administer adoption legislation.
- The Chief Government Actuary and centre of expertise in ACC would provide leadership and oversight of investment approaches across the social sector.

6.8. People

The people layer of the proposed target operating model has three major components, each of which is described in more detail below:

- organisational culture,
- leadership, and
- workforce.

Organisational culture

Fundamental to the success of the new operating model is the culture change required – both within the department itself, but also across the network of agencies that provide services in this area. In the Interim Report, the Panel noted that the current organisational culture of CYF appeared to be defensive and risk averse. The Interim Report also highlighted that the dominant focus of CYF was on the immediate protection of the child, rather than taking a long-term view of outcomes for the child.

There was almost universal acknowledgement from people we spoke with about the fragmented nature of services and a seeming inability for key agencies to co-operate. A wide range of people pointed to a culture of “patch protection”, characterised by restricting services to “core business”.

CYF staff spoke of a culture that valued organisational requirements, such as key performance indicators (KPIs) and administrative tasks, over child-centred practice. Staff believed that meeting their KPIs was more important to the leadership of the organisation than the quality of their work with children and families. This meant that social workers spent considerably more time “at the computer” than with families and children. Staff also suggested that KPIs measured the wrong things and were a poor indicator of the experience that children and families had. This view was supported by children and families – which showed the actual experience is well below what is expected.

Staff described the challenges of working in a role that often had high levels of uncertainty and risk as well as public and political scrutiny. They felt that leadership had an unrelenting focus on managing organisational risk, had become too risk averse, and encouraged conservative decisions that were not always right. Social workers spoke of the anxiety of feeling they would not be backed by the organisation if something went wrong. These feelings can lead to a culture that is strongly orientated on “protecting the child”. This can be at the expense of being focused on understanding the child’s experience and the long-term outcomes that they aspire to.

The key expression of organisational culture is ultimately the experience of those who use the service. Parents and caregivers described CYF as reactive, unnecessarily adversarial and lacking empathy. They described an atmosphere where relationships between key people around the child were not nurtured and parents and whānau and caregivers were not encouraged to contribute as fully as they could. Young people felt that adults working with them could be insensitive to their needs with little interest in understanding their experience. It

“ At times it gives me great pride... at times it gives me great shame. You just don't want to be part of an organisation making decisions that you feel are not child focused. They're bureaucratic focused, not thinking about that individual child and what's best for them. We just can't understand the decisions sometimes.”

SOCIAL WORKER

was confronting to hear young people, caregivers and parents relay examples of staff unwittingly behaving in ways that re-traumatised children and young people.

The future department should have a culture where:

- there are high aspirations for all children and young people,
- children are valued, respected and there is a commitment to supporting them in realising their potential,
- the need for children to have a stable, loving family is central to decisions and actions,
- strong relationships between children and the people important to them are valued,
- success is measured against children's well-being, outcomes and how they experience their childhood,
- children and young people are encouraged and supported to participate in decisions and to be heard,
- staff are empowered and supported to exercise professional judgment within a practice framework,
- there is an understanding that working with vulnerable children is complex and has an inherent level of uncertainty, and
- the need to protect children and young people is appropriately balanced with the need to give them as normal life as possible and support them to have a reasonable level of autonomy.

Staff expressed a strong desire to make a difference in the lives of vulnerable children and families; many reflected on their own childhood experiences and the role these played in influencing their desire to 'give back' to the local community.

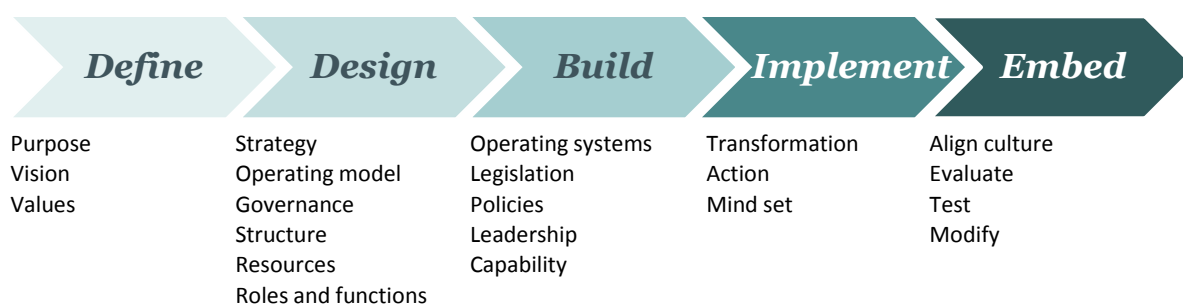
“ I have always had this kind of thing for people. Growing up in... [a rough] community... wasn't the greatest. We had very little, like everyone around us. I wanted to give back to my community somehow, and this was one of the ways I knew how. The majority of the young people coming though were all the sons, daughters, nieces and nephews of all the fellas that I grew up with. ”

SOCIAL WORKER

The Workload and Casework Review supported these observations, with the review noting from its interviews with more than 500 CYF staff *“...it was clear that front-line practitioners and managers were very committed to the organisation and its mission in protecting and supporting the most vulnerable children and young people. Many staff worked more than their contracted hours and had a genuine commitment to the organisation and its goal to improve the well-being of vulnerable children...”*⁸⁷

Values are at the heart of an organisation's culture. It is imperative that the future department establish a set of values that reflect its vision of supporting vulnerable children. Defining these core organisational values and vision, and identifying the behaviours needed to translate these into concrete shifts in practice, will be a critical first step in the transformational change programme.

⁸⁷ Office of the Chief Social Worker. (2014). *Workload and Casework Review: Qualitative Review of Social Worker Caseload, Casework and Workload Management*. Wellington: Ministry of Social Development, 106-107.

Figure 23: Key Components of Organisational Culture Change

In designing new operating systems, key elements need to be aligned to the behaviour that the cultural change requires. Part of achieving the required culture shift is the involvement of front-line staff in the design process so there is a sense of ownership and connectedness, as well as an on-going role for young people and families in defining and assessing organisational culture.

Leadership

Leadership needs to be aligned with the values, vision and objectives of both the future department and across the wider system. It is well understood that leadership plays an extremely important role in organisational culture and driving transformational change. It is envisaged that staff across all levels will play a leadership role in providing support for vulnerable children, whether nationally, within their community or their profession. To achieve the level of transformation sought, it will be essential that leaders across the system set the direction of change by championing the vision for vulnerable children and aligning their own behaviour to the values. There is also a key role for leaders in holding people to account when behaviour does not fit with the organisational values.

Staff emphasised the role of leadership in supporting them in an ambiguous and uncertain environment, particularly in times of crisis or when something has gone wrong, potentially with a tragic outcome. Leadership at all levels needs to understand that, even with the best expertise, tools and professional judgement, there are times when the outcome for the child or young person is not a positive one. When this happens, staff asked that leaders treat this as an opportunity to understand the complexities and then respond in a considered way, rather than immediately allocating guilt or blame.

Staff and a range of others talked about the difficulty that agencies had in working collaboratively in the interests of the child. Parents and caregivers also pointed to the system being unnecessarily adversarial. Leadership within the organisation will need to encourage a climate where the people supporting the critical relationships for the child are able to make a full contribution irrespective of their circumstances. Leadership should also recognise the unique and valuable contribution that individual children and young people make, and create legitimate opportunities for them to be involved in how services develop in the future.

Staff expressed the hope that the organisation itself would have the mandate to lead, not from legislation but from its reputation as a credible, capable agency that enjoys the confidence of all New Zealanders.

To support the new operating model, major shifts will also be needed to the practice approach, professional skills, functions and tools, structures, and resources of the workforce.

Future department front-line workforce

Social workers

Social workers will continue to make up the bulk of the front-line professional workforce in the future department. However, what social workers do and how they do it will change considerably, and this will require a strengthening and broadening of existing skills and capabilities. In addition to building exceptional relationships, carrying out comprehensive assessments and mediating conversations about how best to respond to children's needs, the future operating model will require practitioners to increasingly broker services to meet those needs, and use a greater range of data and information to inform professional judgements and decisions. Future practice will require greater use of multi-disciplinary teams, and greater participation of children, families and caregivers in decision-making. Caregivers will receive a much greater level of trust and recognition to support and empower them to meet children's needs and provide loving, stable relationships for the children in their care.

To ensure the department can respond to the often complex and varied needs of children, the future operating model will provide front-line staff with more opportunity to develop areas of particular expertise, such as traditional Child Protection Protocol⁸⁸ work, care support, adoption, youth justice, or transition support.

Other professionals

The departmental workforce will be made up of a greater range of specialist professional skills, with an increase in access to child clinical psychologists, youth workers, psychotherapists and counsellors. These professionals will provide the range of skills and approaches needed to support a child-centred responsive service which has the ability to attend to trauma recovery, develop future resilience skills, and work with family systems to support stable loving families. The workforce will also be accomplished in recognising criminogenic factors that relate to children and young people who offend and have the skills to deliver evidenced-based approaches to address these.

Residential front-line workers

Like the wider workforce, workers in residential settings will focus on results, building strong collaborative relationships and using data and information to inform their decisions. These staff will be working in a therapeutic environment, which will require a new set of skills and approaches for working with young people. The nature of residential care means that these staff are already used to working in close teams and with a wider range of professionals. Nonetheless, these skills would need to be further developed over time.

“I guess for me it's just internally with my colleagues [that I get support]. I have got one colleague in particular... We will often sit and talk. It's not unusual to cry. I never did that before I started this job.”

SOCIAL WORKER

⁸⁸ Refer: Child, Youth and Family. (2013). *Child Protection Protocol between New Zealand Police and Child, Youth and Family*.

In other respects, the challenges are greater for the current residence-based workforce in becoming fit for the future. Increasing levels of complexity in the needs of children and young people highlights the importance of professional qualifications and the need for exceptional induction, on-going training, quality professional supervision and a residential work environment that is best equipped to provide safe care and detention when necessary.

Front-line worker competencies

Whether members of staff are working in the community or in residential settings, new and enhanced skills, competencies and knowledge will be required. Everyone at the front-line will need to have a strong understanding of, and be skilled in implementing, the practice framework – including using the models and tools of trauma-informed practice and of child development. Other generic competencies will be needed to support people to work in new ways, and to exercise increased professional judgment as part of multi-disciplinary teams.

The department's workforce will require the skills and confidence to engage effectively with a diverse range of cultures, working with communities to support families to provide loving stable care that strengthens children's sense of connection, belonging and identity.

Finding new ways of working at the front-line

These new ways of working and the related shifts in mind-set and culture will not happen without attention to make them happen. Every part of the future department's operating model will need to be aligned to support these approaches and make them a reality. The Practice Framework is one of the critical support structures for the future front-line, providing a common language, theory-base and approach upon which everyone can build their professional relationships and collaborative efforts.

“ We don't have many Tongan speaking social workers. [Because I speak Tongan], there is so much pressure on me to do extra things on top of my work [and] to go and assist things. ”

SOCIAL WORKER

Providing a fully developed, structured and compulsory internship programme for any new front-line staff is also vital to support working in the collaborative ways described.

Effective induction for new staff will be even more important than now and will require additional support. To embed these new ways of working, all new staff should be given a structured programme of support for up to two years (for a new graduate). That would include additional supervision (both management and professional), a reduced case-load, and a high expectation of continuing training and professional development.

The other important factor is time. Front-line workers need enough meaningful opportunities to ensure they can spend time engaging with families and whānau, and connecting with the communities they are working in. Exercising professional judgment requires practitioners to seek information, advice and support on specific issues or concerns about children. They need the time to

“ So when my boy smashes windows... it's like where do you go with it? There is no support... After four call outs, the Police didn't even tell CYF, even after I said who it was.... So I contacted all the agencies myself and said 'we have a problem'... This is out of control, what am I meant to do? You're not giving me therapy, you're not giving us guidance on how to do behaviour management, like, we just don't know what else to do. ”

CAREGIVER

undertake comprehensive assessments, consider options and broker solutions. This time is part of the investment made up-front to achieve better outcomes for children and young people.

Professional supervision

Effective professional supervision is critical to supporting effective professional practice. Professional supervision is currently inconsistent and often focused towards management supervision. Professional supervision should be regularly sought by all front-line professional staff, and of a frequency and quality to effectively support staff in mitigating risk and meeting the needs of children and young people. In the new system, unlike the current system, supervision will be an acknowledged and well-resourced priority activity. Acknowledging the multi-disciplinary team approach and the different degrees of generalisation and specialisation in the department, different types of supervision may be required including peer supervision, group supervision, cultural supervision and 1:1 professional supervision.

Changing the workforce

It is clear that the size of the workforce will need to change to meet the realities of the future model and to ensure it can be delivered. This is due to:

- a wider definition of vulnerability, providing an intensive intervention service, and raising the age of leaving care and youth justice, will immediately create a larger client base, at least in the short to medium term,
- investment in prevention will require a brokering workforce to be established, and
- undertaking comprehensive assessments and working in a collaborative way, in multi-disciplinary teams and across agencies can be more time intensive.

What this looks like will need to be developed in conjunction with the detailed design of the future department's organisational and operational models, and it is much more nuanced than "we need smaller caseloads, therefore we need more staff". In future, there would be more than a single "standard" caseload. Caseloads would differ depending on the nature of the work, the degree of specialisation and factors such as time needed to work with different teams.

In the short term, the workforce size will need to take into account the fact that it takes people time to learn and become proficient with new ways of working, new tools and new technologies, so they will not be as productive initially. However, as the new tools, systems and technology supports come on line, many administrative, reporting, and data recording activities will be significantly streamlined. For these reasons, the size and composition of the future department's workforce will need to be a carefully planned and managed.

Not all of the future workers will be located in the department. Some functions and some professional interventions will be provided by other agencies and organisations either commissioned or as part of their statutory responsibilities. For example, a Non-Governmental Organisation may be commissioned to provide advocacy services for children and young people, or to support families as young people transition out of care services. Contributions to targeted prevention activities may be purchased from a number of government agencies, including Education and Health. It is unclear if this wider system workforce capability already exists and can be easily redeployed, but we expect that it is likely it will also need substantial development.

Hours of Service

The future operating model will be more flexible and responsive to meet the needs of children and family/whānau outside standard 9am-5pm business hours. The department will also need to continue to operate a safe and effective after-hours emergency service.

Creating a learning system for continuous improvement

As we build our evidence base about what works, hear the voices of the system participants, analyse data, including long term liabilities, the service response and workforce capability will continue to grow. A mind-set of continuous improvement and creating a learning system requires a multi-faceted approach across culture, leadership, systems, processes and information. Continuous learning through professional development is expected of every individual, with systems that encourage feedback and trialling new ideas, and a culture which truly encourages and rewards innovation.

Understanding what is and is not working, and feeding those insights back into the system so it can adapt and adjust is key to this learning system. The future department will focus on measuring the achievement and quality of outcomes, rather than the quantity of throughput. Data will be gathered once through streamlined systems and then be available wherever needed for different purposes, from front-line case management information-sharing to whole-of system meta-analysis.

“ We have actually been through about 12 social workers since we have been in CYF. This lady we have got now—she has got family and she knows what we have done and where we are today, and she is just an awesome lady. ”

PARENT

Sector leadership

The future department will be the largest single contributor in the sector. It therefore will have significant influence in the creation of the future system, through both direct and indirect actions. For example, it is expected there will be both capacity and capability gaps in the current workforce, which will require improved workforce planning and change over time. This change would be most effective if it was created in partnership with tertiary education providers, NZQA and professional bodies. As a large scale recruiter of new graduate social workers, the department could look to only employ graduates who have completed a qualification that met certain standards of placements, or knowledge and expertise.

Similarly, the department will be well placed to provide quality practice placements for students, and will benefit from that directly as a learning organisation, indirectly contributing to the learning system for the sector. If the department actively generated professional development opportunities for its own staff and made them accessible to everyone, regardless of their geographic location, then these opportunities could be offered more widely to support others in the sector.

Wider system workforce

Supporting vulnerable children to flourish takes a whole of system approach which will require the willing participation of other government agencies such as Education, Health, Police, other

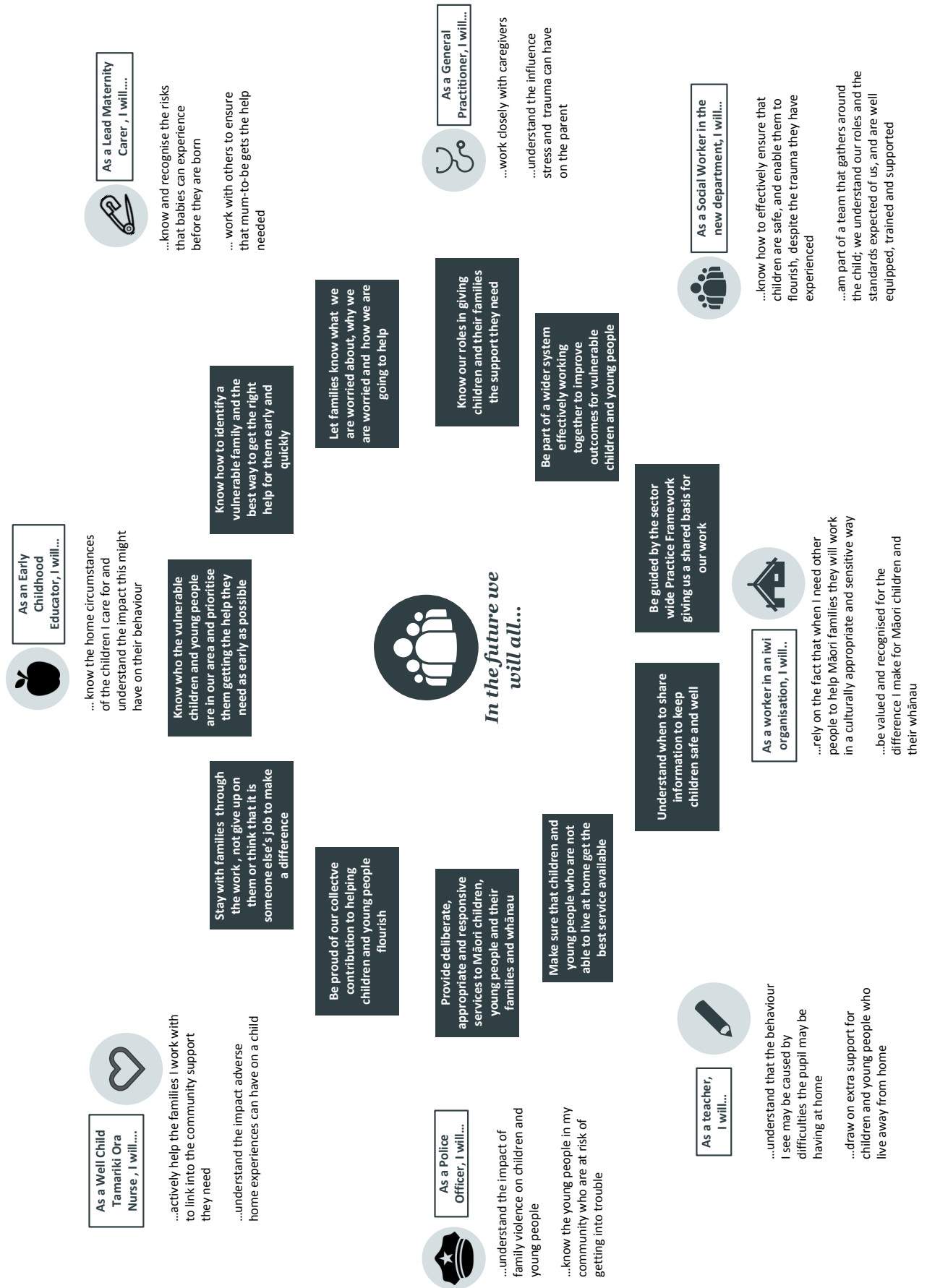
organisations (e.g. Non-Governmental Organisations, schools, iwi) and other professionals (doctors, nurses, teachers, whānau workers) to contribute and be part of the new system.

This means enabling their staff to be part of multi-agency responses and potentially multi-disciplinary teams, with implications for their workloads and their ways of working. It means engaging with and using the agreed Professional Practice Framework so everyone is providing a consistent, cohesive response to vulnerable children, young people and their families. The work already done by the Vulnerable Children's Directorate to develop a set of common workforce core competencies will be built on.⁸⁹

In the new system, all those working with vulnerable children will share a common purpose. This is shown in the following diagram.

⁸⁹ Children's Action Plan Directorate. (2015). *Children's Workforce Core Competencies – Draft Framework* (Version 0.70, October). Wellington: Children's Action Plan.

Figure 24: Future Professionals' Experience





Agree that the key people shifts associated with the new operating model are:

- a. new knowledge, competencies and skill requirements for social workers associated with the move towards multi-disciplinary, trauma-informed and evidence-based practice that builds children's sense of belonging and identity, and recognises criminogenic factors and drivers of offending behaviour,
- b. a greater range of specialist professional skills with an increase in access to child clinical psychologists, youth workers, psychotherapists and counsellors,
- c. up-skilling the residence-based workforce to meet the complex needs of children in residences,
- d. provision of consistent access to appropriate professional supervision,
- e. implementation of a structured and compulsory internship programme and re-design of induction processes,
- f. increasing the standard hours of service for the future department to enable it to be more responsive to the needs of children, whānau, victims and other participants, and
- g. new leadership and management skills, including leading innovation, problem solving, organisational agility, strategic partnering, brokering and direct purchasing.

6.9. Property

CYF currently holds a substantial property portfolio, owning 80 group homes and nine secure residences. They also deliver services from 71 offices, most of which are leased. These can be further broken down into:

- 61 front-line service delivery site offices,
- five evidential interview units, and
- five regional offices.

Such a substantial property portfolio requires considerable management as the on-going maintenance and compliance demands are considerable, especially for the family homes and residences. This makes it difficult to adapt to changes in demand and the future property portfolio will need to have greater flexibility.

The future property portfolio should be:

- **effective** – so the locations from which services are delivered are suitable and serve the needs of the people who use them, including being child-friendly,
- **flexible** – so the property portfolio can adapt to future demands. This will principally be achieved through strategic partnering where property is leased rather than owned,
- **efficient** – so that the property portfolio represents value for money and takes advantage of advancements in mobile technology, more diverse service channels and co-location with other services. The property portfolio of the future department will be managed by the people who have the expertise to do so, and

- **safe** – so that all locations are safe for children, families and staff using the property.

Site offices

The number and location of offices will need to be considered as part of the detailed business processes and organisational design for the department. There are a number of key opportunities that could be taken advantage of:

- Advancements in technology have created opportunities for staff to be more mobile, which may diminish the need for the amount of office space required.
- Staff see benefits in CYF offices being co-located with other government services, as they believe that strong relationships develop and ultimately benefit people who use the service. The concept of co-location is particularly attractive to people in rural locations where the critical mass of staff is less than in metropolitan locations.

“...when you go to a CYF meeting, they say it's a Family Group Conference, and you all sit around as a family and agree to something. But that's not the case. They say what it is, and you agree to it.”

PARENT

Residences

The residences are facilities for young people that have been placed in the care of CYF for their offending or behaviour that places them or others at risk. All four youth justice residences were built to a customised design standard that was uniformly applied during the 1990-2000s. The atmosphere of the youth justice residences gives little confidence that they provide the right environment for young people to feel safe and begin to address their offending. Changes in the operating model and how these are run will realign them with best practice. The demand for youth justice residences should reduce over time as more effective options for remand take effect.

While the sites of the care and protection residences are appropriate, the buildings are much older and are likely to be costly in terms of future maintenance. Importantly, the nature of the buildings is cold, sterile and intimidating and this environment is potentially damaging to children – research suggests that the ideal environment should be small, homely and ideally placed within the child or young person's community.⁹⁰ In giving children in care an early opportunity to live with a loving family, it is envisaged that the use of care and protection residences as care options will diminish significantly over time. Any group care settings that are required will be in “family-like” settings within local communities.

Family homes

CYF currently owns 80 family homes, and MSD has assessed that most of the CYF family home stock is in good or excellent condition. A typical family home is a purpose-built, single-storey six-bedroom home on a double section. They are located throughout New Zealand and are intended to be used as a short-term (no longer than three months) placement option for children and young people in the care of the Chief Executive. They are normally run by caregivers who have been contracted to care for children in the home.

⁹⁰ Hart, D., La Valle, I., & Holmes, L. (2015). *The place of residential care in the English child welfare system: research report*. University of East London: Department for Education.

The demand requirements of the family homes have changed considerably since they were first built and only some of the stock remains operationally viable. There is a need to reassess the current family home model as essentially it has been unchanged since the 1970's. The model was initially designed for short-term placements of up to three months which contributed to the instability children experienced. Not all of the family homes are located where they are needed and the flexibility that is required in the property portfolio is especially relevant here.

The strategic partnering model means the future department will seek to partner with other organisations to provide services. Ownership and management of the remaining property portfolio is one key opportunity in this regard – noting that the future department will never be an expert in property management, therefore the future management of the property portfolio, or components of it, could transfer to Housing New Zealand Corporation, or another such agency. The department, or its partner agencies, will continue to staff and operate the services within the properties – but on a leasehold basis. This will provide the future department with the flexibility required to meet the changing needs of children and young people in a timely way.



Agree to the development of a new property strategy to support the future operating model, including consideration of the potential to transfer the future management of the property portfolio.

Agree the phased closure of care and protection residences over time and replacement with small, local, evidenced-based group care settings that facilitate the placement of a child or young person into a stable, loving family, supported by appropriate legislative change (for example repeal and replacement of the Residential Care Regulations 1996).

Agree the Transformation Programme review the extent to which the current CYF Family Homes are required in the future, their purpose, and alternative operating models.

7. Policy and Legislation

A significant package of legislative reform will be required to create the foundations for the new operating model. In developing our advice around what reform is needed, we have reviewed previous work on law reform in this area, including that associated with the White Paper for Vulnerable Children and earlier advice around the wholesale updating of the Children, Young Persons, and their Families Act in 2007.⁹¹

We have drawn on the expertise of legal, policy and front-line practitioners with extensive knowledge and experience around the design and operation of the care, protection and youth justice legislation. We have also engaged with people undertaking reviews of key related pieces of legislation; in particular, work on domestic violence and privacy legislation.

The legislative framework

The legislative framework is currently provided largely through the Children, Young Persons, and their Families Act 1989 (CYP&F Act).

Other key pieces of legislation also have direct and specific impacts on the operation of the system including the:

- Vulnerable Children Act 2014,
- Children's Commissioner Act 2003,
- Care of Children Act 2004,
- Adoption Act 1955, Adoptions (Inter-country) Act 1997 and the Adult Adoption Information Act 1985,
- Social Security Act 1964,
- Social Workers Registration Act 2003,
- Accident Compensation Act 2001,
- Domestic Violence Act 1995, and
- Crimes Act 1961.

These key statutes sit within a broader legislative framework that also impacts on the operation of care, protection and youth justice systems – in particular, the Privacy Act 1993, the Public Finance Act 1999 and the State Sector Act 1998.

The most relevant primary international instrument is the United Nations Convention on the Rights of Children 2004. Also relevant are the United Nations Declaration on the Rights of Indigenous Peoples, the United Nations Convention on the Rights of Persons with Disabilities and the Optional Protocol to the Convention against Torture and other Cruel or Degrading Treatment or Punishment.

⁹¹ Ministry of Social Development. (2012). *White Paper for Vulnerable Children* (Volume 1). Wellington: Ministry of Social Development. Allen and Clarke Policy and Regulatory Specialists Limited. (2007). *Safeguarding our Children: Updating the Children, Young Persons and their Families Act 1998 - Overall Summary of Submissions*. Wellington: Ministry of Social Development.

Overview of proposed legislative change

The major overarching shifts in law required to support the new operating model are:

- moving from a set of largely unenforceable duties on the Chief Executive of CYF to ensure the objectives of the Act are achieved, to a set of child-centred, enforceable duties on the Crown to meet the care and recovery needs of individual children and young people through to adulthood,
- moving from a legislative framework that allocates duties and powers to one profession and the Chief Executive of one agency, to a framework designed to enable multi-disciplinary and multi-agency case management and decision-making, including provisions designed to support information exchange and creating more flexibility about who can perform key functions under the Act,
- new statutory objectives, duties and case management processes for children, young people and their families who need support but who do not require a mandatory response, including an enforceable obligation on the Crown to meet these children's needs in a timely and effective manner,
- moving from a fairly limited set of provisions around care that are primarily focused on children in the custody of the Chief Executive, to a legislative framework that sets out clear objectives and duties around the provision of stable and loving care for all children in need of care – including provisions associated with the recruitment, training and financial support of caregivers, new regulatory standards and oversight for all children in care (rather than just those in residences), a more limited and defined purpose for secure residences and a new statutory decision-making framework to support greater care stability and permanency at the earliest opportunity,
- updating the fragmented adoption legislation by repeal and consolidation of current legislation and to new primary legislation,
- new duties, powers, principles and processes associated with the new transition support service through to age 25, including extension of the upper care and protection age to 18, enabling 18 – 21 year-olds to stay in or return to care, and reform of financial report for care-leavers,
- a new and strengthened youth justice legislative framework including changes to the jurisdiction of the youth court and the operation of the adult criminal justice system, changes to help support a positive future for those who offend and their victims and new community-based options as an alternative to remand in custody,
- a strengthened legislative framework for children with disabilities, including replacing the separate disability-based pathways with a new mainstream support and care pathway, and new duties around special efforts to meet the needs of, and elicit the views of, children with disabilities, and
- changes to support people to hold the system to account, including new duties, powers and entitlements to support the establishment and operation of an advocacy service for children in care, and strengthened obligations to obtain and give effect to the views of children.

Legislative change in key areas

We have undertaken detailed work to identify the discrete changes that are likely to be required in all areas including prevention, intensive intervention, youth justice, care and transition.

In addition, we have considered how the legislation could be strengthened to better support a more child-centred system, and to support co-operation and collaboration at both a system and individual child level (including information-sharing).

“ I don’t actually understand the process of court to be honest. I just kind of trust my lawyer I suppose.”

PARENT

Enabling a child-centred system

Further to the changes set out above, we propose the following additional changes to better align the CYP&F Act with a child-centred legislative framework:

- strengthened principles and provisions around the need to preserve or restore a child’s key relationships with their usual caregivers, siblings and other significant adults who support the children and their usual caregivers,
- giving fuller effect to children’s rights, including extending the current provision that upholds children’s rights in relation to care and protection decision-making to also include decision-making within the youth justice system, and clarifying that those rights are set out in the United Nations Convention on the Rights of Children 2004, and
- creating more scope for iwi to be involved in services, decisions and the exercise of functions under the Act as a way of protecting children and young people’s connections with culture and family and ensuring decision-making and planning is culturally responsive.

Governance, roles and processes across the system

We recommend the introduction of a new section in the CYP&F Act that would set out mechanisms to:

- support more effective inter-agency and multi-disciplinary working at an individual client level, including provisions around information exchange, and
- support governance and collaboration at a system level.

Compared to other care and protection jurisdictions, the CYP&F Act is relatively silent on the role of other parties in supporting outcomes for individual children. Mechanisms that we have reviewed in other jurisdictions which could be considered here have the following features:

- introducing a duty on other named agencies and Crown entities (such as schools and District Health Boards) to collaborate and coordinate services to children and families. This would effectively extend, and provide a greater client focus for, the obligation under the Vulnerable Children Act for agencies to cooperate at a systems level,
- giving the Chief Executive (or delegate) the power to request urgent universal services for a child at risk or in need of care and protection from specified Crown entities and funded Non-Governmental Organisations and providers (e.g. schools, Disability Support Services, District Health Boards), in addition to their ability to directly purchase services, and

- agencies having a consequent obligation to meet the Chief Executive’s request, provided this is consistent with the agency’s own responsibilities and does not unduly prejudice the discharge of the agency’s other functions.

Information sharing

Creating a bespoke information-sharing framework within the law to enable the more open and consistent exchange of personal information about individual children and young people necessary to promote their safety and well-being will also be required.

Under the current operating model powers, duties and decision-rights for child safety and well-being reside primarily with social workers, the FGC and the Chief Executive. This is reflected in an information sharing framework that channels the flow of information into specified parties working within the care and protection system at specific points in the process, with very little provision to support the necessary “back and forth” flow of information throughout the process.

We have heard a number of different perspectives on the broader information-sharing settings in relation to vulnerable children, including from the Privacy Commissioner, the Ministry of Justice team reviewing the Privacy Act and health, care and protection and justice sector professionals.

There is broad agreement that many of the professionals working with children, young people and families are unclear about what information they are allowed to share under this framework, with whom, and in what circumstances. There is also agreement that this has led to some practitioners defaulting to not sharing information because of that uncertainty, rather than pushing the limits of what they can share under the current settings, which has been to the detriment of vulnerable children and young people.

“ Look, honestly I think the birth parents having a vote is probably the hardest thing. Because my husband and I are the ones that are raising these children, yet we still feel like we are not in full control of that or that we have full capacity to do what we want to do as a family unit. ”

CAREGIVER

New Zealand is one of the few jurisdictions that does not have information-sharing settings in relation to vulnerable children in its care, protection and youth justice legislation. New South Wales and Scotland⁹² have recently introduced major changes to information-sharing settings with some common features:

- changing the threshold for information exchange towards promoting safety, welfare and well-being of children and young people and away from averting threats of serious harm,
- enabling greater information exchange between a much broader range of people involved in the lives of children and young people and their families than just those directly employed by the care and protection service, and
- accompanying information-sharing duties with duties to collaborate with other professionals.

Following these initial reforms, we recommend the creation of an information-sharing framework within the CYP&F Act that would create a clear expectation that any individual discharging functions associated with the objectives of the Act should share or have access to personal information about

⁹² Children and Young Persons (Care and Protection) Act 1998 (NSW), ch 16A; Children and Young People (Scotland) Act 2014, s 26.

a child or young person necessary to promote the safety and well-being of that child or young person, as follows:

- wherever safe and practicable, the views of the child, young person and/or their family about whether information should be shared for these purposes should be obtained and taken into account, having regard to the age and maturity of the child or young person,
- if information is to be shared without consent, this should only be where the practitioner believes that the benefits of information exchange to a child or young person outweighs any potential negative impacts, taking into account the level of sensitivity associated with the type of information being exchanged, and
- that anyone acting in good faith under these provisions should be protected from any civil or criminal action, or any professional disciplinary action.

The proposed changes to the governance and overarching objectives of the system may also have implications for the Vulnerable Children Act 2014 which provides for cross-agency collaboration.

Introducing the legislative changes

This package of changes represents the most significant reform of the CYP&F Act since its introduction. Our overall assessment, however, is that the scale and nature of this reform is sufficiently consistent with the overall intention and framework of the existing CYP&F Act as to not require full repeal of the legislation.

Furthermore, the administrative and judicial machinery set out in the CYP&F Act appears to be fairly workable on a day-to-day basis. However, there are opportunities to:

- simplify, update, streamline and/or clarify the intent behind some existing provisions within the legislation,
- support better integration of different parts of the Act, in particular care, protection and youth justice processes, and
- support better alignment with related legislation, particularly the Care of Children Act 2004 and the Domestic Violence Act 1995, which is currently under review.

In addition, there is a fairly strong historic attachment among some key stakeholders and practitioners to the Act. In part this reflects that the CYP&F Act was seen, at the time of its introduction, as world-leading in terms of modern child protection and youth justice systems. At the same time, however, there is concern around some specific aspects of the legislation, particularly in relation to children with disabilities.

Based on this analysis, we recommend amendment of the CYP&F Act, and amendment and possible merger of components of the Vulnerable Children Act into the amended CYP&F Act.



Agree that major reform will be required to the Children, Young Persons, & their Families Act 1989 and related legislation to give effect to the new operating model, including:

- a. new enforceable duties on the Crown to meet the care and recovery needs of individual children and young people through to adulthood,
- b. changes to support people to hold the system to account, including new duties, powers and entitlements to support the establishment and operation of an advocacy service for children in care, and strengthened obligations to obtain and give effect to the views of children,
- c. amended care provisions to support the objective of life-long, stable and loving care from the earliest opportunity, amended provisions associated with the recruitment, training and financial support of caregivers, and new regulatory standards and oversight for a broader population of children in care,
- d. updating the fragmented adoption legislation by repeal and consolidation of current legislation into new primary legislation,
- e. new duties, powers, principles and processes associated with the new transition support service through to 25, including extension of the upper care and protection age to 18, enabling 18 – 21 year-olds to stay in or return to care, and reform of financial support for care-leavers,
- f. extending the upper-age jurisdiction of the Youth Court to age 18 and giving the adult criminal justice system the power to transfer cases involving 18-19 year-olds to the Youth Court, taking into account their vulnerability and nature of any previous offending,
- g. raising the age of criminal responsibility from 10 to 12 years of age, bringing New Zealand in line with other similar jurisdictions,
- h. a new and strengthened youth justice legislative framework including changes to the jurisdiction of the Youth Court and the operation of the adult criminal justice system, changes to help support a positive future for those who offend and their victims, and new community-based options as an alternative to remand in custody,
- i. a new section within the CYP&F Act that sets out mechanisms to support more effective working between people discharging functions under the Act at an individual client and systems level, including:
 - a. an information sharing framework within the Act to support people discharging functions under the Act to share and receive personal information about children and young people necessary to promote their safety and well-being,
 - b. new duties on the other named agencies and Crown entities (such as schools and District Health Boards) to collaborate and coordinate services to children and families.
- j. a strengthened legislative framework for children with disabilities, including replacing the separate disability-based pathways with a new mainstream support pathway, and new duties around special efforts to meet the needs of, and elicit the views of, children with disabilities,
- k. new statutory objectives, duties and case management processes for children, young people and their families who have support needs but who do not require a mandatory response, and

*Continued*

- I. a series of changes to support a more child-centred legislative framework, including strengthened principles and provisions around the need to preserve or restore a child's key relationships, giving fuller effect to children's rights in both the care and protection and youth justice systems, clarifying that those rights are set out in the United Nations Convention on the Rights of Children 2004, and creating more scope for iwi to be involved in services, decisions and the exercise of functions under the Act.

Agree that through this reform process, there are also opportunities to simplify, clarify and better integrate provisions already within the CYP&F Act and to improve alignment with related legislation, particularly domestic violence statutes.

8. Investing in the Future

The investment approach fundamentally shifts the operating system from a social welfare system to a cross-sector social investment system. In the future, the department would use a lifetime view of well-being to invest early to improve outcomes for vulnerable children into adulthood in the areas of health, education, employment and living crime-free lives.

The investment approach with a focus on prevention and early intervention has proven to be highly effective with adult populations in New Zealand, in the contexts of both Work and Income and the Accident Compensation Corporation. There is a strong case for investment in vulnerable children and their families, with early investment having the greatest potential to change the trajectory of young lives.

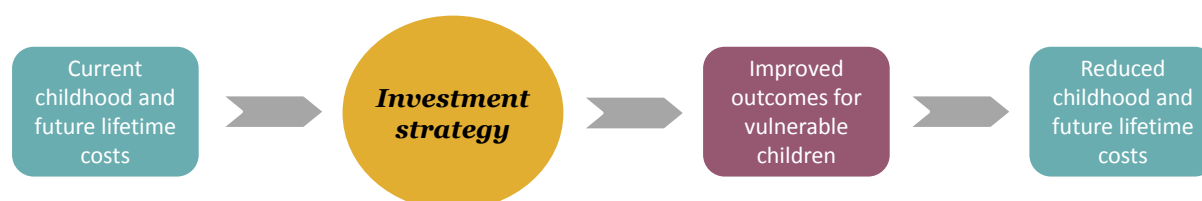
Other than the clear benefits to the lives of children and their families, the most significant benefits of this investment are to wider society by enabling children and young people to achieve their highest potential and then grow into adults who maximise their economic and social contribution to New Zealand.

The department itself would not be the main beneficiary of the proposed changes. A significant proportion of the fiscal benefits come from reducing future lifetime costs for vulnerable children and these would be realised as a result of reduced demand for welfare and correctional services. These are reflected in the budgets of other agencies, including the Department of Corrections and Work and Income.

This chapter outlines the case for investment by identifying the potential investment envelope required to achieve an indicative set of benefits based on existing data from the current agency and system.

An early part of the implementation work is to develop an actuarial liability model. This would create a measurement framework that helps identify the scope for future investments and the on-going results of investment decisions in services, programmes and interventions. The term 'childhood and future lifetime costs' used in this chapter refers to the future liability associated with vulnerable children into adulthood.

Figure 25: Investment Strategy Logic



Current expenditure on vulnerable children and families and current childhood and future lifetime costs

Government currently spends \$529 million per annum on services directly for the 20,000 vulnerable children served each year by CYF, and a further \$254 million on service areas within MSD that support CYF to varying degrees, including Community Investment and Children's Teams.⁹³ While there is currently little or no compelling evidence of outcomes from funding across those other service lines, there are a number of programmes with real value, including *Family Start* and the *It's Not OK* campaign. Over the medium term, this funding will need to be evaluated to ensure it is directed towards where it makes the most impact for our children and young people. Caution will have to be exercised in managing transitions in the short term.

Figure 26: Annual Spend on Services for Vulnerable Children by Service

<i>Service</i>	<i>Current spend (\$ million/p.a.)</i>
Prevention Services	5
Intensive Intervention	167
Care Support Services	231
Youth Justice Services	126
Transition Support ⁹⁴	0
Advocacy Services	0
Other Service Lines	254
Total	783

Despite this considerable investment, outcomes for children and young people who come into contact with CYF are poor. In addition to maltreatment and offending, which have significant adverse consequences in themselves,⁹⁵ there are high rates of:

- educational disengagement and under achievement,
- joblessness and benefit receipt,
- early parenting and subsequent involvement of children with CYF,
- adult offending, and
- adverse long term health impacts and elevated rates of mortality.

There are around 76,000 further children and young people per annum who come into contact with CYF, but for whom the lack of a current support service beneath the statutory threshold means they

⁹³ Ministry of Social Development. (2015). *Budget 2015*. Retrieved from <http://www.treasury.govt.nz/budget/2015>; Child, Youth and Family Activity Cost Model, 2015 Estimate based on Budget 2015/16 allocations

⁹⁴ There is approximately \$1-2 million of current spend on transition support services within the Care Support function, which relates to service contracts in parts of New Zealand.

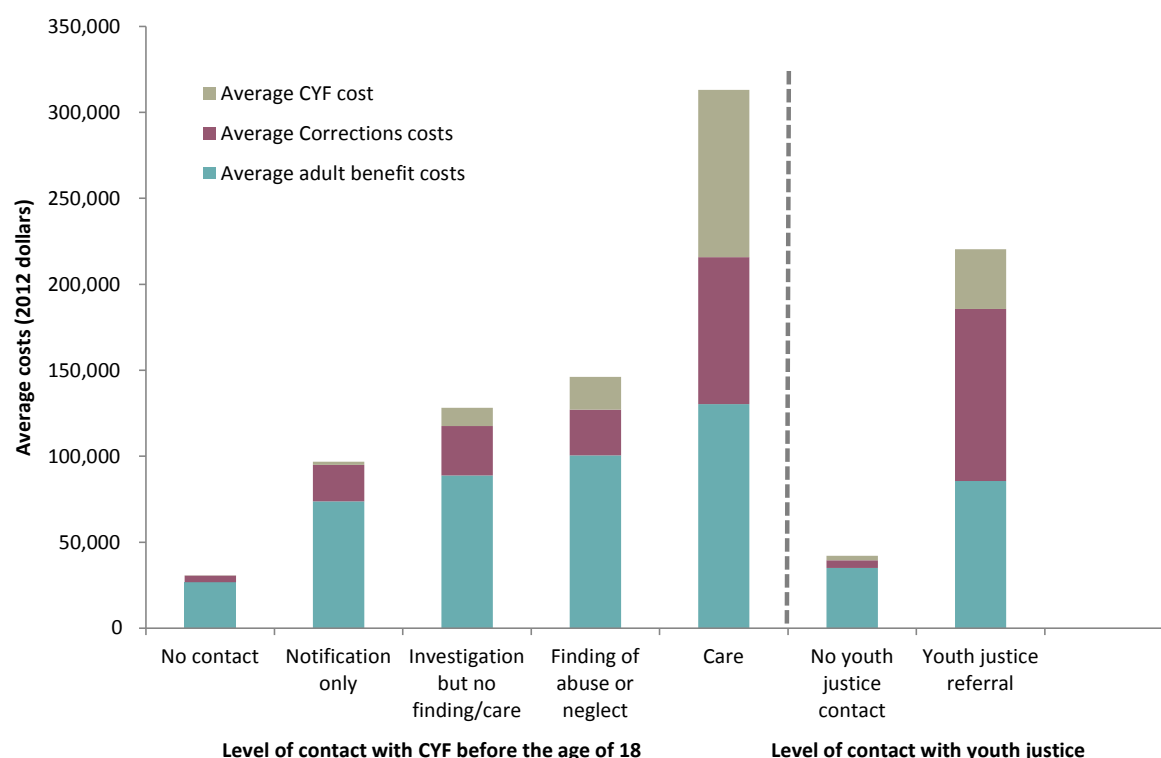
⁹⁵ Child Welfare Information Gateway. (2013). *Long-term consequences of child abuse and neglect*. Washington, DC: US Department of Health and Human Services, Children's Bureau.

receive little or no support.⁹⁶ These children and young people would likely fall within the future system's broader definition of vulnerability. In total, we estimate about 230,000 children and young people currently under age 18 might experience vulnerability at some point during their childhood and would fall within the future definition of vulnerability.

Until a detailed actuarial model is developed, it is not possible to fully quantify the value of the childhood and future lifetime costs associated with the poor life outcomes experienced by vulnerable children and young people. However there are a number of illustrative data sets that indicate the potential for the investment approach to significantly shift future lifetime costs and improve outcomes.

The Interim Report showed the actual and estimated costs across CYF, Corrections, Justice and benefits (but excluding other costs such as Education, Health or Housing) for children born in the 12 months to June 1991 up to 35 years of age, where the individual had contact with CYF.⁹⁷ There is a significant differential between the lifetime costs for children and young people who have contact with the system, and this increases with the intensity of contact with the system particularly through care.

Figure 27: Selected Fiscal Costs up until Age 35 for the Cohort Born in the 12 months to June 1991



In the absence of an actuarial valuation for vulnerable children, we can look at the draft results from the 2015 valuation of the benefit system to provide an illustration of one component of childhood

⁹⁶ CYF administrative data, 2014. This includes 25,000 children and young people who are referred to CYF by Police each year, as a result of family violence concerns.

⁹⁷ Modernising Child, Youth and Family Expert Panel. (2015). *Interim Report*. Wellington: Ministry of Social Development Retrieved from <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/cyf-modernisation/interim-report-expert-panel.pdf>, 37.

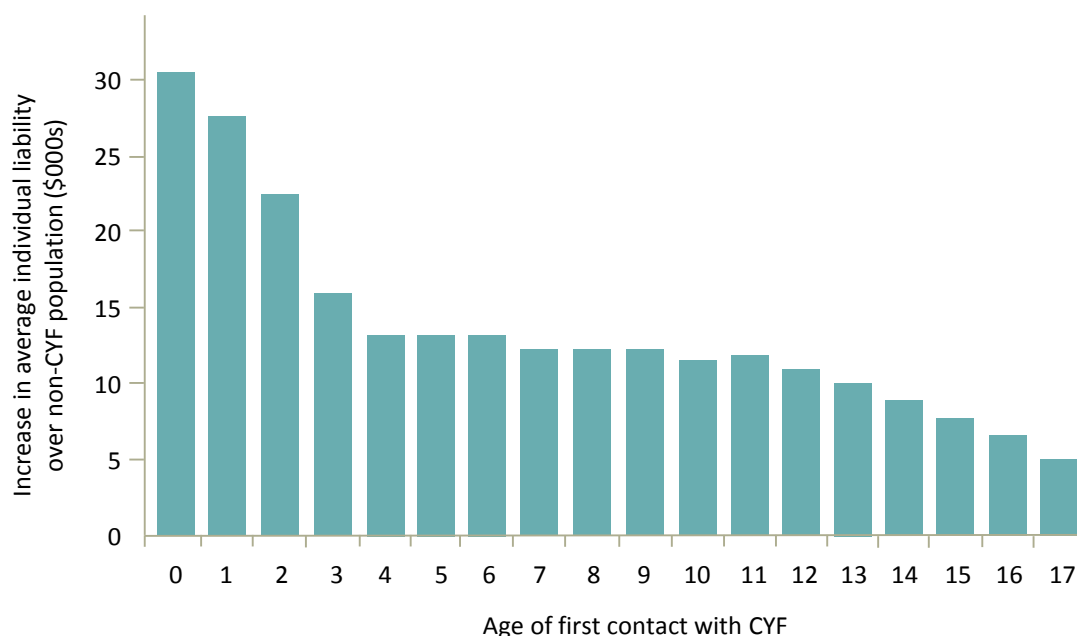
and future lifetime costs.⁹⁸ Analysis of around 100,000 clients aged 16-25 within the valuation showed that one third had a history of contact with CYF. It also showed that approximately half the total lifetime benefit system cost associated with this group is attributable to people with a CYF history.

This tells us that a person who had contact with CYF as a child is more likely to require benefit system support as an adult, and for people already receiving a benefit, this is a significant risk factor in terms of long-term benefit dependency.

Within an already vulnerable group of young benefit recipients, the average benefit system lifetime cost for these clients is 40% or \$47,000 higher than those with no history of contact with CYF. This equates to approximately half of the estimated lifetime cost for this age group, at approximately \$6 billion. This figure is limited to the future cost of young people in the benefit system receiving employment services, income support and supplementary assistance; but currently excludes all other government costs across CYF, Corrections, Education, Health and Social Housing.

Where the child or young person's first contact with CYF occurred early in their life, the total lifetime benefit liability increases substantially compared to benefit recipients who had no contact with CYF as a child or young person, when controlling for other factors.⁹⁹

Figure 28: Increase in Average Individual Liability for Benefit Recipients by Age of First Contact with CYF



This is a conservative estimate of one component of the potential total childhood and future lifetime costs. Taken across the entire range of government agencies in which vulnerable children and young

⁹⁸ Taylor Fry. (30 June 2015). *Actuarial Valuation of the Benefit System for Working-age Adults [draft report]*. Wellington: Ministry of Social Development.

⁹⁹ This graph shows the partial dependence of age of first contact with CYF and average individual liability for benefit receipt for benefit recipients aged 16-25, as compared to benefit recipients who did not have a history with CYF as a child. Other influencing factors, such as gender, ethnicity, education, time on benefit have been controlled for.

people come to be overrepresented in later life, the total childhood and future lifetime cost is expected to be significantly higher.

The experience of implementing an investment approach for welfare is also a useful illustration of the potential of the investment approach to shift total childhood and future lifetime costs.

From 2011, the Government invested around \$500 million over the four years in an ambitious welfare reform aimed at reducing welfare dependency. An actuarial valuation of the future costs of the current benefit system helped demonstrate the significant impact this investment had on future client outcomes over and above expectations.

By investing in outcomes for an adult population who were already entrenched within the benefit system, between 2011 and 2015 policy changes and operational management accounted for a reduction in total liability of approximately \$12 billion. The current liability is approximately \$68 billion.

Investing even earlier in children and young people is expected to have at least similar or even greater impact on lifetime outcomes and future cost to government.

Extrapolated across other social services, the potential to reduce childhood and future lifetime costs by investing early to improve the life outcomes of vulnerable children and young people is significant.

Future investment strategy

An investment strategy for the future department would provide an envelope of funding to invest across the five service areas of the future system to improve outcomes for vulnerable children and young people and reduce future costs to government. This is summarised in the following table.

It is expected that the investment across these service areas would shift over time as the changes start to take effect in different parts of the system. For example, increased investment in prevention and intensive intervention activities would in time lead to a decrease in expenditure on care support services through reduced escalations, which could then be reallocated into further prevention services.

Figure 29: Notional Future Investment Required

<i>Service</i>	<i>Results</i>	<i>Mechanisms</i>
Prevention	Reduction in the number of children that require care outside the family home Reduction in the number of children and families that require statutory level intervention Improved outcomes in adolescence and adulthood Reduction in child and youth offending	Access to prevention services for a larger group of vulnerable children and families than is currently the case Evidence-based prevention services Cross-sector professional practice framework Campaign to engage New Zealanders to prevent or identify harm Strategic partnerships with iwi and community based organisations Market building initiatives with iwi and community based organisations
Intensive Intervention	Reduction in the number of children that require care outside the family home Improved outcomes in adolescence and adulthood	Professional Practice Framework and decision-making tools Evidence-based therapeutic recovery services Strategic partnerships with iwi and community based organisations Market building initiatives with iwi and community based organisations Access to more intensive family support services for some vulnerable children and families More social workers as consequence of comprehensive assessments and working in a collaborative way, in multi-disciplinary teams and across agencies
Care Support	Improved outcomes in adolescence and adulthood Reduction in number of care placements experienced by each child or young person	Higher levels of training and support for caregivers Engagement with New Zealanders to recruit more caregivers Alternatives to group care settings Larger pool of caregiver families Evidence-based therapeutic recovery services Access to caregiver supports for a broader population of caregivers
Youth Justice	Reduction in reoffending Improved outcomes in adolescence and adulthood	Evidence-based services that reduce reoffending More social workers and youth workers to manage increased volumes following extension of the jurisdiction of the Youth Court to 18 and giving the adult criminal justice system the power to transfer cases involving 18-19 year-olds Changes to youth justice residences

<i>Service</i>	<i>Results</i>	<i>Mechanisms</i>
Transition Support	Improved outcomes in adolescence and adulthood Reduction in the number of children and families that require intervention	Raising the mandatory age of care to 18 and raising optional age of care to 21 Extended support for care-leavers transitioning to adulthood ¹⁰⁰
Advocacy	Improvement in performance of service areas	Contribution to the establishment and on-going operation of an independent advocacy service and Youth Advisory Panel
Organisational support	Improvement in organisational performance to support service areas	Increased capability and capacity in specialist services such as evaluation and monitoring New or enhanced services to support new operating systems and tools, including information technology, channels, analytics, data governance Support for enhanced governance functions, including the Social Investment Board Expansion of specialism within the workforce, such as cultural expertise and transition support teams Redesigned complaint and feedback processes Additional resourcing for the OCC Management change to support the future department

¹⁰⁰ US research showed that for every \$1 spent by Illinois State on extending care beyond age 18, the estimated lifetime earnings of foster youth increased by nearly \$2. Other benefits shown in this study were delayed pregnancy into late adolescence, delayed homelessness, reduced criminal behaviour and justice system involvement among women in early adulthood, and, among young fathers, greater involvement with their children. Reference: <https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/10/CourtneyReportChapter.pdf>

Investing in the Future System

To achieve the future operating model requires investment in services including direct purchasing from agencies and crown entities, increased operating expenditure of the future department, and one-off operating and capital expenditure for implementation of changes through the Transformation Programme.



Note that to achieve the future operating model investment is required in:

- a. services including direct purchasing from agencies and Crown entities
- b. increased operating expenditure of the future department, and
- c. one-off operating and capital expenditure for implementation of changes through the Transformation Programme

The investment required, and the proposed funding approach, are outlined in the table that follows and described in this section. A capital expenditure bid has not yet been prepared and can only be developed after detailed design has been completed.



Note that a capital expenditure bid has not yet been prepared and can only be developed after detailed design has been completed.

All figures are indicative and based on estimates that will be confirmed through detailed design and are currently provided as a mid-point estimate with a confidence of +/- 20%.

Figure 30: Financial Projections for Investing in the Future System

(All figures in \$m)	FY15/16	FY16/17	FY17/18	FY18/19	FY19/20	Total over 4.5 Years
Total Investment in Future Department	-	914	1,045	1,176	1,307	
Baseline Funding from MSD	-	783	783	783	783	
Additional Investment in Future Department		131	262	393	524	
Reallocated from Other Agencies	-	105	211	316	421	
New Funding Required for Future Department	-	26	51	77	103	
One-off Transformation Programme	5	20	20	31	31	107
Total New Funding Required	5	46	71	108	134	364

Additional investment in the future department

The Panel recommends the creation of a portfolio of investments in the future department to focus on increasing investment across all five core services and to enable direct purchasing of services from other agencies. We expect that direct purchasing will make one of the biggest single differences in children's lives and based on the experience of direct purchasing with ACC, the uptake is anticipated to grow considerably in future years.



Agree to the creation of a portfolio of investments in the future department to focus on increasing investment across all five core services and to enable direct purchasing of services from other agencies.

The investment has been estimated based on the direct purchasing approach, proposed changes to services, the broader definition of vulnerability, the increased age for care and protection and youth justice, and the increased capability of the future department to deliver the desired future experience for vulnerable children and young people. The investment and funding required have been phased over the financial years 2016/17 to 2019/20. The phasing reflects the anticipated growth in service demand and uptake in the direct purchasing approach with other agencies and Crown entities.

The total investment in the future department is estimated to be \$1,307 million per annum by financial year 2019/20, of which \$783 million is funding currently provided to the Ministry of Social Development. The increased investment in the future department is therefore \$524 million by financial year 2019/20.



Note that baseline funding of \$783 million is currently provided to the Ministry of Social Development.

Note that increased investment in the future department is indicatively estimated to be \$524 million by financial year 2019/20, additional to the funding currently provided to MSD.

The changes proposed in this report would provide for increased accountability by government agencies within the wider social sector for the outcomes of vulnerable children and young people. These agencies would be the main fiscal beneficiaries of the proposed changes. For these reasons, the additional investment in the future department is proposed to be met through a combination of new expenditure and reallocation of investment from existing output expenditure appropriations.

Funding would be reallocated from Corrections and Work and Income to reflect the increase in upper age for both youth justice and care and protection to age 18 and additional transition support for young people aged 21 – 24. Funding would be reallocated from Health, Work and Income and Education to enable direct purchase of specialist services for vulnerable children and their families.

These reallocations are anticipated to initially be approximately \$105 million (representing 0.5% of the current output expenditure appropriations) and grow as the future department's role in direct purchase of services matures. The growth in reallocation is estimated to be 0.5% each year over four years to a total of \$421 million (2%) by financial year 2019/20.

New funding required to meet the increased investment in the future department is therefore approximately \$103 million by financial year 2019/2020.



Agree that the additional investment would be met through a combination of:

- a. New funding from Government,
- b. Reallocation from Corrections and Work and Income to reflect the increase in upper age for both youth justice and care and protection to age 18 and additional transition support for young people aged 21 – 24
- c. Reallocation from Health, Work and Income and Education to enable direct purchase of specialist services for vulnerable children and their families



Agree that the reallocations of funding from output expenditure appropriations will initially be set at \$105 million (less than 0.5% of current output expenditure appropriations), and will grow at 0.5% each year over four years to a total of \$421 million (2%) by financial year 2019/20.

Agree that new funding required for the future department is estimated to be \$103 million by financial year 2019/20, above the proposed reallocation of output expenditure appropriations from other agencies and the baseline funding from MSD

Costs to implement change

Investment will be required to fund the Transformation Programme to deliver necessary changes to the system, and to account for one-off transition costs such as increased resourcing to manage the likely productivity impacts as change is implemented.

It is estimated a one-off investment of approximately \$107 million will be required over the total duration of the Transformation Programme between financial years 2015/16 and 2019/2020. This is proposed to be met through new funding.

The majority of implementation costs will be confirmed following detailed design work and sought through Budget 2017/18. As part of the detailed design period, implementation costs for the future financial years would be determined. This would include provision for the design, build and implementation costs associated with the other change initiatives as they progress to detailed design. It would also provide an assessment of the capital requirements as part of transition, including expenditure associated with the implementation of a new child information management system with interfaces across multiple agencies and technology set up for the future department.



Note the one-off investment for the Transformation Programme is estimated to be \$107 million over the first four years to implement the operating model changes.

New funding requirements in financial years 2015/16 and 2016/17

To commence the development of the operating model changes set out in this report requires new funding of \$5 million in financial year 2015/16, and \$20 million in financial year 2016/17 for the Transformation Programme. As indicated above, the future department will require new funding of \$26 million in financial year 2016/17.

Therefore, the total new funding required in financial year 2015/16 is \$5 million and in financial year 2016/17 is \$46 million.

A one-off placeholder bid has been lodged with the Treasury pending consideration of this report, to cover the costs that would be required in financial year 2016/17. This would be in addition to the transfer of the full current appropriation for services provided by CYF, Children's Teams and Community Investment to the future department in financial year 2016/17.



Agree that to commence implementation of the operating model changes set out in this report, work be initiated in the current financial year 2015/16.

Agree the new funding requirement for financial year 2015/16 is \$5 million for the Transformation Programme.

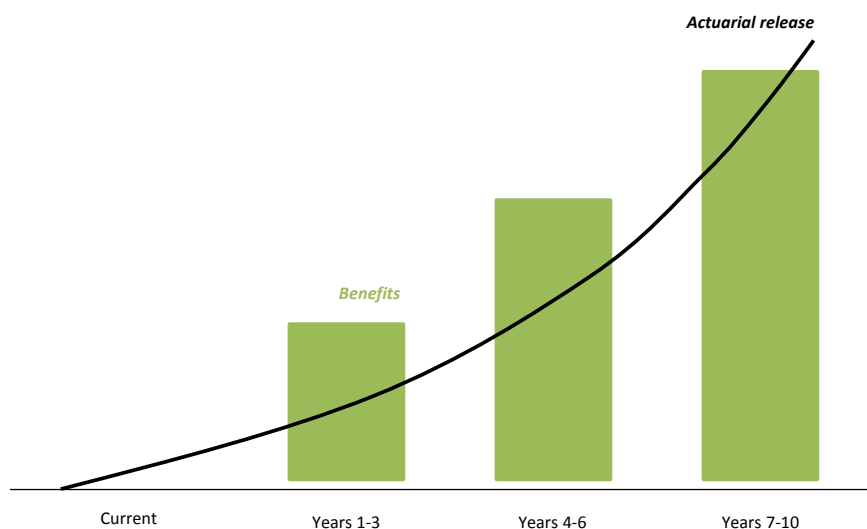
Agree the new funding requirement for financial year 2016/17 is \$46 million, being \$26 million for the future department and \$20 million for the Transformation Programme.

Note the funding requirements for further financial years will be confirmed through the Budget 2017/18 process, following detailed design work.

Return on investment from the changes

Reducing childhood and future lifetime costs through the implementation of an investment approach provides the most significant opportunity to realise benefits through an actuarial release, which would largely be reflected in the budgets of other agencies. This is likely to be seen in the mid- to later years of the investment period, as illustrated in the diagram that follows.

Figure 31: Notional Benefits and Actuarial Release over a 10 year Period



The reduction in future liability would start to be seen in the third year when the building block components of the new operating model have been developed and are being rolled-out.

Early benefits are expected to come through a reduction in repeat notifications through the system, and as a result of extended support for vulnerable young people entering adulthood. In time, improvement in the life outcomes of vulnerable young people as they enter adulthood would further reduce demand for services across Corrections, Health, and Work and Income. The benefits that accrue to these agencies as a result may provide additional investment or savings opportunities in the future.

Once the forward liability model has been built, formal liability targets would be established.

Experience with other liability models, suggests an aspirational target to reduce the forward costs of maltreatment and vulnerability by 50% over a generation is ambitious but achievable with concerted leadership and investment.

This translates to an indicative overall liability reduction of 20% over five years, once the new operating model is in place. The achievement of this overall indicative target and the target to reduce the over-representation of Māori would require the forward liability associated with poor outcomes for Māori children to reduce by at least 25 – 30% over the same period.

There is also a need to review the mechanisms by which some demand driven care and associated services are currently funded. Mechanisms need to reflect that future demand is likely to be impacted by providing services to a larger population and that capped funding can drive adverse behaviour in the use of funding that is needed for our most vulnerable children and families.



Agree an indicative target for the future department of reducing overall liability by 50% over a generation, with a 20% reduction in the first five years, once the new operating model is in place, to be confirmed by the valuation.

8.1. An Investment Approach for Vulnerable Children

Following our Interim Report, Ministers approved commissioning expert advice on the feasibility of an investment approach to vulnerable children. An external provider was contracted for a six-week study to provide advice on:

- how an investment approach, using an actuarial valuation, could be implemented for vulnerable children,
- quantitative measures suitable for comparing lifetime outcomes for vulnerable children,
- how to innovatively reflect the complexity of the system, and
- potential uses of such an approach, including what would be required to put it into operation.

The study concluded that an actuarial approach is feasible, and would be highly desirable to support a consistent approach across the social sector that transforms the system from one that focuses on short-term safety and offending, to one that measures and considers a lifetime view of a broader set of outcomes for vulnerable children.¹⁰¹ This approach would particularly help to identify when earlier and more effective interventions could make the biggest difference, by including the impact of interventions on a broad set of outcomes over the lifetime.

While feasible, implementing a full investment approach for vulnerable children would be a multi-year project. The actuarial model and the data and analytics to support it, would need to be built over time.

The key findings and recommendations of the study are summarised on the next page.

¹⁰¹ Ernst & Young. (2015). *Investment approach for vulnerable children: Feasibility assessment*. Unpublished report prepared for the Expert Panel by Ernst & Young Australia.

Feasibility Study on An Investment Approach for Vulnerable Children – Key Findings and Recommendations

The components of an investment approach

Four major components are proposed:

1. An actuarial model, to provide a lifetime view.
2. Analytics, including evaluation and service design, to inform and complement the actuarial model, and to put it into operation.
3. Data to support these models and analysis.
4. A control cycle, where the system of data, analysis and modelling is monitored and updated on a regular basis to continually improve.

The actuarial model

This model seeks to understand the development of risk, need, outcome and cost over the short and long term for individuals. The actuarial model proposed includes a measure of liability, a measure of well-being and a measure of need.

A measure of liability

A measure of liability is proposed as the net present value of future expected government spending, along with financial proxies for certain other poor outcomes not captured by the fiscal measure, such as early mortality. These financial measures and proxies are not defined in detail, but the study confirms there is likely to be appropriate data to construct such a measure.

A measure of well-being

Given the complexity of creating an investment approach across multiple outcomes, an additional non-financial measure is recommended – a Well-being Development Index (with low well-being as an expression of vulnerability). The Well-being Development Index should encompass:

- safety measures (such as a safe environment),
- foundational measures (such as adequate housing, food, health, income and feeling loved),
- developmental measures (such education, social skills, healthy lifestyles), and
- resilience measures (such as belonging, participation in society and feeling safe).

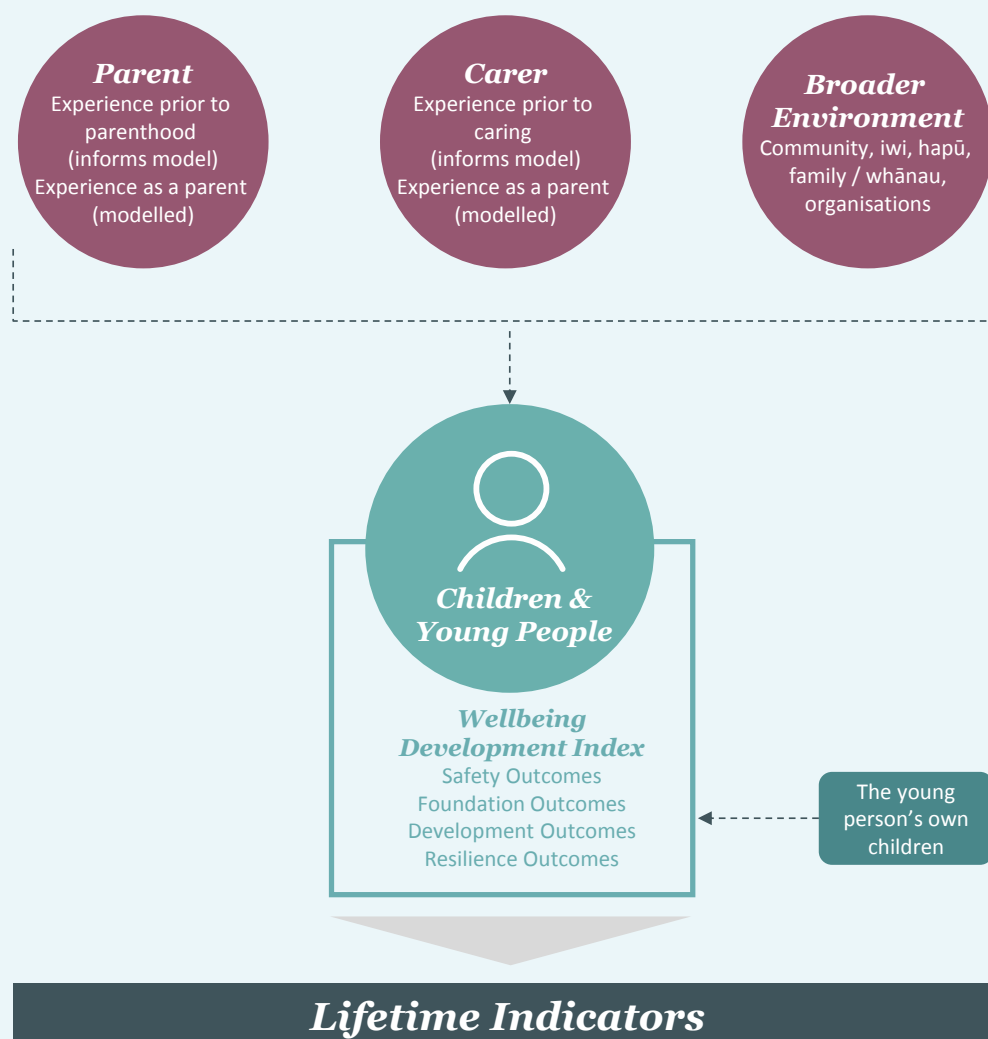
The Index would be broadly consistent with outcomes frameworks in New Zealand, such as the Vulnerable Children's outcome framework. Data is likely to be available to populate the Well-being Development Index. Given the impact on children's well-being of those around them, the index will also measure the well-being and/or pertinent characteristics of parents, carers, siblings, wider family and community, including whānau, hapū and iwi where relevant.

The well-being measure will complement the liability measure by acting as both a short-term measure (for example, showing improvements in reaching age-appropriate developmental milestones as children and young people) and as a risk factor that describes future liability and outcomes (over the lifetime). The investment approach will then capture the benefits of a transformation of the system in both the short and long term, to both the well-being of children and families and to government through lower spending on poor outcomes.

A measure of need

The recommended approach would describe an individual's needs as separate from the interventions applied to meet those needs, given the importance of recognising unmet need, and to avoid perverse incentives around the fiscal measurement of outcomes. This information should be captured in the future from more comprehensive needs assessment tools, to help link the assessment of need and the evaluation of interventions with well-being. These measures, for an individual and across their lifetime, are shown in the figure below.

Figure 32: Proposed Actuarial Model



The main components of the model are:

- lifetime indicators of well-being (including a liability),
- the characteristics of both the child and their surroundings, including parents, carers, siblings, and whānau and community (for example, hapū, iwi, interaction with government/Non-Governmental Organisations through school, health etc). This would include modelling the young person having a child of their own (to capture the inter-generational effects), and
- the well-being of the child (and their family) using a Well-being Development Index (WBDI) capturing all domains of well-being in an age-appropriate way.

Analytics and data

The Integrated Data Infrastructure (IDI), administered by Statistics New Zealand, provides a good platform of individual-level linked data to commence an actuarial model. The study concludes the approach is feasible and useful with current data and information, but would be considerably improved with the continued development of further data and information. This would require investment in additional analytical and data capacity and capability. A review of the IDI's current legislative framework is also recommended, particularly around the restrictions to access and use of datasets.

Further analytical work would include:

- establishing the effectiveness of interventions in improving well-being and, where this information is unknown, either creating this through research and trials or referring to international evidence,
- developing a series of time-dependent indicators to capture shorter-term improvements in performance, which should link to the desired long-term outcomes, and
- further operational analytical work and service design will lead to the creation of more decision-support tools and other information for the frontline.

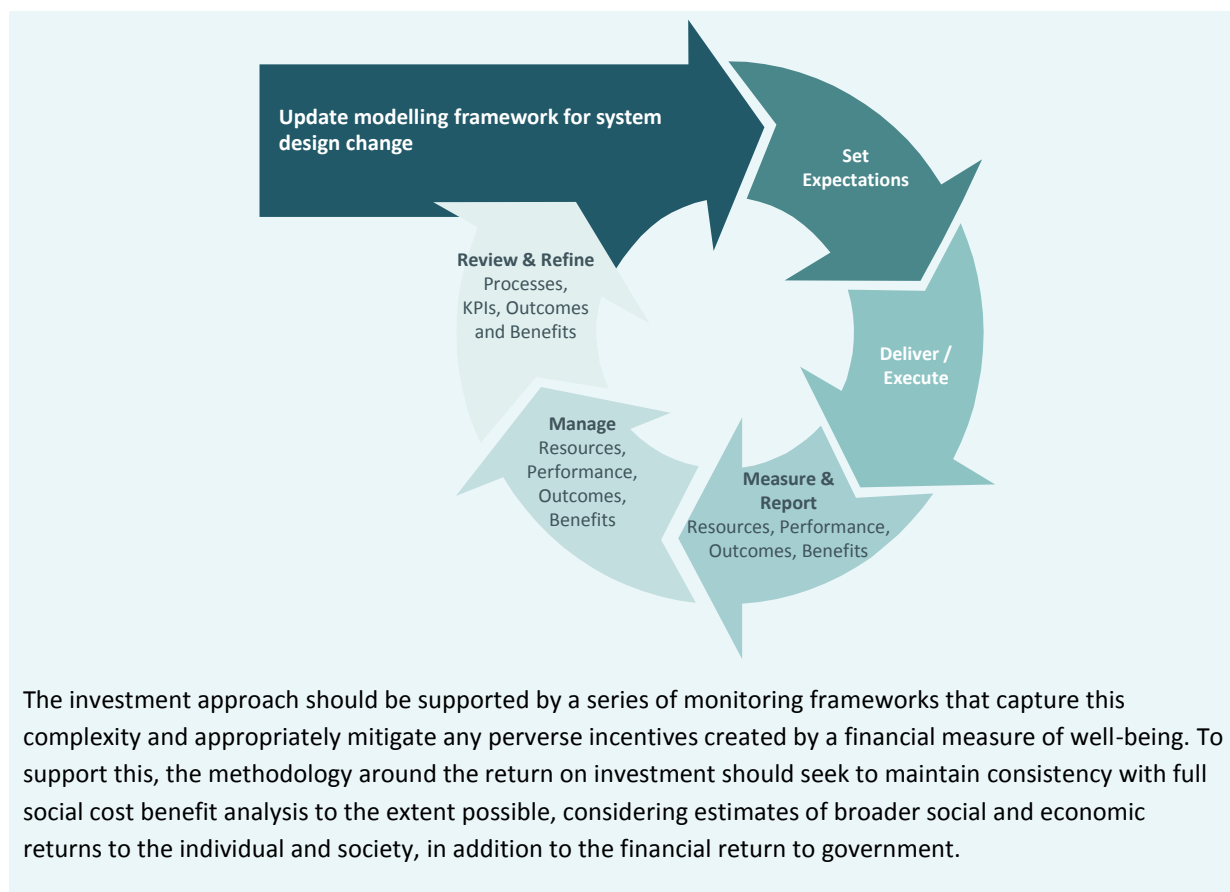
The control cycle

The control cycle is a key feature of the actuarial approach and is depicted in the diagram that follows. It involves a regular programme of updates to the model to incorporate new information, and regular testing and improving of the underlying assumptions. This regular cycle of analysis, using a consistent framework, monitors changes in all the key parts of the model, including demographic and economic factors, risk factors, participation in services and other interventions, interim and long-term outcomes, and financial and non-financial measures. Through this, the cycle informs regular performance and accountability reporting.

There is a considerable amount of uncertainty and complexity in modelling the long-term well-being of vulnerable people. As a result this will involve regularly assessing and reporting on the effectiveness of services and interventions, and how these are contributing to any changes in well-being and the liability. This could include applying a control cycle to the trialling, scaling and evaluation of services and interventions.

The lifetime view of well-being and liability, and the application of the control cycle method, provide a consistent and systematic way of interpreting well-being, its change over time and its relationship to various actions taken. Actual results can be compared to the outcomes that were anticipated. The identification of the source of differences informs an understanding of what was, or was not, within the control of management. This will inform decisions to shift existing and new spending, and the timing of that spending, to those interventions most effective in achieving better lives for vulnerable children.

Figure 33: Example of An Actuarial Control Cycle



The Panel's response to the feasibility study

The Panel accepts the findings of this expert study that a measure of liability is feasible, and that much of the data required to initially create this already exists. We propose that a further detailed scoping study is carried out, with the aim of building an actuarial model to support our overall investment approach to vulnerable children.

A detailed actuarial model and tools will enable the investment approach and long term funding strategy that is recommended in this report.



Agree that non-financial measures associated with short-term and expected long-term change in well-being should be used to help put financial measures in context where possible

9. Implementing the Recommended Changes

Change of the scale we are proposing will take many years to rollout and embed and must be done in a way that ensures better outcomes for vulnerable children.

Research is clear that how this is done matters¹⁰². There are many domestic and international examples where good intentions and ideas have not been backed up with well-planned and managed delivery¹⁰³. Other system-wide transformation programmes have shown the importance of carefully designing, planning and resourcing implementation processes to ensure that the change programme is delivered:

- at the right scale – across the whole system,
- in the right way, and
- in the right order.

This chapter outlines how the proposed Transformation Programme would be delivered and includes details on:

- the overall approach to delivering the transformation,
- Transformation Programme structure and assurance, including risk management, Independent Quality Assurance and Quantitative Risk Assessment,
- Transformation Programme governance,
- change management, and
- benefits realisation, planning and management.

9.1. Management Approach

The Panel recommends that the proposed changes are managed together as a cohesive transformational change programme. This will require the establishment of a dedicated programme team, the use of robust programme, project and change methodologies, clear governance and comprehensive risk management and benefits realisation processes.

The proposed programme management approach is based on:

- New Zealand and international best practice, including those detailed by the United Kingdom Office of Government Commerce,
- Managing Successful Programmes (MSP)¹⁰⁴ methodology,

¹⁰²

Katz, I. Cortis, N. Shlonsky, A. and Mildon, R. (Forthcoming). *Modernising Child Protection in New Zealand: Learning from system reforms in other jurisdictions*, Social Policy Evaluation and Research Unit. Wellington: SUPERU.

¹⁰³ Durlak, J. A., & Dupre E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350.

¹⁰⁴ Managing Successful Programmes (MSP) represents proven programme management good practice in successfully delivering transformational change, drawn from the experiences of both public and private sector organisations. The MSP

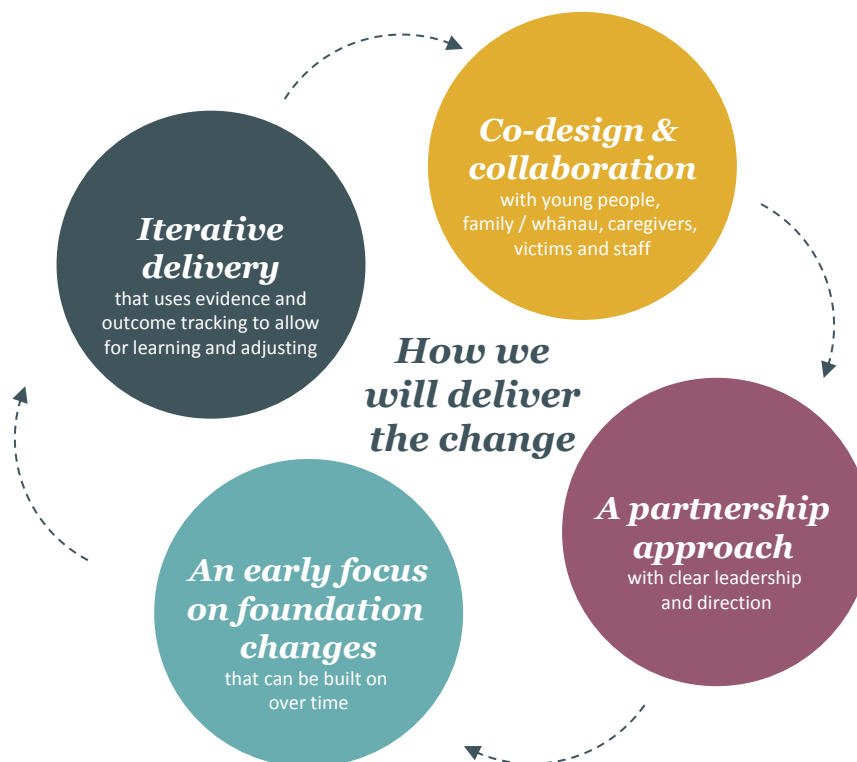
- PRINCE2 project methodology,
- Agile development methodology where appropriate,
- experience from other jurisdictions, and
- discussion and analysis of New Zealand experience in delivering successful all-of-government initiatives.

9.2. Overall Approach

Delivery Approach

The Panel has developed a proposed delivery approach and timeline which balances the need for significant change and early momentum, with the prudent management of delivery and financial risk. The delivery approach is underpinned by four key elements, shown in the following diagram.

Figure 34: Delivery Approach



The Transformation Programme will have a parallel focus on making an immediate and tangible difference for children and young people across all five core services of the new system, as well as delivering the fundamental building blocks of sustainable system level change. Given that the full set of changes will take a number of years, the building blocks provide the anchor to ensure the change is cohesive, well integrated and sustained.

Methodology is unique in tackling programmes and more holistic business transformation rather than projects where there are a number of methods available.

Iterative delivery is based on the idea of delivering discreet change projects often and quickly, generating momentum for change and creating learning loops to enable design to be adapted and enhanced as required.

Evidence-based analysis will be used to ensure we are targeting the areas of the greatest need with those interventions most likely to achieve the required outcomes, and to track progress, learn, and adapt as required.

Collaborative design with children, young people, families, whānau, caregivers, victims, and staff will continue to inform the detailed design and implementation of future changes. This will ensure the voice of the child remains at the centre, generate momentum for change, and reduce the risk of delivering changes which do not meet needs.

Strong leadership and direction will be essential in driving the changes forward. All key agencies (Health, Education, Police, MSD and the future department), as well as NGOs, community providers, iwi and Māori organisations, will need to work together to make the change happen. Experience in New Zealand and globally shows that without a central group with clear ownership, accountability, mandate and levers, complex multi-agency change can become fragmented and unnecessarily slow. Strong leadership will be required to establish, manage and govern a change programme of this size.

Principles to Guide Delivery

The changes we have proposed are bold and significant; achieving better outcomes for vulnerable children needs a new approach, and this must be delivered as effectively as possible in the interests of children and families. However, such large scale change is challenging. It requires change to people, processes, technology and policy across a sector that involves all of New Zealand's core social delivery agencies, and a significant number of partners and providers. They require engagement and support from all New Zealanders. The sense of urgency for change must be balanced with the need to ensure core service delivery is not placed at unnecessary risk, stress or disruption.

We have observed a growing appetite for meaningful and lasting change to achieve better outcomes for the children and young people at the heart of this system. We appreciate there may be some hesitancy given the numerous reviews and multiple attempts of structural change in this sector. While there is widespread acceptance for the need to change, the sector will need to be convinced that this change will be sustainable and transformational.

To manage this complexity, a set of principles has been identified to guide the implementation planning. These are summarised in the following table.

Figure 35: Implementation Principles

Principle	Impact on implementation plan and approach
<i>Changes are implemented in a child-centred way with a focus on maintaining a coherent and integrated experience</i>	<p>Change to be delivered over a four year timeframe, to manage the total change impact and to recognise the long term nature of outcomes being delivered.</p> <p>A cohort-based approach to implementation, so that groups of children and young people have a coherent experience and services.</p> <p>Establishing feedback loops early to ensure high quality information on the effectiveness of changes as they are implemented.</p>
<i>There is continuity of services for children and families throughout the transition</i>	<p>Strong emphasis on transition planning and testing of each transition state to ensure there are no service disruptions.</p> <p>There will be clear accountabilities throughout the transformation process and strong project management disciplines applied.</p> <p>Investment in additional capacity may be required to maintain core services during the transition phase (through additional staff and/or reductions in non-critical services).</p> <p>Implementation will use evidence and clear outcome measures to monitor the impact of each change and refine as required.</p>
<i>Changes will be grouped and implemented across the system in a way which delivers sustained improvement for children and families</i>	<p>Prioritising the changes to the system that deliver improved outcomes for children and families.</p> <p>Initiatives are sequenced to put in place the building blocks early and improve incrementally and iteratively on these.</p> <p>Prioritising the foundation elements which provide the strongest signals of the transformation sought.</p> <p>Establishing analytics and evaluation methods to allow for continuous improvement and a learning system.</p>
<i>This system-wide transformation will be led in a collaborative, trusting and transparent manner</i>	<p>A partnering approach will be developed early in the implementation roadmap.</p> <p>Key partners will be represented in key governance and delivery forums.</p> <p>Children, young people, family / whānau and other system participants will be involved in detailed design through a co design process.</p>
<i>Staff, providers and partners will be supported throughout the transition to ensure they can continue to deliver critical functions</i>	<p>Investment in communications, training and change management to ensure front-line staff understand the changes, particularly to roles, responsibilities and practice.</p> <p>As far as possible, structural and significant role change will be limited to once per individual role during the transition.</p>

The detailed design will continue to incorporate the voice of the child, whānau, caregivers, victims and staff

Advocacy services and engaging New Zealanders initiatives will be prioritised for early implementation.

Detailed design and implementation will continue to take a child-centred and collaborative design approach involving young people, families, caregivers, victims and staff.

9.3. Delivery Timeframe and Sequence of Changes

Full implementation and embedding of the proposed changes is likely to take between five and 10 years of concerted effort and focus from a number of government agencies. The exact duration and sequence of changes cannot be specified until Ministers make decisions, agree the amount and speed of investment and until detailed design is complete. Full implementation is also dependent on the capacity and capability of potential partners to provide the services and programmes required under the new model, the Government's broader legislative change agenda, detailed analysis of system requirements and the prioritisation of these changes within the work programmes of Health, Education, MSD, Police, Justice and Corrections.

Beyond the initial four year programme of transformational change, the future department will continue to use the new operating model to refine and improve service delivery. The new system building blocks will also combine to deliver a learning system that is continually improving outcomes for children and young people.

Tranche One: Detailed Activities

The focus of Tranche One is delivering initial changes across the range of services for children and families, and establishing the building blocks of the future operating model. This is an intensive phase in which progress must be made on multiple fronts: planning, design and delivery. It is important that this tranche establishes the momentum for change and credibility of the change programme with the participants of the system.

During this tranche, the future department is established, with a focus on stabilisation and capability building. The Transformation Programme will manage the delivery of changes for the department and will coordinate change across the sector.

The expected duration of this tranche is 24 months from commencement of the Programme.

The key activities in this tranche are:

- detailed design of the new operating model,
- development of the core strategies, frameworks and approaches across the building blocks,
- engagement with iwi, providers and across agencies to establish strategic partnering,
- engagement with frontline staff and people leaders to manage change,
- implementation and monitoring of changes with a focus on results management,
- supporting leadership of the future department to lead culture change,
- supporting legislative and policy change, and
- planning and design for Tranche Two delivery.

The key deliverables of this tranche are:

Changes for children and young people across the services of the system:

- investment approach for prevention services,
- re-designed FGC processes, including victim support services,
- new assessment and decision-making processes,
- caregiver recruitment changes and intensive caregiver support,
- changes to the transition age for care and youth justice, and
- a new operating model for residences.

Change to the building blocks of the operating model:

- implemented workforce strategy,
- established advocacy service,
- established future department and Social Investment Board,
- implemented actuarial model and centre of expertise,
- established strategic partnering with iwi and providers,
- market making for prevention, intensive intervention and transition services,
- implemented practice framework, and
- implemented engaging all New Zealanders strategy.

These Tranche One activities are described in timeline format in the table that follows.

		Tranche One: Detailed Activities			
		Jan 16 – Jun 16	Jul 16 – Dec 16	Jan 17 – Jun 17	Jul 17 – Dec 17
Core Services	Prevention	<ul style="list-style-type: none"> Design evidence measurement approach Plan investment approach for family violence services 	<ul style="list-style-type: none"> Commence investment approach with family violence services Commence evidence measurement 	<ul style="list-style-type: none"> Plan investment approach for prevention services 	<ul style="list-style-type: none"> Implement investment approach for prevention services
	Intensive Intervention	<ul style="list-style-type: none"> Review and design new FGC processes 	<ul style="list-style-type: none"> Implement new FGC process to be more child-centred 	<ul style="list-style-type: none"> Design assessment and decision-making processes 	<ul style="list-style-type: none"> Implement new assessment and decision-making processes
	Care Support	<ul style="list-style-type: none"> Develop caregiver recruitment strategy Design caregiver support package 	<ul style="list-style-type: none"> Commence caregiver recruitment strategy Implement additional support to caregivers 	<ul style="list-style-type: none"> Implement care standards and monitoring of caregivers 	<ul style="list-style-type: none"> 24/7 and intensive support for caregivers Implement family connection and whānau search requirements
	Youth Justice	<ul style="list-style-type: none"> Plan investment approach for addressing reoffending for children who offend Design remand alternatives 	<ul style="list-style-type: none"> Implement preventing reoffending programmes for children who offend Implement remand alternatives Co-design victim support services 	<ul style="list-style-type: none"> Implement (phased) changes to transition age Design operating model for residences Legislative change for youth justice transition age 	<ul style="list-style-type: none"> Implement preventing reoffending programmes for repeat offenders Implement victim support services
	Transition Support		<ul style="list-style-type: none"> Legislative change for care transition ages Implement care transition services for age 17 – 25 	<ul style="list-style-type: none"> Plan investment approach for transition services 	<ul style="list-style-type: none"> Implement portfolio of evidence-based transition services
	Workforce	<ul style="list-style-type: none"> Develop workforce strategy 	<ul style="list-style-type: none"> Co-design agency level practice framework Implement workforce strategy 	<ul style="list-style-type: none"> Establish supervision function Establish specialist staffing models 	<ul style="list-style-type: none"> Partner with tertiary sector to tailor qualifications
		<ul style="list-style-type: none"> Vision and values work Culture and leadership development Engaging frontline workforce and people leaders 			

		Tranche One: Detailed Activities			
		Jan 16 – Jun 16	Jul 16 – Dec 16	Jan 17 – Jun 17	Jul 17 – Dec 17
Building Blocks	Child Centred System	<ul style="list-style-type: none"> Design advocacy service 	<ul style="list-style-type: none"> Establish advocacy service Establish Youth Advisory Panel Establish system level performance framework 	<ul style="list-style-type: none"> Establish future department Establish Social Investment Board Establish department level performance framework 	<ul style="list-style-type: none"> Establish child-centred service design and feedback function
	Investment Approach	<ul style="list-style-type: none"> Develop actuarial model Establish Govt. Chief Actuary role 	<ul style="list-style-type: none"> Establish actuarial centre of expertise in ACC First valuation and recommendations 	<ul style="list-style-type: none"> Further development of actuarial model 	
	High Aspirations for Māori	<ul style="list-style-type: none"> Engagement with iwi and Māori organisations 	<ul style="list-style-type: none"> Develop practice module for identity and cultural connection in partnership with iwi Implement specific reporting on outcomes for Māori children 	<ul style="list-style-type: none"> Implement practice module for identity and cultural connectedness Work with iwi to design tailored prevention, intervention and care support services 	<ul style="list-style-type: none"> Grow workforce cultural competency Implement tailored services for Māori through partnering with iwi and Māori organisations
	Strategic Partnering	<ul style="list-style-type: none"> Develop commissioning strategy 	<ul style="list-style-type: none"> Develop commissioning approach Develop partnering with engaged iwi 	<ul style="list-style-type: none"> Establish commissioning functions Establish strategic partnering Market making for transition services 	<ul style="list-style-type: none"> Market making for prevention services
	Practice Framework		<ul style="list-style-type: none"> Develop agency level practice framework(s) Develop system level practice framework 	<ul style="list-style-type: none"> Implement practice framework Training and development for staff 	<ul style="list-style-type: none"> Training and development for staff
	Engaging All New Zealanders	<ul style="list-style-type: none"> Develop engaging all NZers strategy 	<ul style="list-style-type: none"> Implement engaging all New Zealanders strategy 	<ul style="list-style-type: none"> Establish engaging all NZers function within department 	

		Tranche One: Detailed Activities			
		Jan 16 – Jun 16	Jul 16 – Dec 16	Jan 17 – Jun 17	Jul 17 – Dec 17
Programme Enablers	Programme Management	<ul style="list-style-type: none"> Set up programme management office Detailed project planning for Tranche One Secure resourcing Develop Detailed Business Case and Budget Bid for Tranche One 	<ul style="list-style-type: none"> IQA review – Tranche One 	<ul style="list-style-type: none"> Detailed project planning for Tranche Two Develop Detailed Business Case and Budget Bid for Tranche Two 	<ul style="list-style-type: none"> IQA review - Tranche Two
			<ul style="list-style-type: none"> Programme management and reporting 		
	Change Management	<ul style="list-style-type: none"> Assess change barriers Develop change methodology 	<ul style="list-style-type: none"> Conduct change readiness assessment Conduct change impact assessments Develop change interventions 	<ul style="list-style-type: none"> Regular change readiness pulse surveys Develop targeted interventions to support embedding change 	
	Programme Delivery	<ul style="list-style-type: none"> Develop design and implementation methodology Gateway process for technology components 	<ul style="list-style-type: none"> Detailed design for operating model Detailed organisation design, transition planning and execution 	<ul style="list-style-type: none"> Service design and process design Design data governance and information sharing protocols 	<ul style="list-style-type: none"> Implement information sharing protocols Design and select technology solutions
	Legislation & Policy	<ul style="list-style-type: none"> Work on policy and legislative change begins 	<ul style="list-style-type: none"> First tranche of legislative change completed 	<ul style="list-style-type: none"> Second tranche of legislative change completed 	

Tranche Two: High Level Activities

The focus of Tranche Two is delivering the full set of changes required to deliver the future experience for children, young people and their families. This tranche tackles more complex changes that require a longer lead time for design and development, and tackles those services in the system that are more entrenched and require fundamental culture, mind-set and behavioural change across the sector and/or within the department workforce.

During this tranche, the Transformation Programme will be fully integrated into the future department. It is likely it will continue to operate as a change programme with representation on the leadership team of the department, to manage on-going changes across people, processes and technology.

The expected duration of this tranche is 24 months.

Tranche Two is primarily focused on implementation, embedding the investment approach and strategic partnering across all service lines, and ensuring the changes made are sustainable and that feedback loops have been established.

The key activities in this tranche are:

- Implementation and monitoring of changes with a focus on results management,
- Supporting leadership of the department to lead culture, mind-set and behaviour change,
- Implementation of new technology solutions that enable the operating model, and
- Programme close and full integration into the future department.

The key deliverables of this tranche are:

Changes for children and young people across the services of the system:

- Investment approach for intensive intervention,
- Specialist caregiver models, revised remuneration policies and new care settings,
- Investment approach for care support services, and
- Investment approach for youth offending and reoffending prevention services.

Change to the building blocks of the operating model:

- Market making for care and youth justice services and
- Integrated evidence-based and performance management frameworks.

At the end of the second tranche, the department will be leading change across the system to deliver the new operating model and future experience for children, young people and their families.

These Tranche Two activities are described in timeline format in the table that follows.

		Tranche Two: High Level Activities		
		Jan 18 – Jun 18	Jul 18 – Dec 18	Jan 19 – Dec 19
Core Services	Prevention	<ul style="list-style-type: none"> Optimise portfolio of evidence-based prevention services 		
	Intensive Intervention	<ul style="list-style-type: none"> Plan investment approach for intensive intervention 	<ul style="list-style-type: none"> Implement portfolio of evidence-based interventions 	<ul style="list-style-type: none"> Optimise portfolio of evidence-based interventions
	Care Support	<ul style="list-style-type: none"> Specialist caregiver models Implement new remuneration policies Plan investment approach for care support services and care settings 	<ul style="list-style-type: none"> Implement new care settings Implement portfolio of evidence-based care support services 	<ul style="list-style-type: none"> Optimise portfolio of evidence-based care support services
	Youth Justice	<ul style="list-style-type: none"> Evidence-based preventing reoffending services portfolio Implement new operating model for residences 	<ul style="list-style-type: none"> Implement (phased) changes to jurisdiction age 	<ul style="list-style-type: none"> Optimise portfolio of evidence-based preventing offending services
	Transition Support	<ul style="list-style-type: none"> Optimise portfolio of transition services 		
	Workforce	<ul style="list-style-type: none"> On-going workforce optimisation through recruitment, training, development and retention 		
		<ul style="list-style-type: none"> Vision and values work Culture and leadership development Engaging frontline workforce and people leaders 		

		Tranche Two: High Level Activities		
		Jan 18 – Jun 18	Jul 18 – Dec 18	Jan 19 – Dec 19
Building Blocks	Child Centred System	<ul style="list-style-type: none">Enhance OCC monitoring	<ul style="list-style-type: none">On-going improvement of services through advocacyOn-going co-design of services with young peopleFirst report for the new advocacy service	
	Investment Approach	<ul style="list-style-type: none">Second valuation	<ul style="list-style-type: none">Extend and refine actuarial model	
	High Aspirations for Māori	<ul style="list-style-type: none">On-going improvement of services through partnerships with iwi and Māori organisationsOn-going reporting of achievement of outcomes for Māori children		
	Strategic Partnering	<ul style="list-style-type: none">Market making for care and youth justice services	<ul style="list-style-type: none">Extend and refine commissioning, brokerage and purchasing approachesExtend and refine strategic partnering approach with iwi and other organisations	
	Practice Framework	<ul style="list-style-type: none">Refine and extend practice framework		
	Engaging All New Zealanders	<ul style="list-style-type: none">On-going awareness, understanding and action campaigns for the general public and targeted audiences		
Programme Enablers	Programme Mgmt.	<ul style="list-style-type: none">IQA review – benefit realisation	<ul style="list-style-type: none">IQA review – final	<ul style="list-style-type: none">Integrate Transformation Programme into department
		<ul style="list-style-type: none">Programme management and reporting		
	Change Mgmt.	<ul style="list-style-type: none">Regular change readiness pulse surveysDevelop targeted interventions to support embedding change		
	Programme Delivery	<ul style="list-style-type: none">Develop / build / transition to new technology solutions		<ul style="list-style-type: none">Go-live of Child Information Management and Case Management technology solutions
	Legislation & Policy	<ul style="list-style-type: none">Any remaining policy and legislative changes		

Planning Assumptions

The timeframes, activities and deliverables in the planning have been based on the following assumptions:

- In principle approval to ramp up programme resourcing and planning is granted in February 2016.
- Cabinet approval for the programme is granted in March 2016, including budget for the Transformation Programme to be brought into this financial year 2015/16.
- Development of the actuarial model, foundation work and programme planning commences on 1 April 2016.
- Detailed business cases are prepared at the tranche level only and will secure multi-year funding for the Programme.
- A separate Detailed Business Case will be developed for the technology component of the programme.
- Governance for the Transformation Programme is through the Establishment Board and the subsequent Social Investment Board.
- A Strategic Transformation Partner can be appointed through a closed tender process to provide methodology, expertise and experience in delivering complex change programmes.
- Continuity of intent can be maintained through the core programme team leadership for at least the first 18 months of the programme.
- The Transformation Programme is housed in MSD during Tranche One.

Out of scope

The following areas would be out of scope of the Transformation Programme:

- consequential changes required to the existing MSD structure or systems (beyond the transfer of functions and staff to the future department), and
- consequential changes required in other agencies such as Health or Education.

9.4. Structure and Governance Arrangements

Options for programme leadership

As previously noted, management and co-ordination of the change will need to sit within a central group which has the mandate to implement change across the sector. A number of sector organisations will need to deliver fundamental changes to shift the system to where it should be. These changes are tightly integrated and without a strong central lead there is a risk of fragmentation or other priorities diverting attention.

We considered three options for managing the implementation process as a whole:

1. The future department lead the change.
2. The future department lead the change, with detailed design completed by a transition team.
3. A Transformation Programme to manage the change with leadership from the future department and Board.

An overview of these options is provided in Appendix L.

The Panel recommends Option 3, a **dedicated Transformation Programme** to manage the change.

Successful delivery of the changes will require a robust, strong and collaborative approach to governance and decision-making. This governance framework will need to support the principles of iterative and fast delivery to realise opportunities and manage risk. To do this, governance and decision-making will need to be at multiple levels to ensure smaller decisions can be made close to the teams delivering them but supported by a clear oversight of decision-makers to ensure the changes remain aligned and cross-sector risk is managed appropriately.

It is recommended that beneath the Minister(s) in charge, there is an Establishment Board that is the main governance forum for all key design decisions and the setting of priorities and timelines. We recommend that this role is taken by the same Social Investment Board that will be established to support the work of the future department.

It is important that voices of children and young people are embedded in the design of the change, and this should occur directly through the Transformation Programme, and throughout the governance levels. The independent advisory service and the Youth Advisory Panel will engage with the Establishment and Social Investment Board, with the Chief Executive of the future department, and directly with the Minister(s).

Delivery of the changes would be required across the existing agencies, the future department and the Transformation Programme. Following standard programme management disciplines, each of these groups would require programme/project steering committees to oversee the delivery of their initiatives and manage day-to-day governance (e.g. change requests, day-to-day risks and issues, and resource management).

It is recommended that the Transformation Programme has a dedicated programme management function that co-ordinates the significant changes, milestones and delivery paths across the sector.

These roles are summarised in the table that follows.

Figure 36: Transformation Programme Roles and Responsibilities

<i>Role</i>	<i>Responsibilities</i>
Minister(s)	Provide overall direction to the changes and support any legislative processes that are required. Central agency monitoring would provide independent

	advice to Ministers on progress and risks.
Establishment Board / Social Investment Board	Provide overall governance of the sector-wide changes required. It may be supported by a small number of reference panels as required. The Board will provide advice to the Minister(s) and the Chief Executive. It will focus on performance of the future department and system against the outcomes for vulnerable children and young people.
Transformation Programme	Manage the major cross-sector design and delivery projects required to implement the changes. Pass changes across to the other agencies for implementation. Ensure the establishment of the future department and independent advocacy service.
Other Agencies	Responsible for consequential changes associated with the introduction of direct purchasing, the practice framework and the investment approach, as well as on-going delivery of universal services.
Steering Committees	Responsible for governance of specific programme components or projects.
Future Department	Stabilising core service delivery, culture and overall leadership and implementation of changes handed over from the Transformation Programme.
Advocacy Service	The new independent advocacy service would have a relationship with the Board and OCC and have the ability to brief the Minister(s) if needed.

There will be multiple levels of governance monitoring of the Transformation Programme, and a suite of programme reporting to align with these requirements, including:

- progress reviews against the outcomes established,
- financial performance ,
- Independent Quality Assurance (IQA) reviews, and
- Gateway review for the technology component.

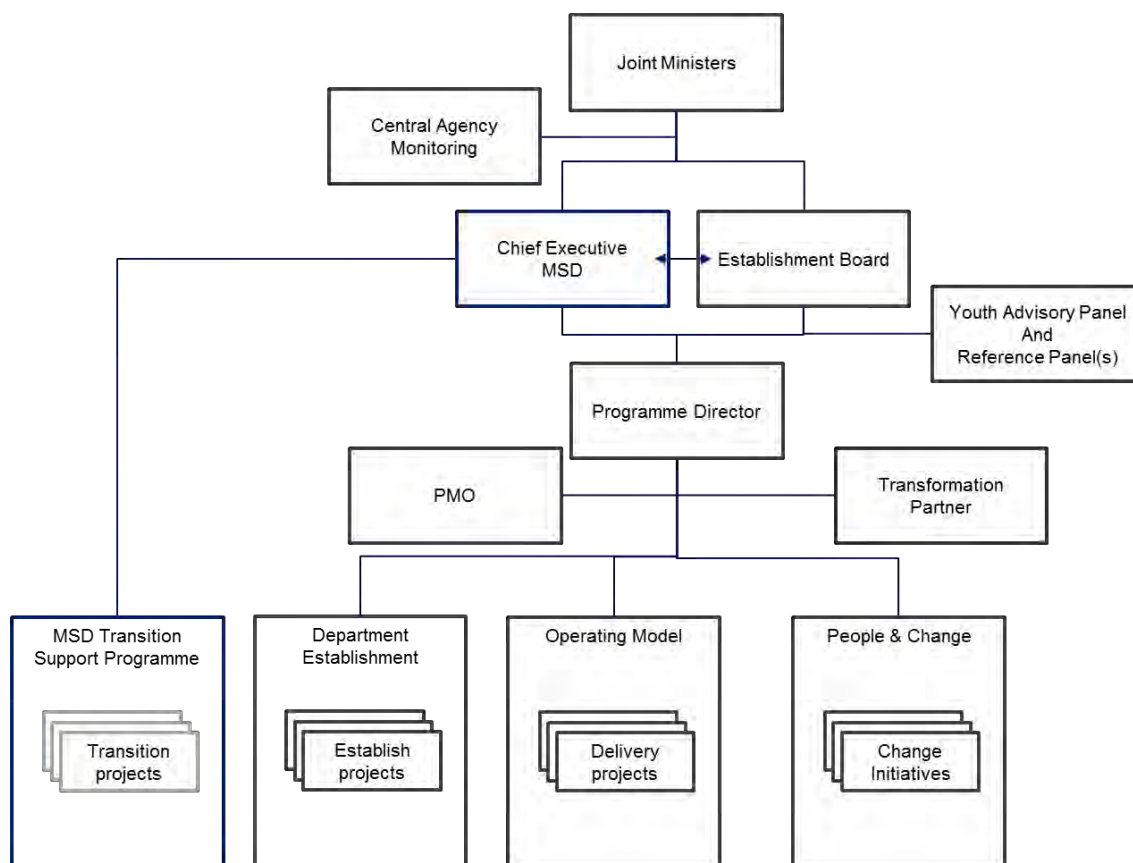
A detailed governance, monitoring and reporting framework aligned to good programme and project management practice will be developed during the establishment of the Transformation Programme.

Proposed Management and Governance Structure

The programme structure will change over the course of the two tranches, to reflect the changing work programme and the governance required as the structure and accountabilities transition to the future department.

For Tranche One, prior to the establishment of the future department, the governance for the programme will be through the Establishment Board. MSD will continue to be the home agency for the programme, as has been the case for the Secretariat of this Panel.

Figure 37: Programme Structure: Tranche One Prior to Establishment of the Future Department



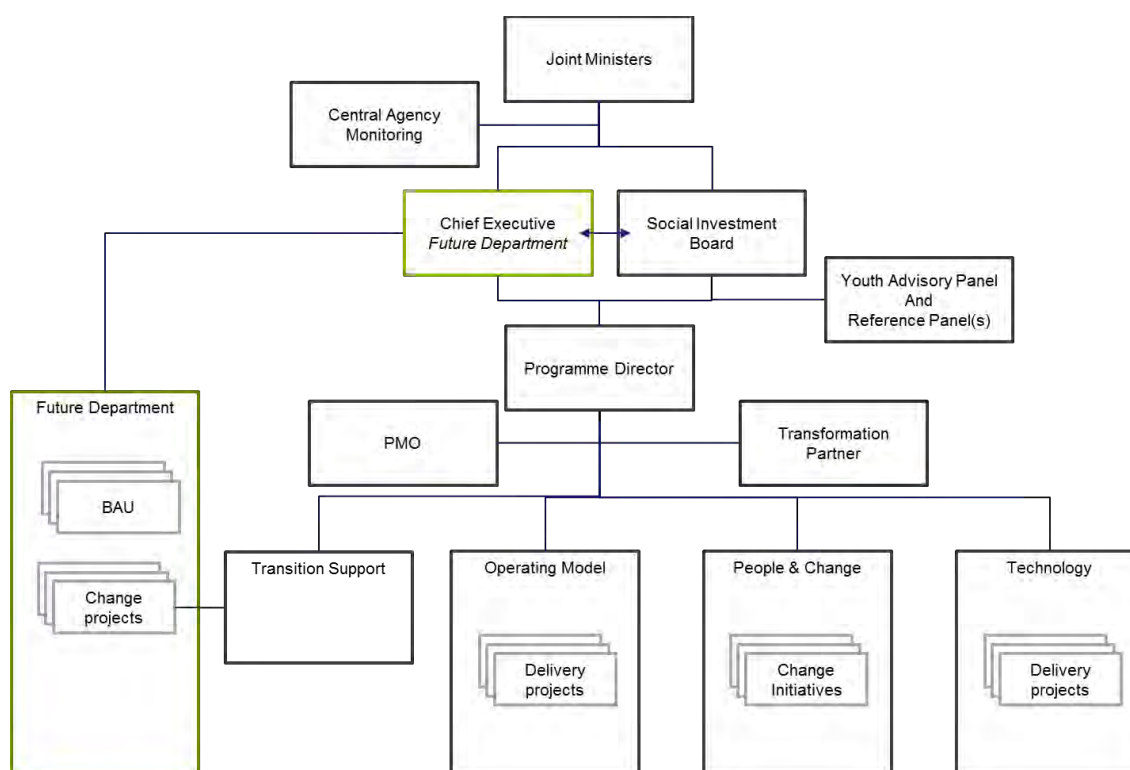
There will be three major programmes of work within the Transformation Programme prior to the establishment of the future department:

1. **Establishment:** this will focus on the detailed organisation design, transition arrangements and service level agreements, consultation and HR management, and project management for the establishment of the future department.
2. **Operating Model:** this will focus on the design and delivery of changes to the functions of the system and building blocks of the operating model. There will be a lead role for changes for the future department and a co-ordination role with change programmes with other agencies across the system.
3. **People & Change:** this will focus on leading the culture, vision and values, leadership development and change management work for the programme as a whole. The purpose of integrating these activities into a single work programme is to ensure consistency and coherence for the workforce who are being engaged.

After the establishment of the future department in Tranche One, the programme will be governed through the Social Investment Board. The programme will have a **dotted line** to the new Chief

Executive of the department, to allow them to focus on stabilisation and business operations for the remainder of this tranche. The home agency for the programme will be the future department.

Figure 38: Programme Structure Tranche One Post Establishment of the Future Department

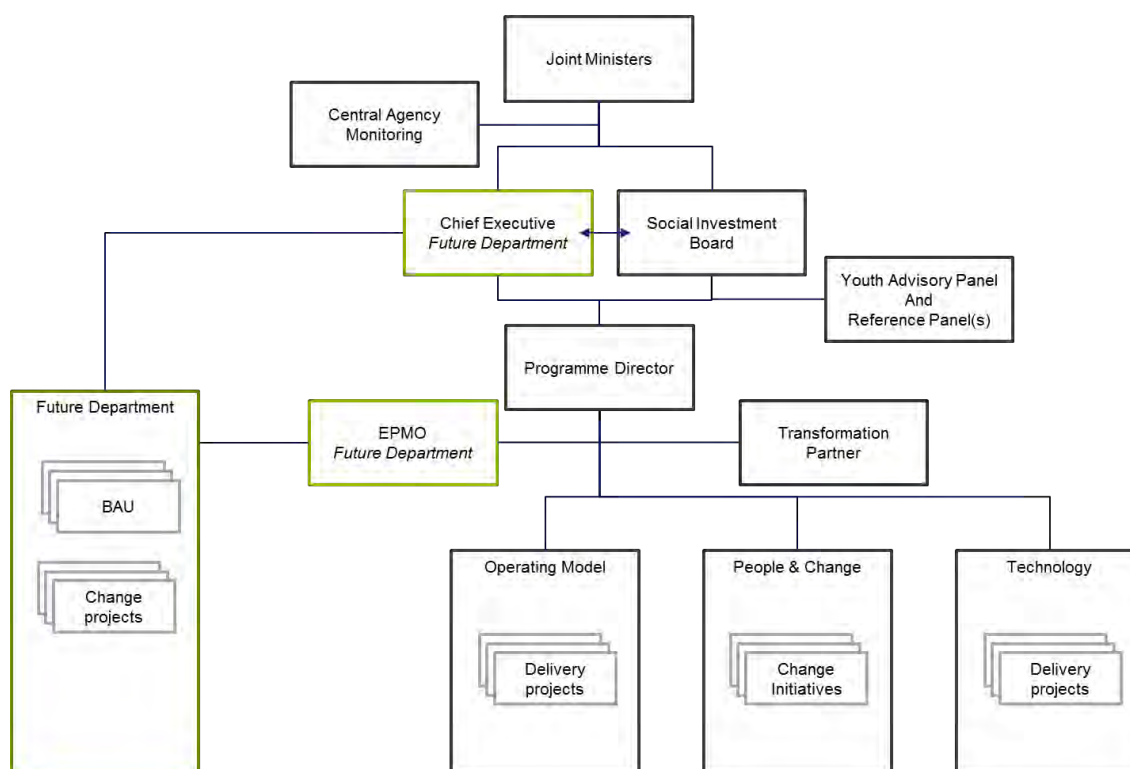


There will be two significant changes to the Transformation Programme after the establishment of the future department:

1. **Technology:** this will focus on the design, selection and transition work required to implement a new Child Information management system and Case Management system. The Programme will also own the design and implementation of new information protocols and data governance for the system.
2. **Transition Support:** Following the start-up of the future department, this will provide transition support including post-handover support, management of SLAs for a transition period and training, support and reporting. This allows the future department to receive a full handover and stabilise. The transition support may include initiation of specific change programmes that will operate within the future department.

By Tranche Two, the Programme will be managed through the department, with governance continuing to be provided by the Social Investment Board, through the Chief Executive of the future department. This is an important step to integrating the change work into the department, but reflects the continued intensity of implementation activity for the duration of Tranche Two and the need for continuity and momentum.

Figure 39: Programme Structure Tranche Two



It is anticipated the Programme as a whole will be closed at the end of Tranche Two, and specific change programmes initiated within the department under normal governance arrangements to continue to deliver the enablers of a high performing system and organisation for children and young people. The PMO functions for the programme will be integrated into the EPMO functions of the future department, providing these are ready to accept this.

The Transformation Programme

The Transformation Programme will be delivered in the context of a high risk and vulnerable population where service continuity and close monitoring of service outcomes is critical.

The Programme will adhere to leading industry practices to ensure the hygiene factors of schedule management, issues and risk management, resource management and reporting are all managed to a very high standard. These will be delivered through a Programme Management Office using a combination of Managing Successful Programmes (MSP) and PRINCE2 methodologies, as the preferred methodologies for large government programmes.

The Programme must develop an internal culture that values transparency, early escalation of issues or risks and honest, no-blame discussions with governance and management. These are important to create an environment that recognises the risks inherent in this complex transformation work, and encourages collaborative problem solving.

A Programme Director should be appointed to the programme and be responsible for the day to day management and reporting of the change activities.

Transformation Partner

Given the scale of this programme, the Panel recommends the engagement of a strategic transformation partner to support programme delivery in a timely and cost effective manner through appropriate methodologies and innovation, with the least impact possible on the customer experience during implementation.

The transformation partner would be accountable for the delivery of specified programmes of work, based on an agreed terms of reference and supporting contract. The transformation partner could act as both the business integrator and the systems integrator under a shared risk approach. The capabilities likely to be needed in a strategic transformation partner include:

- programme and governance support,
- benefit and value delivery,
- design integration and modelling,
- solution integration, including management of third party vendors,
- support organisational change,
- business readiness and deployment,
- benefits integration and modelling,
- IT transformation and information management, and
- business process re-engineering.

9.5. Governance and Management Processes

Governance Monitoring

The programme will be governed and monitored at multiple levels across both tranches. Monitoring at all levels will comprise:

- project/programme progress reviews using an outcomes model,
- financial performance,
- assessment of risk and issues management, and
- benefits tracking against Business Case.

Formal assurance oversight (Internal Audit and Independent Quality Assurance) will be separately undertaken and reported.

Supporting Processes

Decision making

Significant Transformation Programme decisions would be formally made by the Establishment/Social Investment Board and documented in a decisions register. If a decision cannot be resolved with the Transformation Programme or relevant steering group, the programme would escalate the issue via the Programme Director for resolution. The Programme Director will seek approval from the Establishment Board if required.

Escalation

If a dispute arises that cannot be resolved promptly, the matter would be escalated to the Establishment Board Chair for resolution.

Conflict of interest

A conflict of interest process would be put in place to maintain the integrity of the development of key programme deliverables at all times and to protect the confidentiality of programme documents, especially those of a commercial and politically sensitive nature, and to ensure transparency and integrity for all programme activities.

The conflict of interest process would be based on State Services Commission guidelines.

Transformation Programme reporting

The Programme's reporting would have a two-tiered structure to ensure quality and to ensure that targeted information is gathered and accurately communicated. These are:

- Transformation Programme and project management reporting structure and
- Transformation Programme governance reporting.

An Enterprise Portfolio Management Office (EPMO) would be established to ensure that robust programme management systems and processes, including reporting, are put in place and maintained.

Change Control

Formal change control processes and systems would be put in place to ensure that there is a consistent approach to identifying, assessing and controlling change. It is inevitable that changes will be needed through the life of a significant programme such as this. The change control process will specify the different types of change, those authorised to approve change requests and the nature of the change approval cycle. Three main types of change control request can be anticipated:

- scope,
- schedule, and
- budget.

Change Management

Transformational change on this scale will have a significant impact on the way staff from across the sector work and engage, including staff within NGO and iwi providers, partner agencies, professional bodies and tertiary institutions.

The programme would require a formal and documented change management process and approach, based on best practice change management models. The change management function of the programme would:

- enable the delivery of the Transformation Programme intent, strategic vision and benefits through effective and ‘fit for purpose’ change activities,
- address the people component of transformational change through: business change management, organisational development, stakeholder management, communications, learning and development and transition management, and
- be delivered through the Transformation Programme. A management role will provide the oversight and alignment of the change function activities. This role would form part of the Programme management structure.

The change component of the Programme would undertake activities including:

- the development of tailored change management principles,
- specification of the change objectives,
- assessment of change readiness across all major customer and stakeholder groups,
- identification of any barriers to change,
- change impact assessment,
- identification of new capabilities required, and
- development and delivery of specific change management activities and projects.

Readiness for change

Moving to the future operating model would have an impact on several key groups across the sector. We recognise that change on this scale would take a number of years to achieve and that the groups impacted are in different stages of readiness for the change.

Children and young people, and their families and whānau

Children, young people and their families have generously shared their stories and experiences with us. Many have done this in the hope that the experiences of others would be improved. It is the children and young people who have inspired us to be courageous in the pursuit of making a truly meaningful and lasting difference. They are ready and willing for transformational change.

Caregiving families

Caregiving families would be impacted by the changes to the level of support, assessment, monitoring and oversight they would experience. While many of the caregivers we have heard from indicate to us they are ready for change, we are mindful of the level of change for caregivers and that it is likely that some caregiving families may not be as ready as others. A tailored change support strategy will be required for caregiving families, commencing with a readiness assessment of current caregiving families.

“ I don’t see myself as a caregiver, I never have. Partially because the kids are not going anywhere, but even if I had transitional children, while they were in my care I would be their carer. That’s how I would view it. That’s me. That’s who I am. It’s not a job, it’s not a part of me. It’s who I am. ”

CAREGIVER

Victims

We were privileged to hear from people who have been affected by youth offending. Their experiences of the system have enabled a different perspective and a valuable lens by which to

consider the change that is needed. It is our assessment that they are also ready for the changes ahead and the increased levels of victim support recommended through the changes to youth justice FGCs, will support a managed change process for them.

Current workforce within CYF

The magnitude of the impact for the current workforce in CYF is significant. The large scale changes we are proposing would impact the agency workforce in many ways, for example:

- applying the new professional practice framework and building higher cultural competence capacity and capability,
- working with a wider range of professionals and service providers in a brokering and partnering role, and
- working in a more flexible way with extended working hours.

While we appreciate change of this scale can be unsettling for staff, there is momentum for the change within CYF. However, the degree of change is significant and there will need to be dedicated focus on supporting the existing workforce through the change process, additional capacity considerations to address the inevitable productivity impacts, and strong leadership of the change through existing and new leadership.

The key interventions required for the current workforce are:

- a values and culture-led approach to implementing change, that focuses on building the new mind-sets and an understanding of the rationale for change,
- using data and analytics to understand workload and performance on a real-time basis to allow effective management of transition workload and its impacts on performance, and
- workforce modelling for productivity impacts and transition workload by allocating additional resource to transition periods and phasing the changes to eliminate unnecessary administrative work, release staff capacity for change and provide temporary backfill if required.

A robust change impact assessment and change readiness assessment will be conducted during the establishment of the Transformation Programme.

Sector Workforce

The workforce across the sector faces impacts of a similar magnitude. We recognise there would be a need to build capacity and capability in specialist areas and some geographic locations. Across agencies we understand there to be a growing appetite for change and better outcomes to be achieved for children and young people. The Transformation Programme will need to work with agencies, NGOs and providers across the sector to ensure the workforce is provided with high quality change management support.

Ministry of Social Development

The Ministry is committed to supporting the changes required to deliver improved outcomes for vulnerable children and young people. The implementation of the new operating model will require a number of organisational changes within the Ministry, including transfer of functions, on-going

service level agreements for support services and change management support for existing staff. This also introduces additional demands on the leadership of the Ministry which is set alongside their existing strategic priorities in the areas of policy, welfare and social services.

Potential Partners

The future operating model is highly dependent on the active engagement of a wide range of strategic partners, particularly iwi and Māori organisations. Providers we have spoken to have expressed their willingness and active desire to be involved in true strategic partnerships. The proposed delivery channels approach emphasises the need to involve these partners early through the setting of joint objectives, agreed roles, sharing of resources and risk, and collaborative design.

Stakeholder management

Formal stakeholder management approaches will also be required. A Stakeholder Management Framework will be developed to form the basis of stakeholder management and communication. The Stakeholder Management Framework will include:

- stakeholder analysis to identify the extent to which each major stakeholder group is impacted by change and can influence the change; and the level of commitment and involvement required by the stakeholder, as well as identifying their specific expectations. This information will be used to develop engagement and management strategies,
- guidelines to manage levels of stakeholder engagement with suggested frequency and type of activity, and
- engagement and communication activities which can be tailored in content and delivery for the relevant stakeholder, and establishment or use of appropriate communication channels.

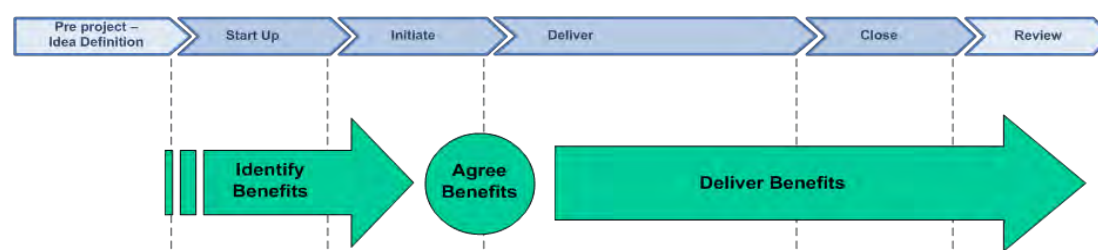
Benefits management approach

The realisation of the Transformation Programme benefits would be managed using a specified benefits management strategy:

- validation of benefits promised by developing robust understanding of project and programme benefits and return on investment (ROI) and
- checking to ensure that the benefits are delivered by tracking and updating benefit realisation and return on investment over time.

An early task for the Programme will be to clearly specify the expected benefits and the associated measures, and then to implement a process to track these benefits.

Figure 40: Three Stage Benefit Management Process



Delivering benefits

As part of the delivery process the Establishment Board/Social Investment Board will be responsible for benefit delivery and will review any approved change requests and the go-live reports for changes to compare what has actually been delivered against what was agreed in the original realisation plan. Changes to delivery scope would be reflected as an adjustment to the expected benefit realisation plan.

Change requests resulting in adjustment to any benefit profile will be highlighted to the Social Investment Board for consideration. The Board will consider the impact of the change on the total programme and may initiate remediation actions such as investing additional money into the initiative to ensure it delivers the required scope, establishing a new initiative to close a benefit gap or adjusting the benefit targets.

Review of performance

Benefits reviews will be undertaken throughout the life of the Transformation Programme. The purpose of such reviews would be to ensure the integrity and suitability of the targets and metrics over the life of the programme. Any subsequent amendments to the benefits profiles would follow the change request governance process. Benefits reviews should also allow any risks and issues around the Transformation Programme's ability to realise benefits to be raised and escalated as appropriate with the programme governance.

Benefit reviews should be at an appropriate frequency (quarterly basis) and continuously managed. As each new phase of work commences, the Programme Director will need to:

- re-validate the anticipated benefits and the extent to which they are being or will be achieved,
- where appropriate, adjust the detailed planning for the phase to optimise the expected benefits,
- capture any changes to the benefits through the change request process and update the Benefit Realisation Process accordingly, and
- ensure that any new team members are fully aware of what they are expected to deliver - and they understand the value they are generating.

Quality Assurance

The Programme will also require a Quality Assurance Approach to:

- ensure the Transformation Programme has a deliberate and consistent focus on quality and an independent assurance coverage,
- enable quality management to run continuously throughout the life of the Transformation Programme and beyond, as the future department continues to realise benefits after the Transformation Programme has transitioned, and
- provide the foundation and tools to enable awareness and achievement of quality to be an integral part of all the day-to-day activities of the Transformation Programme.

Three Lines of Defence

The Programme would use a “Three Lines of Defence”¹⁰⁵ model that provides a simple and effective way to enhance communication on risk management and control by clarifying essential roles and duties.

Figure 41: Three Lines of Defence Model



The **First Line of Defence** is programme management. The Transformation Programme would be accountable for the management of its schedule, financials, risks, issues and delivery of quality outputs, benefits and outcomes.

This includes any vendors, programme management processes and controls, other key design and build controls and good practices (for example Security, Privacy, Health & Safety requirements and acceptance, operational handover and commercials) which support the programme delivering quality ‘products’ and ultimately its objectives. Within a programme environment, this activity is performed by the Programme Management Office or Programme/Project Co-ordinator.

Quality Management is an integral part of the first line of defence and is defined within the Programme’s Quality Strategy. Quality activities are based on lessons learned and best practice and are captured in the Integrated Programme Schedule via a Quality Assurance Activity Plan.

The **Second Line of Defence** is a function that can be undertaken initially by the Enterprise Portfolio Management Office and the Risk function within MSD and then through the equivalent functions within the future department.

This level of quality assurance includes risk management oversight and governance and is informed by status/progress reporting and monitoring. At this level there is a separation of duties of those ‘accountable’ from those ‘responsible’ for delivery.

This level of assurance may also include third party organisations providing additional services (such as training) as well as conducting compliance assessments and reviews including quality reviews (for example, Security, Privacy and other specialists such as Architecture Review, Testing, Quality Management/Inspection and Acceptance roles).

The **Third Line of Defence** could be made up of multiple parties, for example, Independent Quality Assurance, Technical Quality Assurance, probity, Gateway etc. and is responsible for providing

¹⁰⁵ The Institute of Internal Auditors (IIA) www.globaliia.org

control assurance and independent assurance to the Establishment Board/Social Investment Board, and also provides assurance to Minister(s) and Central Agencies.

Other independent assurance reviews could also be conducted by assurance organisations and monitoring agencies including:

- Internal Audit/Assurance Services,
- Government Chief Information Officer (GCIO),
- Treasury, including the Investment Monitoring and Performance team and the Treasury Gateway Review Team,
- Quantitative Risk Assessment Specialist from the Treasury approved panel, and
- Technical Quality Assurance reviewers, (for example Better Business Case specialists, Solution Architecture Specialists).

Risk and Issues Management

The transformational, system-wide changes we are proposing are extensive and courageous – and they need to be if we are to be successful in delivering meaningful and enduring change for children and young people.

However, change of this nature will place stress on core service delivery, and with any change there is a risk core service delivery could be affected. Recognising that there is service failure and poor outcomes in the current system and this will not change immediately, leadership must stay committed to the change even when adverse events occur.

Managing risks to service delivery and ensuring continuity of service is prioritised will be critical to the overall success of the work. New Zealanders need to believe in the changes and have confidence they will truly help vulnerable children.

The Panel is aware of these risks and has identified a series of mitigation strategies:

- early establishment of an advocacy service to provide a real voice for vulnerable children and their whānau during transition,
- iterative roll-out of key changes with smaller groups of stakeholders, ensuring their impact can be properly assessed before they are rolled out to a broader base. Intensive support will be built around these groups to ensure any issues are identified early and remedied,
- collaborative design with all sector stakeholders, especially vulnerable children and their families will be used to help ensure the final designs reflect their needs and aspirations,
- strengthened sector-wide monitoring will be established and will include the review, establishment and base-lining of key outcomes and experience measures at a sector level so that overall impact of the changes can be monitored, and
- workforce capacity monitoring and management will be actively used to ensure staff and other service providers are able to support both the change and their core operational activities. Additional capacity will be put in place where required.

The Transformation Programme will need to ensure the following:

- a robust risk identification process is carried out as part of programme planning, with an acceptable level of 'due diligence' applied,
- processes are in place for risks to be analysed, monitored/controlled and managed on a regular basis,
- relevant risk information is reported by all projects/initiatives within the programme and at all levels of governance,
- both risks and issues are prioritised and escalated at the correct level for decision-making in a timely manner,
- there is active discussion and analysis of risk management information at programme governance and executive management levels, and
- independent reviews as appropriate with regard to:
 - Programme Quality Assurance which focus on programme management practices, procedures and documentation over the life of the project and
 - Controls Assurance which focuses on controls for any new or amended systems and processes required for delivery of the Programme objectives.

The table that follows summarises the initial high level assessment of major risks for the Programme.

Figure 42: Transformation Programme Risks

Risk Event	Initial Risk Rating	Risk Management (mitigation activities)	Residual risk rating
If staff are distracted due to the change, have high workloads due to transition states or processes are unclear during transition then there could be a service failure resulting in poor outcomes for a child or young person	V High	<ul style="list-style-type: none"> • Workforce capacity monitoring and management is used to plan for and manage productivity impacts and increased transition workload. • Iterative and evidence-based rollout using intensively supported phases to understand the impact of changes before they are rolled out more broadly. 	High
If delivery of the changes is fragmented across the sector then the timing of changes may not be aligned resulting in service degradation and/or failure	High	<ul style="list-style-type: none"> • Cross-sector governance and monitoring will be put in place to ensure all impacted agencies are involved in the transition process and can help to identify potential service delivery gaps and risks. • Establish a transition management function in the Transformation Programme that has the mandate for co-ordinating the delivery of the full set of changes and will coordinate the delivery of the most significant changes across the sector. • Completing design of the foundational elements of the new system early and early to ensure there is a common design all parties are working to. 	Medium
If there is a lack of buy-in and/or support from key stakeholders then the changes may be difficult to implement resulting in a solution that is not misaligned or sub-optimal	High	<ul style="list-style-type: none"> • Co-design and collaboration with all sector stakeholders to build buy-in and commitment throughout the change process • Cross-sector governance and monitoring will be put in place to ensure all impacted agencies are involved in the transition process and can raise concerns. • Establishment of a central transition group who has the mandate for co-ordinating the delivery of the changes will provide a driving force behind the changes. 	Medium

Risk Event	Initial Risk Rating	Risk Management (mitigation activities)	Residual risk rating
If the delivery of the changes is not well managed across the sector then the quality of the change process will be compromised	High	<ul style="list-style-type: none"> • Early establishment of child advocacy service to provide a real voice for vulnerable children and their whānau during transition. • Strengthened sector wide monitoring is put in place to monitor system level performance and react as required. • Standard public sector programme and project management disciplines will be employed including the use of MSP and Prince2 methods, central agency monitoring. 	Medium

Communications and engagement approach

A key part of the implementation plan is the detailed development of a communications and engagement strategy for stakeholder groups impacted and other interested parties. Aspects of such a strategy would likely include a suite of messaging which reinforces the intent of the transformational change and why making the shifts required across the sector is vital.

We anticipate the use of existing channels such as regular agency and sector leadership messaging and an on-going presence on agency and sector intranets and briefings.

As well as actively involving staff in further detailed design, there would also be an opportunity for regular face-to-face engagement via forums or local road shows with staff and wider sector at a national, regional and front-line level.

A detailed change management and communications approach will be developed during the establishment of the Transformation Programme.

Agree to implement the future operating model by establishing a Transformation Programme to implement the proposed changes, operating according to a robust programme management system that includes reporting and monitoring, decision-making protocols, change control, change management, stakeholder management, risk and issues management, and benefits realisation.

Agree to implement the changes using a set of principles to guide the implementation:

- a. changes are implemented in a child-centred way with a focus on maintaining a coherent and integrated experience,
- b. there is continuity of services for children and families throughout the transition,
- c. changes will be grouped and implemented across the system in a way which delivers sustained improvement for children and families,
- d. the system-wide transformation will be led in a collaborative, trusting and transparent manner,
- e. staff, providers and partners will be supported throughout the transition to ensure they can continue to deliver critical services, and
- f. the detailed design will continue to incorporate the voice of the child, whānau, caregivers, victims and staff.

Agree to implement the changes through two tranches each of 24 months duration:

- a. Tranche One will deliver changes across all services and building blocks, establish the future department and advocacy service. At the end of this tranche, the investment approach will be in its first year of implementation and the future department will be co-designing and delivering with strategic partners the enhanced services vulnerable children and their families need, and
- b. Tranche Two will deliver the full set of changes required for the future experience for children, young people and their families and tackles more complex changes including technology, information and data governance and market making for care and youth justice services.

Agree to the following governance arrangements for the Transformation Programme:

- a. reporting through the Chief Executive of MSD prior to the establishment of the future department, and then through the Chief Executive of the future department,
- b. an Establishment Board to govern the first phase of the Transformation Programme including creation of the future department, and transition to the Social Investment Board once the future department is established,
- c. Steering Committees for major components such as the technology re-design and implementation, and
- d. use of “three lines of defence” model for programme assurance, based on leading practices for managing successful programmes, including Independent Quality Assurance and monitoring.

10. Conclusion

We have before us a critical opportunity for all of New Zealand to make a difference for vulnerable children, and improve their lives and future opportunities. There was universal acknowledgement that the current experiences of many vulnerable children and the outcomes they achieved were unacceptable. The consequences of this are shouldered by all New Zealanders.

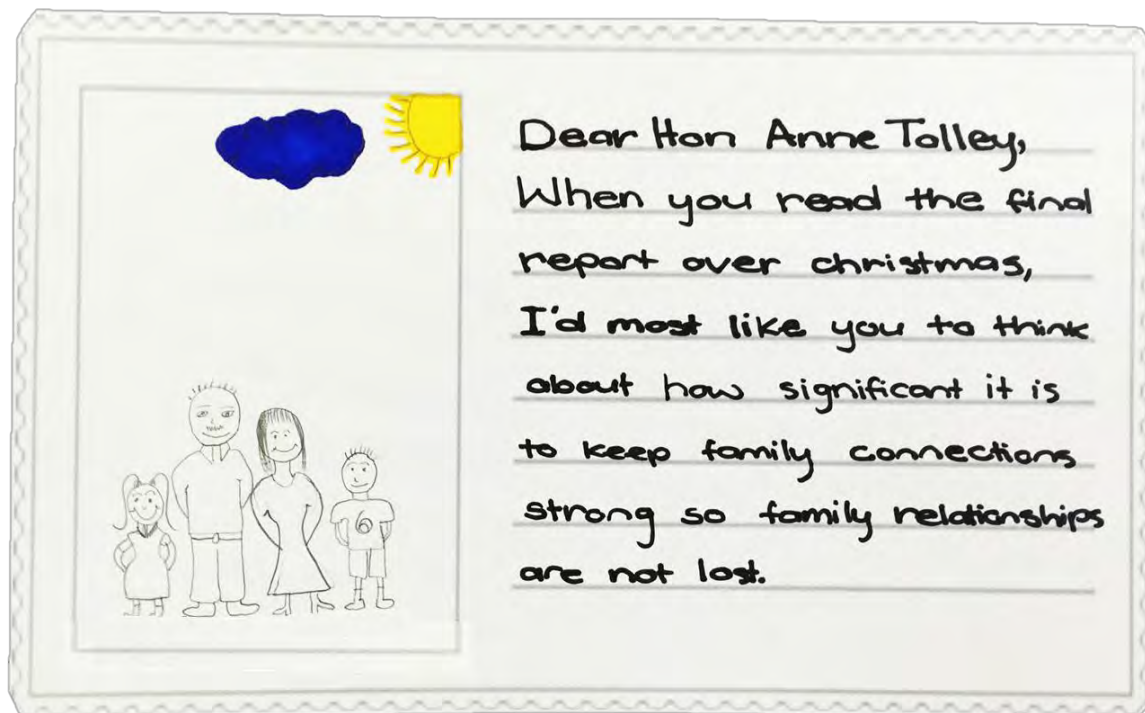
Throughout this work young people have courageously shared their stories and provided critical insights into what needs to change. This input has been invaluable and has played a pivotal role in shaping this report. The report is a blueprint for change and it is critical that the voices of children and young people continue to be at the centre of the next phases of work.

We are proposing a new operating model that places the child at its centre and that takes a long-term view of their outcomes and where we must invest to support these.

It will require the whole of New Zealand to think and act differently about how we care for and value all children, but particularly those who are vulnerable to poor life outcomes through abuse, neglect and offending. It also requires fundamental change across agencies, funding systems and legislation. No single agency will achieve this on its own. The breadth and complexity of vulnerable children's needs requires strong partnership between the range of organisations and communities working with children.

The magnitude of this transformation is substantial, as is the commitment and additional investment required. Our aspirations for vulnerable children are that they will enjoy positive childhoods and have the opportunity to realise their full potential as adults. The benefits of this will be experienced by individual children and young people, their families and whānau, communities and ultimately New Zealand society.

There is reason to be optimistic – the conditions for change are right. This change will require transformational leadership at all levels that engages people, communities and all of New Zealand to build the momentum to deliver the scale of change required.



Postcard from a Youth Advisory Panel member to Minister Tolley, 2015

11. Appendices

Appendix A:	Bibliography
Appendix B:	Panel Membership
Appendix C:	Terms of Reference
Appendix D:	Parallels with Government's Better Business Case Methodology
Appendix E:	Reference Groups
Appendix F:	Research with System Participants
Appendix G:	Collaborative Design Workshops
Appendix H:	Stakeholder Engagement
Appendix I:	Detailed Experience Maps
Appendix J:	Other Structural Options Considered
Appendix K:	Strategic Approach to Delivery Channels
Appendix L:	Options for Managing the Change
Appendix M:	Evidence-Based Programmes and Approaches

Appendices

Expert Panel Final Report

Table of Contents

Appendix A: Bibliography	211
Appendix B: Panel Membership	239
Appendix C: Terms of Reference for the Modernising Child, Youth and Family Expert Panel	240
Appendix D: Parallels with Government's Better Business Case Methodology	245
Appendix E: Reference Groups.....	249
Appendix F: Research with System Participants	253
Appendix G: Collaborative Design Workshops.....	256
Appendix H: Stakeholder Engagement.....	258
Appendix I: Detailed Experience Maps	268
Appendix J: Other Structural Options Considered	275
Appendix K: Strategic Approach to Delivery Channels.....	281
Appendix L: Options for Managing the Change	283
Appendix M: Evidence-Based Programmes and Approaches	285

Appendix A: Bibliography

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- Shipton, T. (2015). *The care connection: Indicative Business Case*. Unpublished manuscript (Presented on 11 August 2015)
- Katz I., Cortis N., Shlonsky, A., & Mildon. R. (2015). *Modernising Child Protection in New Zealand: Learning from system reforms in other jurisdictions* (SPRC Report [to follow/2015]). Unpublished manuscript (Presented on 1 September 2015)
- Mansell, J. (2015). *How data sharing and analytics can be used to support a customer centred operating model*. Unpublished manuscript (Presented on 4 November 2015)

Legislation

New Zealand

Children, Young Persons and their Families Act 1989
 Vulnerable Children Act 2014
 Children's Commissioner Act 2003
 Care of Children Act 2004
 Adoption Act 1955, Adoptions (Inter-country) Act 1997 and the Adult Adoption Information Act 1985
 Social Security Act 1964
 Social Workers Registration Act 2003
 Accident Compensation Act 2001
 Domestic Violence Act 1995
 Crimes Act 1961

Australia

Children, Youth and Families Act 2005 (Victoria)
 Children and Community Services Act 2004 (Western Australia)
 Children, Young Persons and their Families Act 1997 (Tasmania)
 Children's Protection Act 1993 (South Australia)
 Child Protection Act 1999 (Queensland)
 Care and Protection of Children Act 2007 (Northern Territory)
 Children and Young Persons (Care and Protection) Act 1998 (New South Wales)
 Children and Young People Act 2008 (Australian Capital Territory)

United Kingdom

Children Act 1989 (United Kingdom)
 Children Act 2004 (United Kingdom)
 Children and Young People (Scotland) Act 2014

Appendix B: Panel Membership

Paula Rebstock (Chair)

Ms Rebstock has extensive governance experience and is Chair of the ACC Board, Chair of the Work and Income Board, Deputy Chair of KiwiRail, Chair of the Insurance and Savings Commission, a member of the University of Auckland Business School Advisory Board and a Director of Auckland Transport. She is also a Senior Lead Reviewer for the Performance Improvement Framework for the State Services Commission.

Commissioner Mike Bush

Commissioner Bush joined New Zealand Police in 1978 and has held a number of senior operational and administrative positions including Counties-Manukau District Commander, where he pioneered the Prevention First operating strategy. Commissioner Bush led significant operational changes to Police through the Policing Excellence programme. He was awarded the MNZM for his service as New Zealand Police's South East Asian liaison officer following the 2004 Asian tsunami.

Peter Douglas

Mr Douglas has extensive senior management experience in both the public and private sectors. He was the principal Māori adviser at the Ministry of Social Development, a Senior Manager in business banking at Westpac and an adviser in the Prime Minister's Department and Cabinet during the time of the 1992 Māori fisheries settlement. Mr Douglas is the Chief Executive of Te Ohu Kaimoana Māori Fisheries Trust.

Duncan Dunlop

Mr Dunlop has been Chief Executive of Who Cares? Scotland, an independent advocacy charity for young people in care, since January 2012. He has led the development of youth-work infrastructure and programmes in a range of environments from Lithuania and Ghana to the Balkans and across the UK.

Helen Leahy

Ms Leahy is Chief Executive for Te Pūtahitanga o Te Waipounamu, the South Island Whānau Ora Commissioning Agency, and a Specialist Advisor, Strategy and Influence, for Te Rūnanga o Ngāi Tahu. She has held several senior roles in Parliament including Chief of Staff of the Māori Party and Senior Ministerial Advisor for the former Minister of Whānau Ora. A former high school teacher, Ms Leahy has worked in a range of community sectors such as domestic violence, adolescent health and development, youth and women's affairs.

Professor Richie Poulton

Professor Poulton is the Chief Science Advisor to the Ministry of Social Development and has led the Dunedin Multidisciplinary Health and Development Study at the University of Otago for the past 15 years. He is a Professor of Psychology, Co-Director of the National Centre for Lifecourse Research and Director of the Graduate Longitudinal Study. He is a Fellow of the Royal Society of New Zealand, and recipient of the RSNZ Dame Joan Metge Medal.

Appendix C: Terms of Reference for the Modernising Child, Youth and Family Expert Panel

Purpose

These terms of reference describe the objectives and functions of the Modernising Child, Youth and Family Expert Panel (Expert Panel), an independent advisory group appointed by the Minister of Social Development (the Minister).

Background

The former Department of Child, Youth and Family Services (CYFS) merged with Ministry of Social Development (MSD) in 2006. Prior to this time, CYFS experienced significant organisational and performance issues. While there have been improvements, a number of recent reports show that significant issues still exist within Child, Youth and Family. These include:

- The Mel Smith report (2011) emphasised the need for a child-centred approach with all of government taking joint responsibility for child safety and welfare.
- The Broad report (2013) proposed ways to ensure Child, Youth and Family is accountable for what it does, and identified areas for improving the framework of organisational, professional and regulatory structures to support the practice and framework of Child, Youth and Family.
- A Deloitte report looked into Child, Youth and Family spending.
- The Qualitative Review of Social Worker Caseloads, Casework and Workload Management (the Workload Review) (2014) found a lack of clarity around Child, Youth and Family's core business.

In addition, the Children's Action Plan, along with other Government and Ministry of Social Development initiatives, are changing the environment in which Child, Youth and Family operates – creating both opportunities and different expectations.

The Ministry of Social Development has initiated a programme of work that will lead to a significant transformation of Child, Youth and Family, known as Modernising Child, Youth and Family.

Modernising Child, Youth and Family aims to develop a new operating model which sets out the structure, systems and resources needed to help improve the outcomes for children and young people by strengthening and enhancing the way it operates, and provide advice to Government on what future investments should be made to improve Child, Youth and Family's performance.

A first draft of the Modernising Child, Youth and Family Business Case was provided to the Minister in December 2014.

The Minister considers the Modernising Child, Youth and Family programme would benefit from greater external oversight and expertise over the development of the business case. This objective will be achieved through the establishment of an expert panel to provide advice and

oversight over the development and finalisation of the Modernising Child, Youth and Family Business Case.

Objectives

The Government's expectation is that the Expert Panel will provide the Minister with authoritative and independent advice on the development and finalisation of the Modernising Child, Youth and Family Business Case.

Specifically, the Expert Panel is responsible for:

- Providing the Minister for Social Development with a programme level business case by 30 July 2015. The programme level business case will be focused on the case for change, desired future state for CYF and a high level assessment of options for a future CYF operating model; and
- Providing oversight and challenge on the development of the detailed business case, to be delivered to the Minister for Social Development by December 2015, with any Budget decisions considered as part by Budget 2016.

These dates are indicative and are subject to confirmation following discussion between the Chair of the Expert Panel and the responsible Minister.

Scope

In developing the programme level and detailed business cases, the Expert Panel may consider any matter relating to Child, Youth and Family's operating model and core business.

It is the Government's expectation that the Expert Panel will specifically consider:

- The extent to which Child, Youth and Family's current operating model is child-centric and focused on improving results for children and young people
- The core role and purpose of Child, Youth and Family; and opportunities for a stronger focus on this, including through outsourcing some services
- The effectiveness, efficiency and economy of Child, Youth and Family's current spend and the extent to which it is delivering improved results for children and young people. This includes mechanisms for determining distribution of resources to national and regional areas, to individual clients and between care and protection and youth justice services
- The development of an investment approach for Child, Youth and Family to ensure spending is focused on results
- Approaches to improving intake, assessment and planning processes to reduce system churn and to better ensure that children and young people receive the support and services they need
- Actions required to ensure effective planning for young people transitioning from care, including consideration of the costs and benefits of increasing the age of leaving care
- The purpose of Child, Youth and Family care and protection residences and youth justice facilities, and the extent to which these provide effective use of resources to improve outcomes for children and young people

- The professional knowledge, skills and expertise required by Child, Youth and Family to deliver improved results for children and young people they work with, and implications of this for providers of training, development and contracted services
- The extent to which effective strategies are in place to recruit, support and retain high quality caregivers who are able to provide stable placements and meet the diverse needs to those requiring care
- The adequacy of current independent oversight, advocacy and complaints mechanisms for Child, Youth and Family
- Approaches that Child, Youth and Family could use to form stronger partnerships with other Government agencies and non-governmental organisations to improve results for children and young people
- The interactions, alignments and responsibilities of Child, Youth and Family, Children's Teams and other relevant services
- The availability, access and use of evidence, data and information to support accountability and management decision-making, including monitoring and evaluation of the quality, costs and outcomes for children and young people
- The potential role of data analytics, including predictive risk modelling, to identify children and young people in need of care and protection
- How technology might be better utilised by Child, Youth and Family to enable staff to focus on more effective working with children, young people and their families
- Any legislative barriers that prevent the delivery of improved results for children and young people who come into contact with Child, Youth and Family
- How to ensure that the new operating model delivers better outcomes for all Child Youth and Family's clients, and particularly for Māori
- Any other issues that the Expert Panel believe is necessary to be considered as part of the Modernising Child, Youth and Family Business Case or brought to the Minister of Social Development's attention.

Accountability

The Expert Panel is accountable to the Minister for the quality and timeliness of its advice and reports.

The Chief Executive is accountable to the Minister for the implementation and ongoing delivery of the Modernising Child, Youth and Family Programme.

The State Services Commissioner will have regard to the advice of the Expert Panel when assessing the performance of the Chief Executive on matters concerning the development of the Modernising Child, Youth and Family Business Case.

Conduct of Business

The Expert Panel will agree an approach with the Minister for carrying out its role. This will specify the content and frequency of its reporting. Given the challenging timeframes for the development of the Modernising CYF Business Case, it is expected that the Expert Panel will meet frequently.

The chair of the Expert Panel will:

- provide free and frank advice using a no surprises approach with both the Minister and the Chief Executive
- provide advice that takes account of the resources allocated to the Ministry of Social Development for the development of the Modernising Child, Youth and Family Business Case
- consult the Minister and the Chief Executive before talking to the media
- receive from the Ministry regular, timely and accurate reporting, the nature and detail of which will be determined by the Board.

In order that the Expert Panel can fully execute its functions it is expected that the Ministry of Social Development will support their role by operating a no surprises approach, provide timely advice and information to the Expert Panel, and consult with the Expert Panel on engagement with the media.

All advice or information provided to the Expert Panel by the Ministry of Social Development will be subject to the provisions of the Official Information Act. All advice or information provided by the Expert Panel to the Minister, other ministers, and/or the Chief Executive, will be subject to the provisions of the Official Information Act 1982 and its release will be subject to consultation with ministers. Decision on the release of information will be determined after consultation with all interested parties.

The Chief Executive will support the Expert Panel by ensuring that it is provided with the information and expert advice (e.g. actuarial advice) relevant to the development of the Modernising Child, Youth and Family Business Case. The Chief Executive will meet with the Expert Panel's chair to determine the form and content of this information, and on other support to be provided. They will agree upon an annual budget for the Expert Panel following consultation with the Minister.

Authority

The Expert Panel is an advisory body and has no authority to direct any Government department or agency, employ staff, enter into contracts, or make commitments or undertakings on behalf of any Minister or Chief Executive.

Review

The Minister will review these terms of reference and the membership of the Expert Panel in November 2015, with a view to shifting their focus towards assurance over implementation of the Modernising Child, Youth and Family Business Case.

The Minister will consult with Cabinet on proposed changes to the Expert Panel's terms of reference and membership before the end of 2015.

Membership

The Expert Panel shall consist of five members, including the chair.

Together, members should have:

- Extensive, large scale change management experience, preferably in an operational environment;
- Experience in developing and / or providing assurance on an actuarial valuation model;
- A strong understanding of CYF's operating environment, or of a comparable operating environment in another jurisdiction;
- Senior and recent Public Service experience;
- Strong understanding of tikanga Māori; and
- Strong governance capability.

The chair and members of the Expert Panel are appointed by the Minister for Social Development, following consideration by Cabinet's Social Policy Committee.

Members shall be appointed for a period determined by the Minister. Members may be reappointed at the discretion of the Minister.

The Minister for Social Development may remove a member of the Expert Panel from that office by issuing written notice stating the date from which the removal of the member is effective. The Minister may, at his or her discretion, consult with the chair before removing a member of the Expert Panel. The chair may be removed from the board by the Minister for Social Development issuing written notice stating the date from which the removal of the chair is effective.

Any member of the Expert Panel may tender their resignation at any time by way of letter addressed to the Minister for Social Development.

Members are expected to act in good faith, with integrity and with reasonable care in performing their duties on behalf of the Expert Panel.

The Chief Executive, or his or her designated representative, shall have a standing invitation to attend the Expert Panel's meetings and to contribute to deliberations, but is not a member of the Expert Panel. The chair may choose, from time to time, to exclude officials from a meeting or part of a meeting.

Fees and Expenses

Fees are determined under the fees framework set out in Cabinet Office Circular CO (12) 06.

Appendix D: Parallels with Government's Better Business Case Methodology

This report addresses the specific items in the Terms of Reference and includes relevant elements of a programme level business case, allowing for the fact that, as an external review, the Panel has adopted an approach that is different from the Better Business Case process. For example:

- The better business case process is sponsored at the most senior levels within an organisation, whereas an external review is independent (and may not arrive at the same path that the organisation would have chosen).
- An external review is always likely to have a less complete picture of the organisation's internal readiness and ability to implement the recommended changes, and therefore more work will be required after the Report to confirm costs, benefits and timeframes.

The Panel is conscious of the Government's wish to have sufficient clarity of the path ahead to make funding decisions as part of Budget 2016. This report addresses the following elements of a programme business case:

- The strategic case for the programme, which is divided across both the Interim Report and this Final Report. The strategic context is summarised in the Interim Report. New analysis that further supports the strategic case, as well as further evidence from the experience of children, young people and other key system participants is set out in chapter 4.
- The economic case for the programme, which is set out in chapters 5 and 6, summarises the proposed programme of changes.
- The financial case for the programme, which is summarised in chapters 7 and 8, sets out specific budget implications for the 2016/17 year, aligned with the first phase of detailed implementation planning.
- The management case for the programme, which is summarised in chapter 8, sets out the proposed implementation plan across two tranches of work, to be carried out over a 4 year period.

The *commercial case* for the programme is not addressed – commercial arrangements concerning the implementation of the proposals would be determined as part of the Tranche 1 of the Transformation Programme.

The elements of a programme level business case addressed in this report and the Interim Report are set out in the following table.

Figure 43: Parallels with Government's Better Business Case Methodology – References to Sections of the Report

<i>Better Business Case</i>	<i>Description</i>	<i>Reference</i>
Strategic Case	<p>For this part of the Better Business Case, the Interim and Final Report sets out the:</p> <p>Strategic context</p> <p>The strategic context has been set out in the Interim Report. The Interim Report provided a detailed current state assessment of CYF systems, operations, processes, data and external sector and organisational factors, and highlighted those areas where change is needed. The Interim Report also provided a detailed problem assessment.</p> <p>Business needs</p> <p>The Final Report re-confirms the strategic context and the critical business needs. It provides further analysis of key issues, including mortality in young people and young adults, and youth justice trends. Further evidence to support the case for change and the need for investment has been gleaned from interviews held with young people (including those with experience of the youth justice system), families/whānau, caregivers and front-line staff.</p> <p>Investment objectives</p> <p>Chapter 3 of the Final Report reconfirms the future system objectives and design principles. The overall purpose of the new system, and high level success measures are set out in Chapter 5.</p> <p>Key requirements for a future system</p> <p>The extensive engagement on this was undertaken through collaborative design workshops with participants (young people, family/whānau, caregivers, social workers, other agency professionals and victims) who engage directly with the care, protection and youth justice systems. In addition, two reference groups (Practice Reference Group and Māori Reference Group) and a Youth Advisory Panel were set up to test the design development of the Secretariat. Experts and stakeholders were also consulted, either by the Panel or the Secretariat. The insights gathered from the extensive engagement undertaken have helped to identify the requirements which are essential to achieving the objectives of the future system.</p>	<p>Chapters 2, 4 and 5 of the Interim Report and Chapter 7 of the Interim Report sets out the case for change</p> <p>Chapter 4 of the Final Report</p> <p>Set out in Chapters 3 and 4.</p> <p>Chapter 4 of the Final Report</p>

<i>Better Business Case</i>	<i>Description</i>	<i>Reference</i>
	<p>Benefits</p> <p>The high level potential economic and social benefits of making the proposed changes have been summarised in Chapter 7. Indicative benefits have been estimated using an actuarial-based investment approach, using evidence and experience from the application of an investment approach to welfare reform.</p>	Chapter 7 of the Final Report
<i>Economic Case</i>	<p>The Final Report includes the following elements of the economic case:</p> <p>Option identification and assessment</p> <p>Additional engagement (this includes research, talking to experts, and testing and refining concepts with the Practice and Māori Reference Groups and the Youth Advisory Panel) was undertaken to identify the attributes that are essential to successful delivery of the future experience. Based on the key insights identified throughout the collaborative design workshops, the Final Report provides a high level blueprint for the design of a target operating model and associated operating systems. Options identification and assessment against this high level blueprint would occur through the detailed design period.</p> <p>Five overall system structural options were developed and evaluated, and these are described in Chapter 6, and in the detailed Appendix J. The proposed system structure and the grounds for its selection are also outlined in Chapter 6. A number of different organisational form options for the core agency are also set out in Chapter 6.</p> <p>Three different implementation management options are discussed and analysed in Chapter 8, and Appendix L.</p> <p>Cost benefit analysis</p> <p>Chapter 7 of the Final Report details the investment logic and investment strategy that underpins the report and provides an indication of the potential return on the investment that could be expected, in terms of an actuarial release of liability.</p> <p>It also provides a high level estimate of the potential notional future costs of implementation of the proposed changes, over a 10-year timeframe.</p> <p>Analysis of costs and benefits would occur in a subsequent phase.</p>	<p>Chapter 6 of the Final Report sets out and analyses a number of options for system structure and organizational form</p> <p>Chapter 8 of the Final Report</p> <p>Chapter 7 of the Final Report</p> <p>Chapter 9 of the Final Report</p>

<i>Better Business Case</i>	<i>Description</i>	<i>Reference</i>
<i>Financial Case</i>	<p>Current funding</p> <p>Chapter 7 sets out the current MSD funding devoted to vulnerable children and their families, including summary commentary on existing funding pressures.</p> <p>Overall funding strategy</p> <p>A proposed high level strategy for the additional funding proposed is set out in Chapter 7. This includes discussion of a variety of potential funding mechanisms including transfer of existing funding into the new department from both MSD and a range of other agencies, reallocation of existing funding and some new funding.</p> <p>Required funding for FY 2016/17</p> <p>The financial costing includes estimates of the funding required in FY 2016/17 for detailed design and the first phase of implementation. A placeholder Budget bid has been submitted and detailed costings will be refined as part of the Budget FY 2017/18 process.</p> <p>Chapter 7 also highlights the need for a detailed business case to be developed once detailed design is complete, for submission into the FY 2017/18 and subsequent Budget rounds.</p>	Chapter 7 of the Final Report
<i>Management Case</i>	<p>For this part of the case, the Final Report proposes the:</p> <ul style="list-style-type: none"> • establishment of a dedicated Transformation Programme reporting to an Establishment Board Establishment of best practice programme management structures and processes to ensure the successful delivery of a complex set of changes over 4 years, in two programme tranches. 	Chapter 8 of the Final Report

Appendix E: Reference Groups

Role of the Reference Group

The collaborative design approach involves engaging a diverse set of participants to ensure all voices are heard and considered; recognising that institutional knowledge is only one source of insight into the changes required. To ensure this occurred, two Reference Groups and an Advisory Panel were established to test, challenge and refine the design work from the perspectives of key client and stakeholder groups. The Reference Groups and the Youth Advisory Panel did not have decision-making powers.

Youth Advisory Panel

A Youth Advisory Panel, made up of eight young people, with current or previous experience of CYF care, provided independent advice on how to improve services to the Minister, the Expert Panel and the Expert Panel Secretariat.

Māori Reference Group

The Māori Reference Group provided independent critical advice and expertise to the design work to ensure any elements relating to the circumstances of vulnerable Māori children are properly considered by the Expert Panel and the Secretariat.

The Māori Reference Group was made up of the following participants:

<i>Member</i>	<i>Role</i>
<i>Rangitane Marsden</i>	Chief Executive Officer, Te Runanga o Ngāi Takoto (a northern Māori tribe) and Co-Chairperson of the Te Hiku (Social Accord) Secretariat. Rangitane was involved in Treaty Settlement negotiations and is now establishing the Post Settlement Governance entity. Rangitane worked for 22 years at CYF including as a Practice Leader and was also a Public Service Association representative.
<i>David Greig</i>	Social Worker who has worked with the Ministry for thirty years. Former Youth Justice Coordinator and Adoptions Coordinator, David has extensive experience working in bi-cultural situations. David was a long-standing member of the Ngati Kahu Social and Health Services Board, and has been on the NZ Social Workers Registration Board as an assessor. David now lives in Northland, where he has been involved with numerous programmes.
<i>Donna Matahaere-Atariki</i>	Member, University of Otago Council and Treaty of Waitangi Committee and member of the Etu Whānau (Māori movement for positive change) Advisory Group to MSD. Former member of Programme Management Advisory Council, CYF, Care and Protection Blueprint Development Group and National Advisory Council – Families and Communities Service. Donna served on the National Taskforce Family Violence and is Chair of Te Runanga o Ōtākou.

<i>Martin Kaipo</i>	Chief Executive Officer, Otangarei Trust – providing structured youth programmes and family support community. Martin has held this position for 24 years and is currently completing a Masters in Māori Development, expected July 2016.
<i>Juanita (Whiti) Timutimu</i>	Maori Responsiveness Advisor from Maori Pacific and Ethnic Services, New Zealand Police co located within Te Runanganui o Ngati Porou. Whiti Timutimu manages Te Roopu Tatai a team that assists whanau to reach their full potential.
<i>Miri Rawiri</i>	Executive Director, Te Kahui Atawhai O te Motu (National body for Iwi and Māori Social Service providers). Formerly CEO, Ngati Ranginui Iwi (Social services), National Iwi Māori Development Advisor and Contract Specialist, CYF. NGO Advisor for Minister Tolley. Miri holds a Bachelor in Social Science and a Diploma in Clinical Psychology.
<i>Josephine Taiaroa</i>	Josephine Taiaroa leads the Whānau and Community services of Te Oranganui Iwi Health Authority in Whanganui. These services include Family Start, Whānau Ora and Health Promotion and Prevention work with whānau and communities. As a member of CYF Panel in Whanganui Josephine has a good insight into the workings of CYF and the range of issues facing vulnerable children and their families/whānau. Managing Family Start and Whanau Ora has provided an opportunity to see what is possible with the right support and encouragement.
<i>Dr Moana Eruera</i>	Principal Advisor Māori, Office of the Chief Social Worker, CYF. With more than 28 years of experience in social, community and iwi social services and education Moana was formerly Director, Kaahukura Enterprises (Consultancy that supported social service providers capability and capacity development nationally and supported the design and implementation of Government social services programmes). Moana has served as a member of the Social Work Registration Board and the Northland Ministry of Social Development Community Response Forum. She is a registered social worker. Her working career and vision has been spent committed to strengthening family and child safety and well-being, social justice, human rights and the development of indigenous frameworks and practices for social and community work.
<i>Dr Leland A Ruwhiu</i>	Principal Advisor Māori (Poutaki Māori), CYF. Leland is a foundation member of both the Tangata Whenua Social Workers Association (TWSWA) and also Tangata Whenua Voices in Social Work (TWVSW).

Practice Reference Group

The Practice Reference Group provided independent input and expertise on matters relating to effective practices and services for vulnerable children.

The Practice Reference Group was made up of the following participants:

<i>Member</i>	<i>Role</i>
<i>Paul Nixon</i>	Paul Nixon is Chief Social Worker for Child, Youth and Family. He has been a social worker for more than 25 years, working in Child Protection and Youth Justice always in a statutory setting. Paul worked for more than 20 years in the UK, previously he was Head of Social Work for North Yorkshire County Council. He has written a number of books on social work, empowerment and work with children and families, and numerous articles and chapters. He has provided consultancy, research and evaluation and training on work with children and families around the world.
<i>Shannon Pakura</i>	New Zealand Parole Board member. Former Professional Advisor for the Social Workers Registration Board and was former Chief Social Worker, CYF. Shannon also teaches social work students and is completing a PhD.
<i>Alison Hussey</i>	Senior Advisor, Ministry of Health-Nursing. Alison is a registered nurse. Prior to joining the Ministry in 2012, Alison was the National Clinical Advisor for Plunket. Alison holds a Master of Philosophy in Nursing.
<i>Jonelle McNeill</i>	Site Manager, CYF. Member of Te Potae Kohatu Māori (CYF Māori Leadership Group). Jonelle is a registered social worker.
<i>Peter Alexander</i>	Youth Justice Manager, CYF. Formerly seconded as Youth Justice Regional Practice Advisor for Auckland. Holds a Bachelor in Social Work.
<i>Mike Munnelly</i>	General Manager, Child and Family Services, Barnados. Mike worked in the UK in child protection before moving to New Zealand. Formerly, Mike led the social work programme at Manukau Institute of Technology, worked at CYF and held a national role at the Department of Labour. Mike holds a Masters in Social Work and Public Administration.
<i>Kelly Anderson</i>	Practice Advisor, CYF. Former South Island Regional Director. Kelly is a registered social worker.
<i>Tusha Penny</i>	Superintendent, National Manager Prevention, New Zealand Police. Formerly Child Protection and Sexual Violence Manager at New Zealand Police.
<i>Linda Surtees</i>	Chief Executive Officer, Fostering Kids. Former Care Advisor, CYF and managed a foster care home for both the Open Home Foundation and CYF.

<i>Dr Ian Hyslop</i>	Professor of Social Work, University of Auckland. Former social work teacher, Unitec and CYF Practice Manager in South and West Auckland. Ian is a registered social worker.
<i>Robyn Corrigan</i>	Member of the MSD Chief Executive Advisory Panel for Complaints, and Children's Action Plan Expert Advisory Panel. Previous Professional Practice Leader – Family Works Northern, Kahui member of the Tangata Whenua Social Workers Association (TWSWA), inaugural Chair of the Social Workers Registration Board (SWRB) and a past-President of the Aotearoa NZ Association of Social Workers (ANZASW).

Appendix F: Research with System Participants

We have engaged with many users of the care, protection and youth justice system through interviews to understand the strengths and opportunities of the current system and its operating model. The research protocol for these interviews and the key insights we gained from all the participants is set out below.

Research protocol for interviews

A comprehensive research protocol was developed for the interview approach. This included a detailed experience map, outlining what the interviewee would experience at each stage in the process. Our overarching key message to the interviewees was “you are participating in making things better, and we’re learning from you.” Cultural considerations were also at the heart of the process. With regards to interviews with young people, this approach was also assessed by the Office of the Children’s Commissioner.

Each of the interviewees was provided with an information pack so that every person was aware of the process. The day before each interview, the lead interviewers contacted the interviewee to introduce themselves and explain the interview process in more detail. We conducted the interviews in a place chosen by the interviewee, where they felt safe and comfortable to share their experiences. We also invited them to bring along a person to support them.

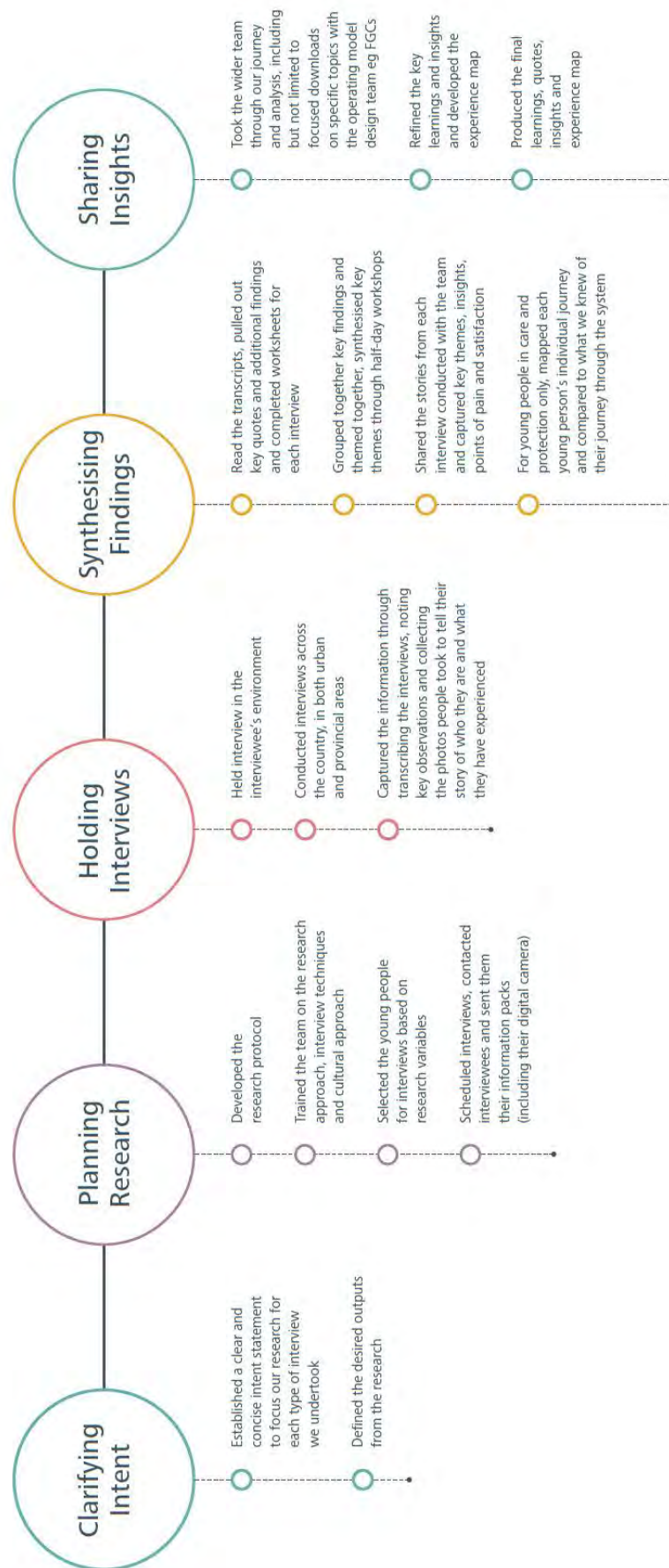
Interviews were conducted in pairs, with one specialist in human-centred design and research, and another interviewer who had experience in working with vulnerable young people. We also ensured female interviewees always had at least one female interviewer and that at least one of the interviewers was from the same culture as the young person.

As part of the research approach, we provided interviewees with a digital camera in advance of the interview and asked them to take some photos that responded to a range of questions about who they are. At the start of each interview, we asked each interviewee to share their photos and sought their agreement to use any photos that didn’t identify anyone in our final insight document.

The photos proved invaluable, as they gave us deeper insight and richness into the interviewee’s experience. They also proved a useful way to start the interviews as they gave the interviewee something specific to speak to as rapport was built.

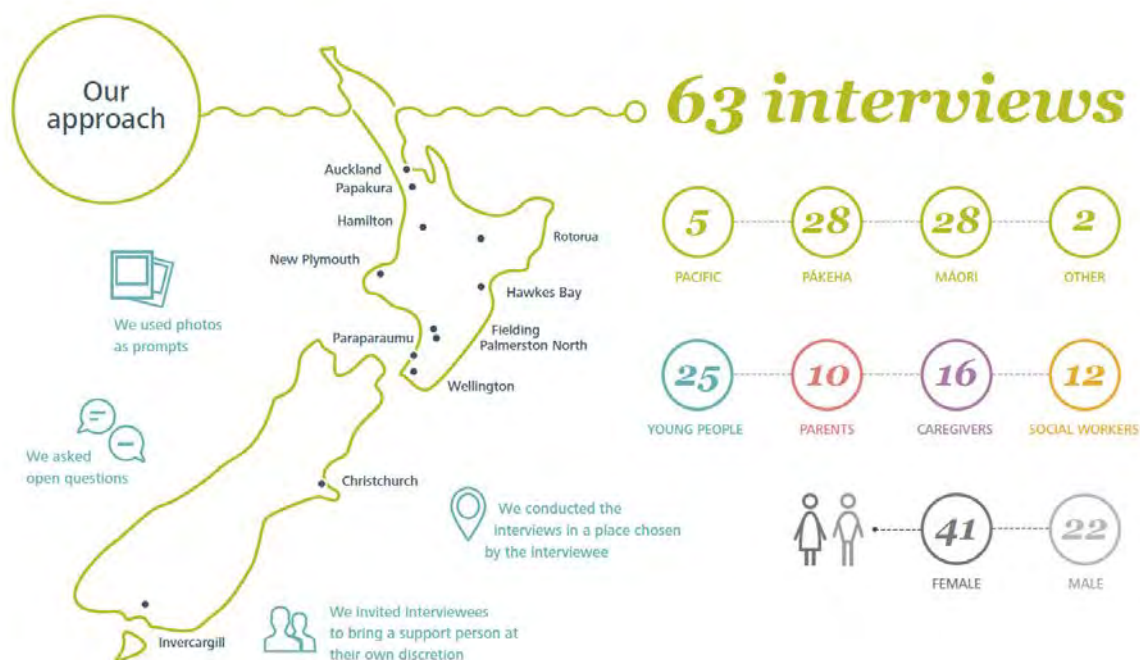
A summary of our approach is summarised in the figure over the page.

Figure 44: The Process



In total, we held 63 interviews with a wide range of young people, parents, caregivers and social workers, this is summarised in the figure below.

Figure 45: Interviews Held



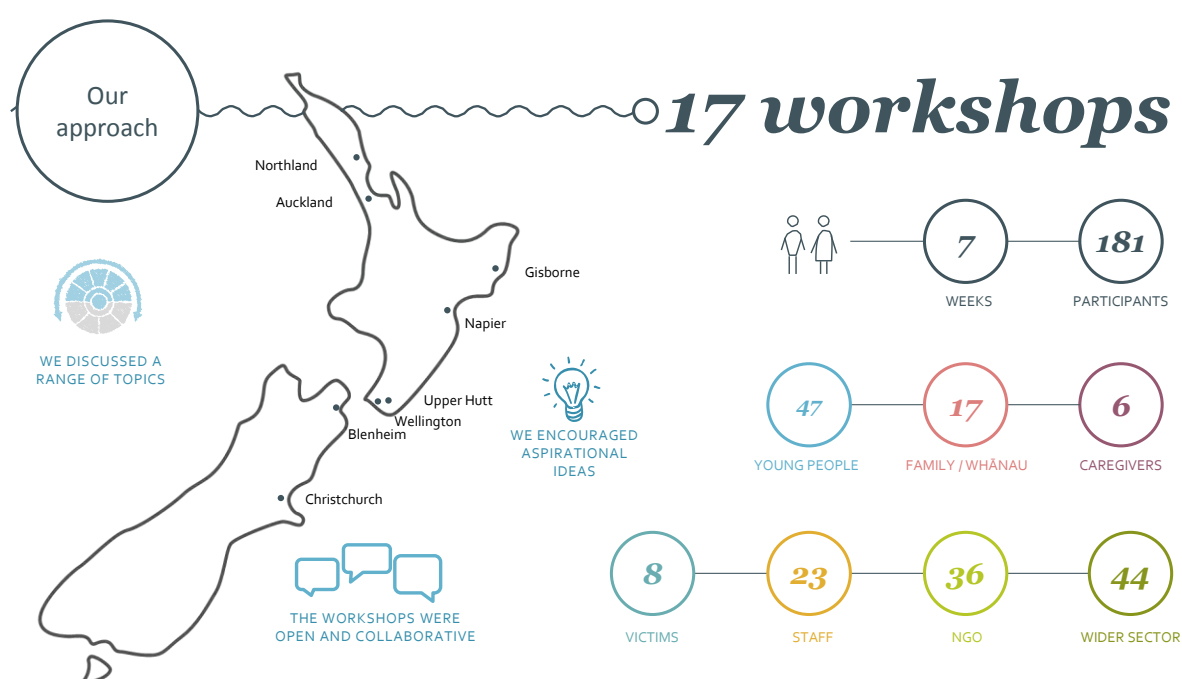
Appendix G: Collaborative Design Workshops

Collaborative Design Workshops

We have engaged with many users of the care, protection and youth justice system to explore what a future system that places children and young people at its centre would look like.

Collaborative design workshops were used as a forum for generating new ideas and aspirations; a safe and engaging place where we worked together with the users of the system to imagine the future in New Zealand. During these workshops we came up with unconstrained “what if” ideas that were then further developed, tested and refined.

Figure 46: Workshops Held



17 collaborative design workshops with staff and stakeholders across the system were facilitated by the Secretariat.

Selection and Participation

The intention of these sessions were to involve a mixture of persons with involvement in the care, protection and youth justice system (such as caregivers, CYF staff and staff from other agencies), and persons with experience in similar situations (for example, the aged care and disability sectors).

The number of participants involved in these sessions was reflective of the need to balance a representation of, and input from, a range of stakeholders, with the need for the size of workshops to be manageable.

Participants were chosen on the basis they:

- had experience or a perspective that was useful to include in idea generation,
- could actively contribute to and/or support “outside the square” thinking,

- were able to participate effectively in a dynamic, ideas-focused session, or
- had experience that would be helpful during testing workshops, with a practical perspective to ensure quality and feasibility of design concepts .

Process for workshops

Information for participants was provided before each workshop and explained to them verbally at the workshop as well. Participants were free to choose whether or not to participate.

Facilitation

Facilitators from within the Secretariat worked in teams to manage each workshop safely. For each workshop the facilitation team's skills covered previous experience in facilitating collaborative design, understanding of CYF and the wider system and expertise in the workshop topic. Where possible, each facilitation team included someone with expertise in kaupapa Māori who was able to support a culturally responsive approach to the running of the workshop.

The Secretariat was supported by Youthline, Wesley Community Action and Victims Support in arranging and facilitating youth, parents and victims. The agencies played a role in arranging and facilitating the workshops that involved the particular groups that they worked with. These community agencies provided support to participants after the workshops were held to ensure that people had access to help if the workshops raised any issues for them.

Appendix H: Stakeholder Engagement

The Panel and Secretariat engaged with a number of people with expertise in care, protection and youth justice or analogous sectors (such as health and disability) both in New Zealand and internationally. The schedule of stakeholders that we met can be found in the table below:

<i>Individual</i>	<i>Position</i>	<i>Organisation</i>
<i>Abbie Reynolds</i>	Corporate Responsibility Manager	Vodafone Foundation
<i>Andrea Blackburn</i>	Integrated Data Manager	Statistics NZ
<i>Andrew Beattie</i>	Manager Social Work Quality Assurance	Ministry of Social Development
<i>Alex Hannant</i>	Chief Executive	Akina Foundation
<i>Anastasia Meredith</i>	Co-General Manager	Turn Your Life Around (TYLA) Youth Development Trust
<i>Andrea McKenzie</i>	Manager Operations Community Services	Wesley Community Action
<i>Angela Rogerson</i>	Founder	Family Crisis Intervention Service
<i>Ann Walker</i>	Policy Advisor, Child, Family and Community	Ministry of Social Development
<i>Anne Hawker</i>	Principal Disability Advisor	Ministry of Social Development
<i>Anthea Simcock</i>	Chief Executive	Child Matters
<i>Anthony Noble-Campbell</i>	Principal	Mangere East Primary School
<i>Amy Gibbs</i>	Team Manager	VIBE
<i>Ashley Shearar</i>	Team Manager, Youth Policy	Ministry of Social Development
<i>Associate Professor Jackie Sanders</i>	Associate Professor	School of Social Work, Massey University
<i>Associate Professor Liz Beddoe</i>	Associate Professor, Faculty of Education	University of Auckland
<i>Associate Professor Nicola Atwool</i>	Associate Professor	Department of Sociology, Gender and Social Work, University of Otago
<i>Bill Peace</i>	Manager	STRIVE Community Trust
<i>Blythe Wood</i>	General Manager Youth Policy & Development	Ministry of Social Development
<i>Brian Coffey</i>	Group Manager	Special Education, Ministry of Education
<i>Bryan Wilson</i>	General Manager Strategic Projects	Ministry of Social Development
<i>Carl Crafar</i>	Associate Deputy Chief Executive Service Delivery	Ministry of Social Development
<i>Carmel Daly</i>	Principal Advisor, Health and Disability	Ministry of Social Development
<i>Carole Tana-Tepania</i>	Manager, Manaaki Tangata	ME Family Services
<i>Caroline Greaney</i>	Policy Manager, Access to Justice	Ministry of Justice

<i>Individual</i>	<i>Position</i>	<i>Organisation</i>
<i>Caroline Greig</i>	Executive Director	New Zealand College of Clinical Psychologists
<i>Catherine Petrey</i>	Policy Manager	New Zealand Police
<i>Chai Chuah</i>	Director-General of Health and Chief Executive	Ministry of Health
<i>Charles Sullivan</i>	Principal Analyst	Ministry of Justice
<i>Chris Polaschek</i>	General Manager, Youth Justice Support	Ministry of Social Development
<i>Christina Howard</i>	Child and Family Advisor	Todd Foundation
<i>Colin Hamlin</i>	Principal Advisor	Ministry of Health
<i>Darius Fagan</i>	Chief Probation Officer	Department of Corrections
<i>Daryl Brougham</i>	Author	
<i>David Crooke</i>	Principal Advisor, Civil and Constitutional	Ministry of Justice
<i>David Hanna</i>	Director	Wesley Community Action
<i>David Lambie</i>	General Manager	Ministry of Education
<i>David Trappitt</i>	Assistant Commissioner Prevention and Road Policing	New Zealand Police
<i>David Wood</i>	Lead Advisor	Ministry of Social Development
<i>Dean Rutherford</i>	Manager of Information and Analysis	Ministry of Justice
<i>Deidre Nel</i>	Principal Advisor Clinical Practice	Open Home Foundation of New Zealand
<i>Denise Tapper</i>	Manager, Clinical Services	Ministry of Social Development
<i>Diane Garrett</i>	Manager Family Works Service Development Unit	Presbyterian Support New Zealand
<i>Diane Vivian</i>	Founding Member and Chair	Grandparents Raising Grandchildren
<i>Dianne Lummis</i>	President	New Zealand Association of Children and Adolescent Psychotherapists
<i>Donna Provoost</i>	Manager	Office of the Children's Commissioner
<i>Donella Bellett</i>	Lead, Evaluation	Martin Jenkins
<i>Dr Ang Jury</i>	Chief Executive	Women's Refuge New Zealand
<i>Dr Bruce Perry</i>	Psychiatrist	Child Trauma Academy Houston
<i>Dr David Bratt</i>	Principal Health Advisor	Ministry of Social Development
<i>Dr Don Simmers</i>	Board Member	NZMA Services Ltd
<i>Dr Felicity Dumble</i>	Chair	Child and Youth Mortality Review Committee
<i>Dr Fiona Cram</i>	Director	Katoa Ltd
<i>Dr Fiona Inkpen</i>	Chief Executive	Stand Children's Services Tū Māia Whānau

<i>Individual</i>	<i>Position</i>	<i>Organisation</i>
<i>Dr Iain Matheson</i>	Consultant	Matheson Associates Ltd
<i>Dr Jackie Feather</i>	Senior Lecturer/Internship Convenor	Auckland University
<i>Dr John Crawshaw</i>	Director and Chief Advisor of Mental Health	Ministry of Health
<i>Dr Justine Cornwall</i>	Deputy Children's Commissioner	Office of the Children's Commissioner
<i>Dr Morag McDowell</i>	Coroner	Ministry of Justice
<i>Dr Pamela Hyde</i>	Executive Director	The New Zealand Psychological Society
<i>Dr Pat Tuohy</i>	Chief Advisor, Child and Youth Health	Ministry of Health
<i>Dr Patrick Kelly</i>	Paediatrician, Child Protection Team	Starship Hospital, Auckland District Health Board
<i>Dr Peter Stanley</i>	Clinical Psychologist	The New Zealand Psychological Society
<i>Dr Polly Atatoa-Carr</i>	Associate Director, Culture and Identity Domain Leader, Growing up in New Zealand Study	Waikato Clinical School Child Health Unit, Waikato District Hospital
<i>Dr Russell Wills</i>	Children's Commissioner	Office of the Children's Commissioner
<i>Dr Sarah Calvert</i>	Clinical Psychologist	The New Zealand Psychological Society
<i>Dr Sue Bagshaw</i>	Senior of Paediatrics Director Senior Medical Officer	Collaborative for Research and Training in Youth Health and Development Trust, University of Otago
<i>Emily R Munro</i>	Deputy Director	Thomas Coram Research Unit, University College London
<i>Emily Russell</i>	Senior Advisor, Child and Family Programmes	Ministry of Health
<i>Emma Powell</i>	Strategy Manager Sexual Violence	Accident Compensation Corporation
<i>Erin Polaczuk</i>	National Secretary	New Zealand Public Service Association
<i>Fleur Keys</i>	Public Policy Consultant	Ministry of Justice
<i>Gail Kelly</i>	Director of Client Services and Sector Change	Superu (Social Policy Evaluation and Research Unit)
<i>Geoff Lewis</i>	Inquiry Director	Productivity Commission
<i>Gordon McKenzie</i>	Manager, Community Engagement	Ministry of Social Development
<i>Grace Ikiua</i>	Chief Executive	Good Seed Trust
<i>Graeme Dingle</i>	Executive Trustee	Graeme Dingle Foundation
<i>Helen Presland</i>	Programme Manager	Ministry of Social Development

<i>Individual</i>	<i>Position</i>	<i>Organisation</i>
<i>Helen Topham</i>	Senior Advisor, Child's Action Plan	Ministry of Health
<i>Herwig Raubal</i>	Chief Risk and Actuarial Officer	Accident Compensation Corporation
<i>His Honour Judge Andrew Becroft</i>	Principal Youth Court Judge	Ministry of Justice, Youth Court
<i>Howard Broad CNZM</i>	Trustee	Turn Your Life Around (TYLA) Youth Development Trust Board
<i>Inspector Kevin Taylor</i>	Area Commander, Eastern Bay of Plenty	Whakatane Police, New Zealand Police
<i>Inspector Ross Lienert</i>	National Manager, Youth	New Zealand Police
<i>Inspector Warwick Morehu</i>	District Youth and Communities, Bay of Plenty	Whakatane Police, New Zealand Police
<i>Inspector Wati Chaplow</i>	Maori Responsiveness Manager	Countie Manukau Police, New Zealand Police
<i>Jackie Edmund</i>	Chief Executive	Family Planning NZ
<i>Jackie Fawcett</i>	Manager	Ministry of Health
<i>Jackie Richardson</i>	Chief Operating Officer	Auckland City Mission
<i>Jackie Talbot</i>	Workforce Director	Children's Action Plan
<i>Jacqui Southey</i>	Child Rights Education and Youth Participation Manager	UNICEF New Zealand
<i>James Mansell</i>	Business Owner	NOOS
<i>Janice Gemmell</i>	Secretary and Lead Organiser	National Union of Public Employees
<i>Jared Forbes</i>	Senior Analyst, Research & Evaluation	Ministry of Social Development
<i>Jean McDonald</i>	Manager, High Needs Services	Ministry of Social Development
<i>Jeff Sanders</i>	Chief Executive	Barnardos
<i>Jenny Gill</i>	Chief Executive Officer	Foundation North
<i>Jenny Prince</i>	Nurse and Chief Executive	Plunket
<i>Jenny Wyber</i>	National Leader Intensive Families Services	CCS Disability Action
<i>Jo Field</i>	Deputy Chief Executive, Service Development	Department of Corrections
<i>Joanne Rosandich</i>	National Cultural Advisor	Open Home Foundation of New Zealand
<i>John Edwards</i>	Privacy Commissioner	Office of the Privacy Commissioner
<i>John Hancock</i>	Senior Legal Advisor	New Zealand Human Rights Commission
<i>John McCarthy</i>	Manager	The Tindall Foundation
<i>Joy Gunn</i>	Deputy Chief Executive/National Manager Quality, Innovation & Development	CCS Disability Action
<i>Judge Carolyn Henwood CNZM</i>	Chair	Henwood Trust

<i>Individual</i>	<i>Position</i>	<i>Organisation</i>
<i>Judith Morris</i>	Council Member	New Zealand Association of Psychotherapists
<i>Judy Matai'a</i>	Chief Executive	Anglican Trust for Women and Children
<i>Julia Whaipooti</i>	Chair	JustSpeak
<i>Julie Shipton-Pasgaard</i>	Senior Injury Manager	Accident Compensation Corporation
<i>Karanina Sumeo</i>	Principal Advisor, Pacific	Ministry of Social Development
<i>Karen Guilliland</i>	Chief Executive	NZ College of Midwives
<i>Kathryn Norris</i>	Service Design Programme Director, Children's Action Plan	Ministry of Social Development
<i>Katie Bruce</i>	Senior Analyst	Superu (Social Policy Evaluation and Research Unit)
<i>Katie Stevens</i>	Consultant	Martin Jenkins
<i>Katrina Casey</i>	Deputy Secretary Sector Enablement and Support	Ministry of Education
<i>Katrina Quickenden</i>	Principal Analyst	The Treasury
<i>Kelly Manning</i>	Training Manager	Youthlink
<i>Ken McIntosh</i>	Principal	Centre Regional Health School
<i>Kerry Leggett</i>	General Manager	VIBE
<i>Kevin Tso</i>	Chief Executive	Victim Support
<i>Kim Nathan</i>	Senior Client Products and Services Analyst	Superu (Social Policy Evaluation and Research Unit)
<i>Kirsten Windelov</i>	Policy Advisor	New Zealand Public Service Association
<i>Kirsti Luke</i>	Chief Executive	Ngai Tuhoe Iwi
<i>Kristen Sharman</i>	Senior Analyst	Ministry of Health
<i>Laura Gibbons</i>	Communication Specialist	UNICEF Pacific
<i>Linzi Jones</i>	General Manager, Quality	Victim Support
<i>Lisa Woods</i>	Executive Officer	Every Child Counts
<i>Lison Harris</i>	Principal Advisor, Access to Justice/Review of Family Violence Legislation	Ministry of Justice
<i>Liz Gibbs</i>	Chief Executive	Philanthropy NZ
<i>Liz Taniehu</i>	National Director Pacific Community Investment	Ministry of Social Development
<i>Lucy Sandford-Reed</i>	Chief Executive	Association for Social Workers in Aotearoa New Zealand
<i>Lydia Allan</i>	Area Manager Bay of Plenty & Eastern Districts	Victim Support
<i>Lyn Doherty</i>	Psychologist	Ohomairangi Trust
<i>Mahue Greaves</i>	Chief Executive	Ngati Kahu Social Services
<i>Maia Fowler</i>	Incredible Years Facilitator	Mangere East Adult Learning Centre

<i>Individual</i>	<i>Position</i>	<i>Organisation</i>
<i>Major Pam Waugh</i>	National Secretary for Social Services	Salvation Army
<i>Malo Ah-You</i>	Deputy Chief Executive	Ministry of Pacific Island Affairs
<i>Mandy Wittman</i>	General Manager	Open Home Foundation of New Zealand
<i>Marc DeBoer</i>	Principal Analyst	Ministry of Social Development
<i>Maree Roberts</i>	General Manager, Child, Family and Community Policy	Ministry of Social Development
<i>Maria Burgess</i>	Team Manager – Te Kākano	Wesley Community Action
<i>Marion Heeney</i>	Chief Executive	Youth Horizons Trust
<i>Mary-Jo King</i>	Manager Sensitive Claims	Accident Compensation Corporation
<i>Matthew Harward</i>	Council Member	New Zealand Association of Psychotherapists
<i>Matthew Beauchamp</i>	Chief Advisor	Ministry of Social Development
<i>Matthew Powell</i>	Principal Policy Analyst	Ministry of Health
<i>Matua Charles Hohaia</i>	Family Therapist	Te Waka Whaanui
<i>Michael Williams</i>	Director Operations	Youth Horizons Trust
<i>Miranda Richie</i>	National Violence Intervention Prevention Manager for DHBs	Health Networks Ltd & Ministry of Health Violence Intervention Programme
<i>Moiria Wilson</i>	Principal Analyst	Ministry of Social Development
<i>Murray Edridge</i>	Deputy Chief Executive, Community Investment	Ministry of Social Development
<i>Neil Beales</i>	Chief Custodial Officer	Department of Corrections
<i>Neil Williamson</i>	Principal Solicitor, Legislation	Ministry of Social Development
<i>Nic Blakeley</i>	Deputy Chief Executive, Social Policy	Ministry of Social Development
<i>Nova Salomen</i>	General Manager, Residential and High Needs Services	Ministry of Social Development
<i>Olive Jonas</i>	Housing and Education Manager	Ngai Tuhoe Iwi
<i>Paul Gibson</i>	Disability Rights Commissioner	Human Rights Commissioner
<i>Paula Connolly</i>	Area Manager Wellington District	Victim Support
<i>Peter Sykes</i>	Chief Executive	Mangere East Family Service Centre
<i>Phil Spier</i>	Senior Analyst	Ministry of Social Development
<i>Professor Aron Shlonsky</i>	Professor of Evidence-Informed Practice	University of Melbourne School of Health Sciences, Department of Social Work
<i>Professor Chris Marshall</i>	The Diana Unwin Chair in Restorative Justice	School of Government, Victoria University of Wellington

<i>Individual</i>	<i>Position</i>	<i>Organisation</i>
<i>Professor David Fergusson</i>	Emeritus Professor and founder of the Christchurch Health and Development Study	Department of Psychological Medicine, University of Otago
<i>Professor Dawn Elder</i>	Professor and Head of Department, Department of Paediatrics and Child Health	University of Otago
<i>Professor Don Wilson</i>	Emeritus Professor, Division of Health Sciences	University of Otago
<i>Professor Ilan Katz</i>	Director	Social Policy Research Centre, University of New South Wales
<i>Professor Mark Courtney</i>	Professor	School of Social Service Administration, The University of Chicago
<i>Professor Mark Henaghan</i>	Dean	Faculty of Law, University of Otago
<i>Professor Robyn Mildon</i>	Director	Parenting Research Centre
<i>Professor Robyn Mumford</i>	Professor	School of Social Work, Massey University
<i>Prue Kapua</i>	National President	Māori Women's Welfare League
<i>Puawai Solo</i>	Counsellor and Conflict & Communication Coach	Te Waka Whaanui
<i>Rajesh Chhana</i>	Deputy Secretary Policy	Ministry of Justice
<i>Ray Pillidge</i>	Regional Director for the Northern Region	Massachusetts Department of Children and Families
<i>Rebecca Barson</i>	National Manager, Care	Ministry of Social Development
<i>Rob Templeton</i>	Senior Modelling Analyst	The Treasury
<i>Roberta Morunga</i>	Manager Parenting Engagement	ME Family Services
<i>Roberta Ripaki</i>	Health and Welfare Manager	Ngai Tuhoe
<i>Robyn Pope</i>	Practice Manager	Wesley Community Action
<i>Russell Martin</i>	Chief Executive	Open Home Foundation of New Zealand
<i>Sam Murray</i>	Policy Researcher and Analyst	CCS Disability Action National Office
<i>Sandra Porteous</i>	Senior Advisor, Access to Justice/Review of Family Violence Legislation	Ministry of Justice
<i>Sarah Crichton</i>	Lead Analyst	The Treasury
<i>Sarah Kerkin</i>	Chief Advisor, Civil and Constitutional	Ministry of Justice
<i>Sarah Packman</i>	Team Manager – Te Waka Kotahi	Wesley Community Action
<i>Sarah Symonds</i>	Director Case Management	Department of Corrections
<i>Sean Twomey</i>	Practice Leader	Ministry of Social Development
<i>Sergeant Richard Spendelow</i>	Youth Court Prosecutor	Counties Manukau Police, New Zealand Police

<i>Individual</i>	<i>Position</i>	<i>Organisation</i>
<i>Simon Gianotti</i>	Prevention Strategy Manager	Accident Compensation Corporation
<i>Stephanie Roberts</i>	Principal Policy Analyst	Ministry of Health
<i>Sue Calvert</i>	Team Leader Advisory Psychologist	Accident Compensation Corporation
<i>Sue Mackwell</i>	National Children's Director	Ministry of Social Development
<i>Suzanne Alliston</i>	Acting Team Leader	STOP Children's Programme
<i>Tara D'Souza</i>	Consultant	Social Services Practitioners Association
<i>Tayelva Petley</i>	Operations Manager	Ministry of Social Development
<i>Te Puea Winiata</i>	Chief Executive	Turiki Health
<i>Tien Ung</i>	Director, Leadership Initiatives and Programmes, Center on the Developing Child	Graduate School of Education, Harvard University
<i>Tim Barnett</i>	Team Manager for Team Iwi	Ngai Tuhoe Iwi
<i>Tim Garlic</i>	Senior Policy Advisor, Child, Family and Community	Ministry of Social Development
<i>Tim Hughes</i>	Principal Advisor	Ministry of Justice
<i>Tracie Shipton</i>	Director	Dingwall Trust
<i>Trevor McGlinchey</i>	Executive Officer	NZ Council of Christian Social Services
<i>Trish Grant</i>	Director of Advocacy	IHC New Zealand
<i>Vaughan Crouch</i>	General Manager Workplace Services	Ministry of Social Development
<i>Veronica Bennett</i>	National Manager Business Development	Stand Children's Services Tū Māia Whānau
<i>Vicki Evans</i>	Senior Advisor Catalysts for Change	Foundation North
<i>Vicki Sykes</i>	Previous Chief Executive	Friendship House
<i>Warren Whitcher</i>	Manager	Ministry of Education
<i>Wendy Kelly</i>	Clinical Practice Advisor	School of Psychology, Victoria University of Wellington
<i>Zoey Caldwell</i>	Principal Advisor - Youth	Department of Corrections
<i>Shayne Walker</i>	Chairperson	Social Workers Registration Board
<i>Sean McKinney</i>	Chief Executive	Social Workers Registration Board
<i>Iwi Leaders Forum Group</i>		
<i>Chloe MacKenzie</i>	Policy Advisor, Strategy and Influence	Te Rūnanga o Ngāi Tahu
<i>Lorraine Toki</i>	Alternate Director	Ngāpuhi Asset Holding Company Ltd
<i>Naida Glavish</i>	Chair, Tihi Ora, Tino Rangatiratanga, Health and Lifestyle, Fisheries, Business, Administration and Finance	Te Rūnanga o Ngāti Whātua

<i>Individual</i>	<i>Position</i>	<i>Organisation</i>
<i>Nancy Tuaine</i>	Chief Executive	Te Oranganui Iwi Health Authority
<i>Raniera Tau</i>	Chair	Te Rūnanga-Ā-Iwi-O-Ngāpuhi
<i>Richard Steedman</i>	Claims Manager	Mōkai Pātea Waitangi Claims Trust
<i>Selwyn Parata</i>	Chair	Te Rūnanganui o Ngāti Porou
<i>Sir Mark Solomon</i>	Chair	Te Rūnanga o Ngāi Tahu

<i>Organisations / Teams met</i>
Children's Team Directorate, Ministry of Health
Epuni Care and Protection Residence, Lower Hutt, Wellington
Horowhenua/Otaki Children's Team – Tamariki to Tuatahi, Children's Action Plan
Hamilton Children's Team, Children's Action Plan
Korowai Manaaki Youth Justice Residence, Auckland
Methodist Mission, Christchurch
Ministerial Group on Family Violence and Sexual Violence Work Programme
Social Services Inquiry Team, New Zealand Productivity Commission
Social Sector Trials Team, Ministry of Social Development
Te Au rere a te Tonga Youth Justice Residence, Palmerston North
Te Maioha o Parekarangi Youth Justice Residence, Rotorua
Te Oranga Care and Protection Residence, Christchurch
Te Poutama Ārahi Rangatahi Residence, Christchurch
Te Puna Wai ō Tuhinapo Youth Justice Residence, Christchurch
Waikato Family Safe Network, Hamilton
Whakatakapokai Care and Protection Residence, Auckland
<i>Conferences attended</i>
Family Violence Death Review Committee

Appendix I: Detailed Experience Maps

The following experience maps reflect what we heard from young people, caregivers, families, victims and professionals during the collaborative design phase of this work about what was important to them, and how they would like to experience the future system. The experience maps were developed to describe the future state from the perspective of these key system stakeholders, and were used to test ideas and concepts as we developed the future operating model.

Figure 47: Overview of the Future Experience for Children / Young People, Family / Whānau, Caregiving Family, Victim

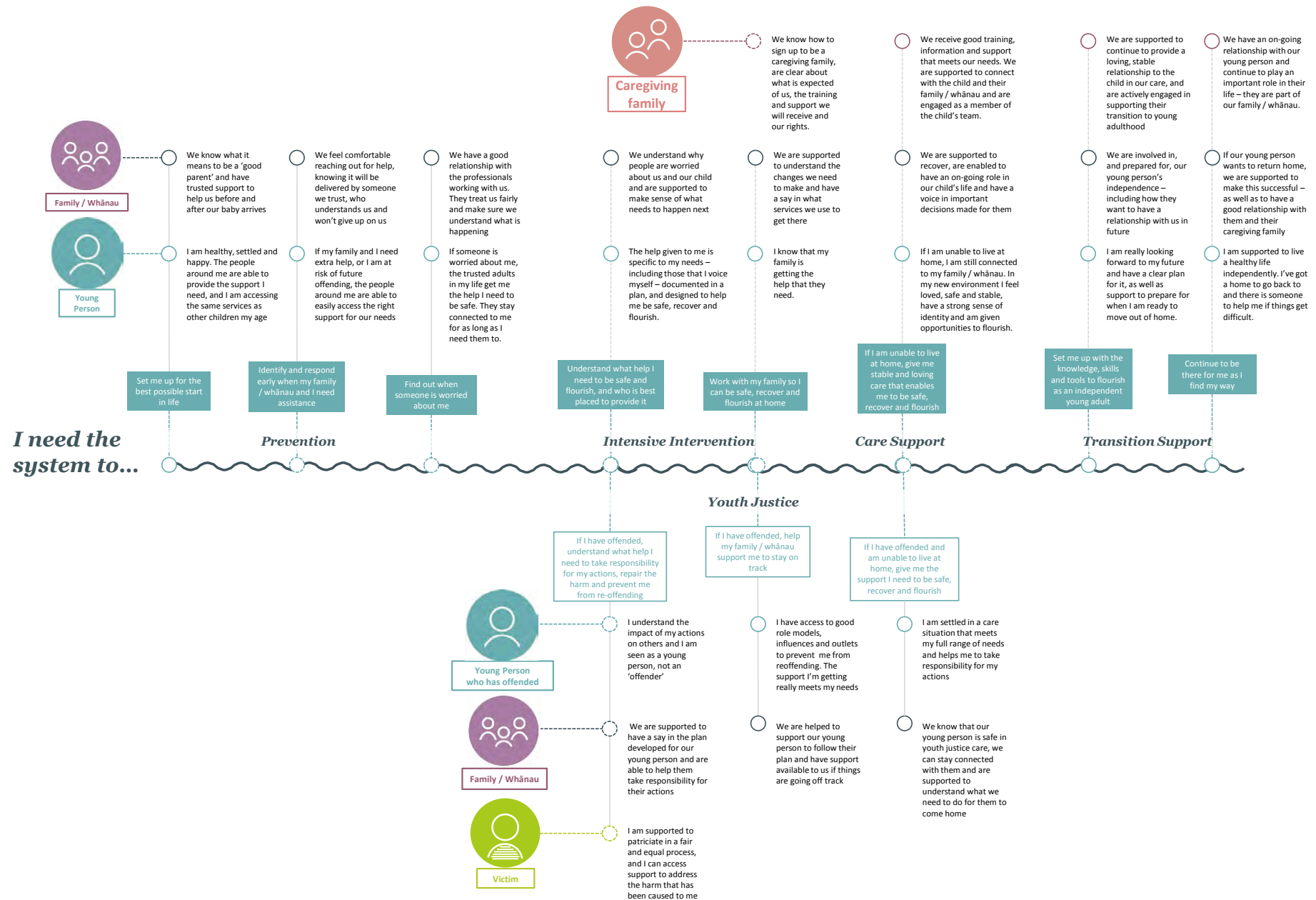


Figure 48: Future Experience of Family / Whānau

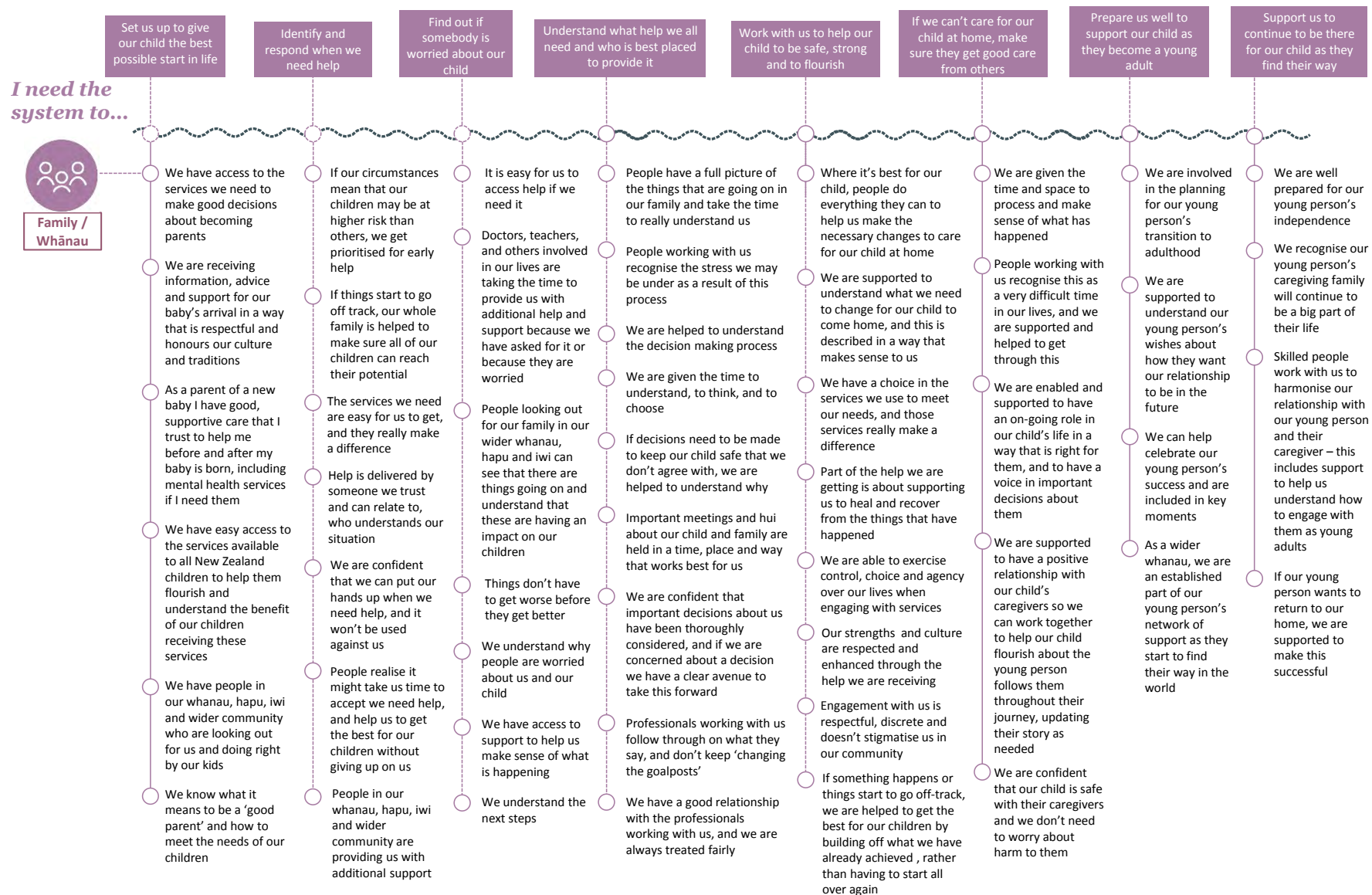


Figure 49: Future Experience of a Caregiving Family

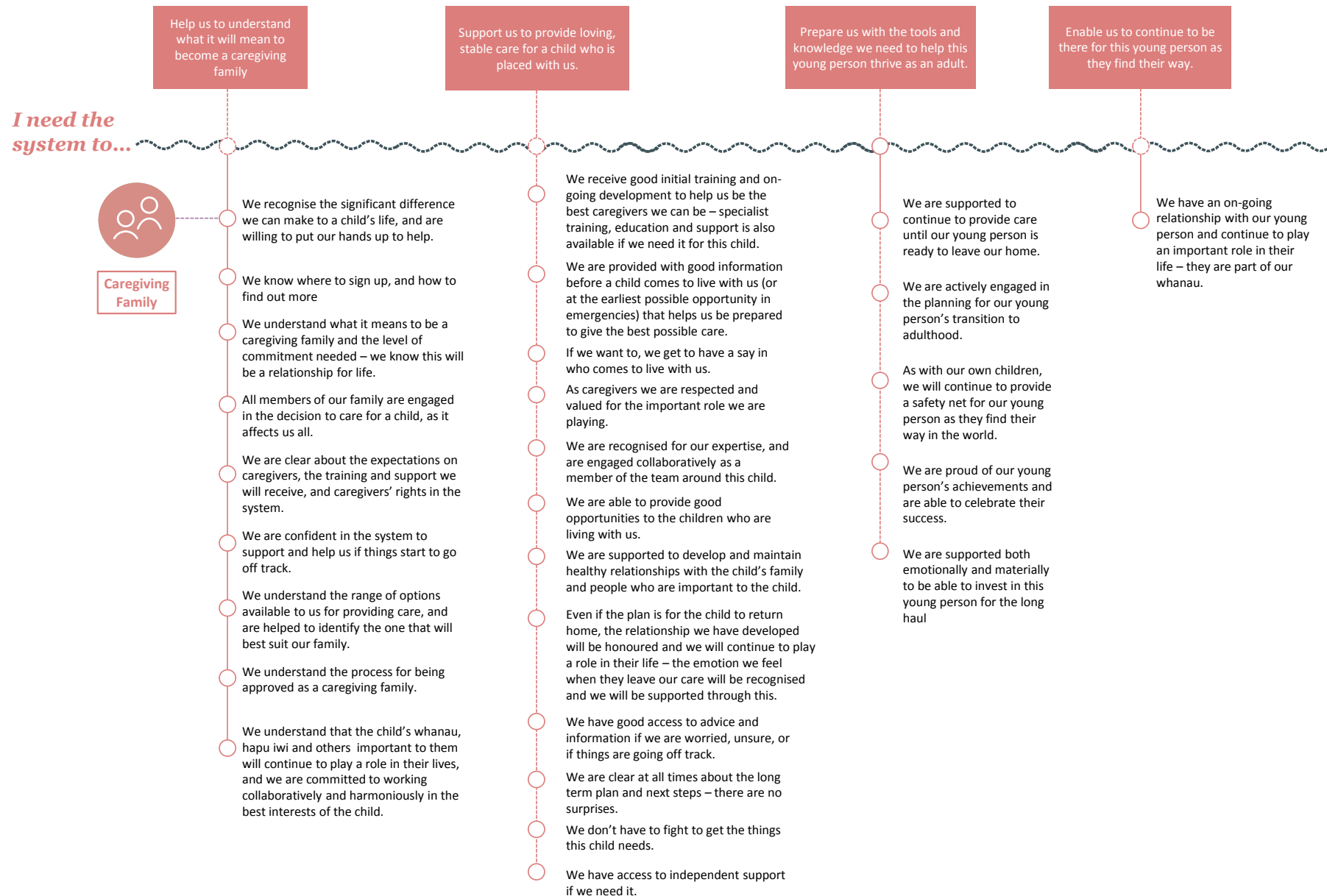


Figure 50: Future Experience of a Member of the Workforce

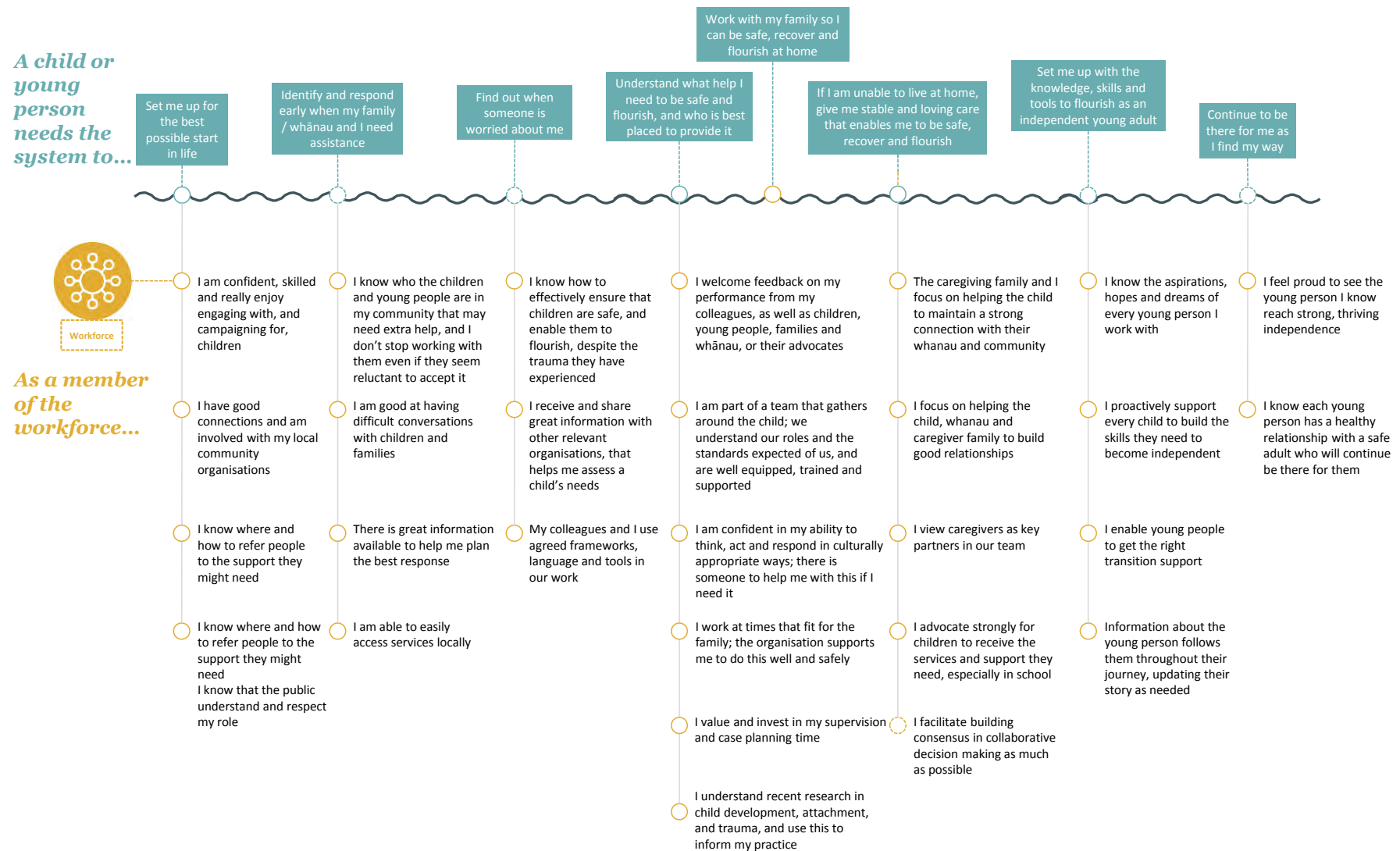


Figure 51: Future Experience for Professionals

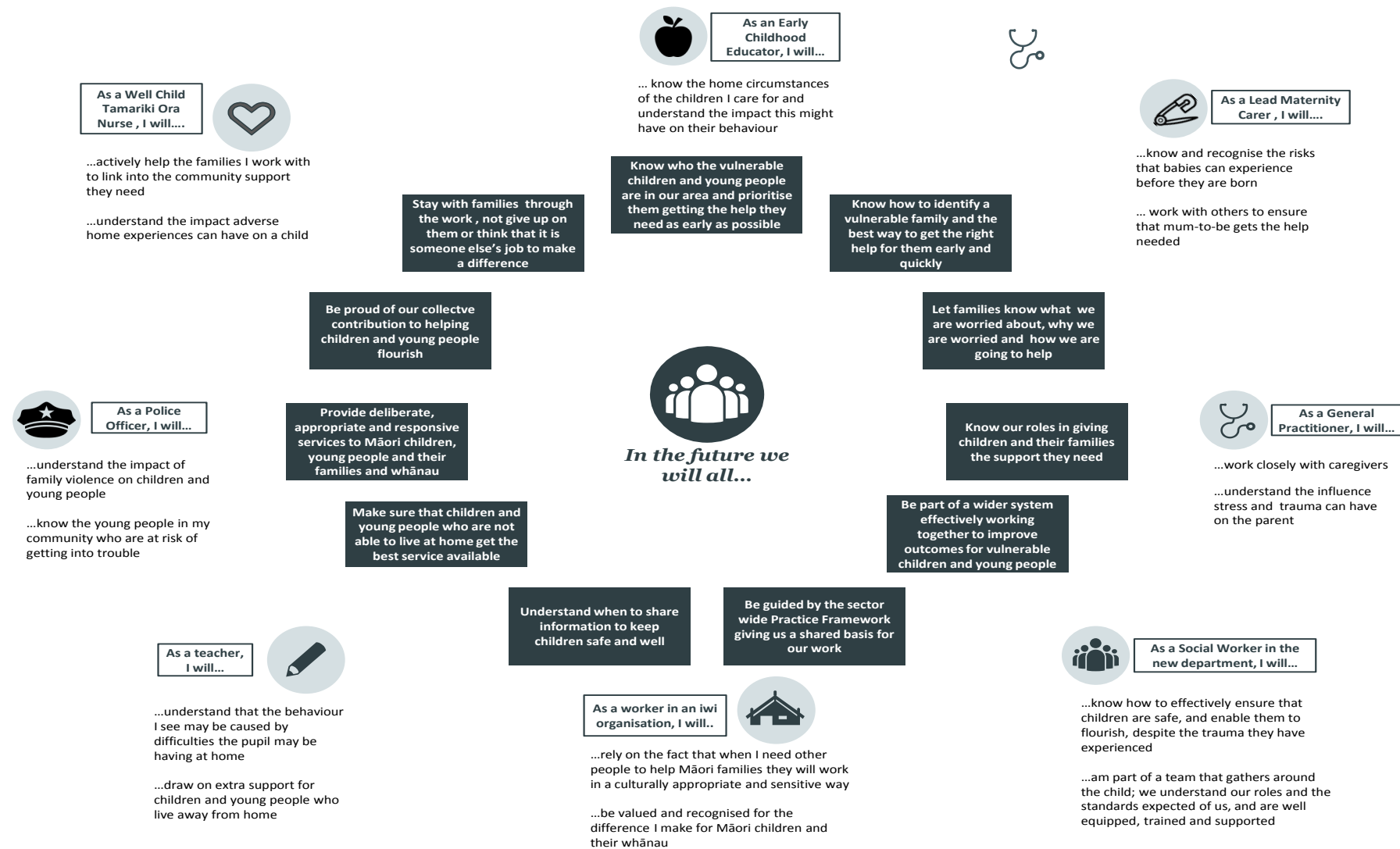
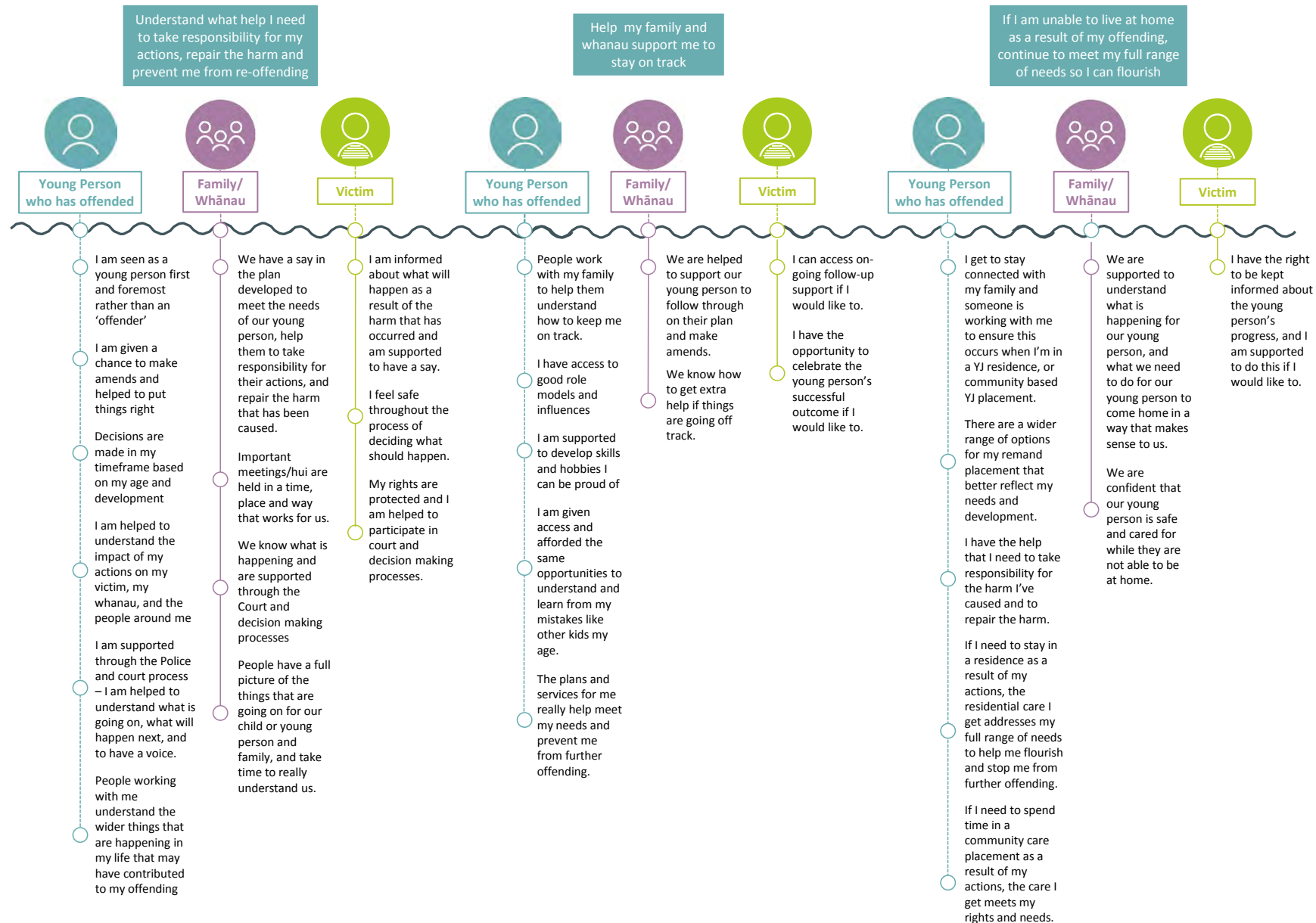


Figure 52: Detailed Future Experience of the Youth Justice System



Appendix J: Other Structural Options Considered

Introduction

In developing the proposed structure and organisational form, the Panel considered a range of options. These explored the range of functions and services the new agency should have in-house, its level of autonomy, and its role within the wider sector.

This appendix sets out the five high level structural options that were initially developed and assessed by the Panel. As the assessment process progressed it became clear that none of these options would sufficiently meet the needs of the proposed operating model. Further work was undertaken and a sixth option developed. This sixth option is the high level structure proposed in the body of this report, and includes a combination of elements derived from a number of the original options.

The material in this appendix was developed at an early stage in the process and includes information only on the five initial options considered. (The preferred option is described in more detail in the body of the report).

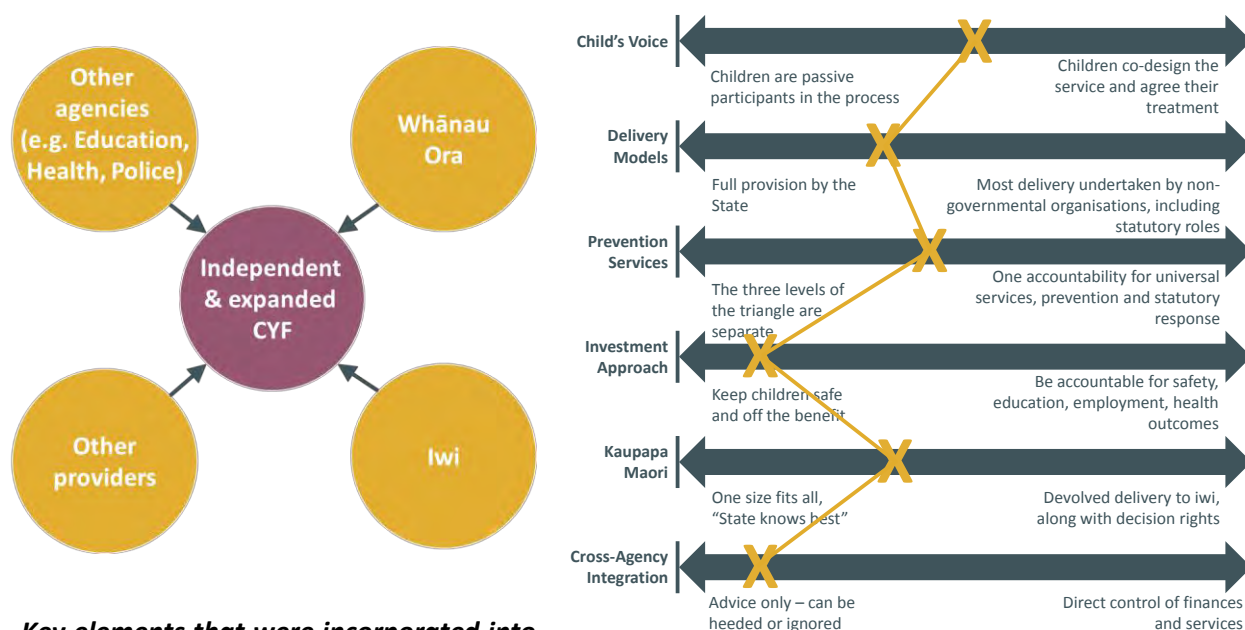
There are a number of common features across all options, including independent system oversight, an independent advocacy service, and a professional practice framework. The increased involvement of iwi and other strategic partners is also a critical component of all options.

Option One: An Independent CYF

In this option the current CYF remains but is considered a separate entity and has greater focus and funding on prevention, early intervention and recovery. The figure below provides an overview of Option One and where it sits across key criteria. The organisation would be responsible for the delivery of the majority of services for vulnerable children and young people, receiving funding from Community Investment to allow for direct service purchase where it does not have the capabilities in-house. The organisation would provide advice/advocacy across the system to guide the prioritisation of vulnerable children and young people within universal services and with the wider system. The organisation would have improved data, service design and evaluation capabilities to ensure services achieve the right outcomes for vulnerable children and young people.

However, in keeping services under one roof, the organisation would not benefit from working closely with local providers (including iwi) to ensure services are tailored to the needs of each individual. Likewise, although it would have a strong voice across the system, it would not have the funding and service control to hold the wider system to account.

Figure 53: Option 1 - An Independent CYF with a stronger prevention focus



Key elements that were incorporated into the final structure from this model:

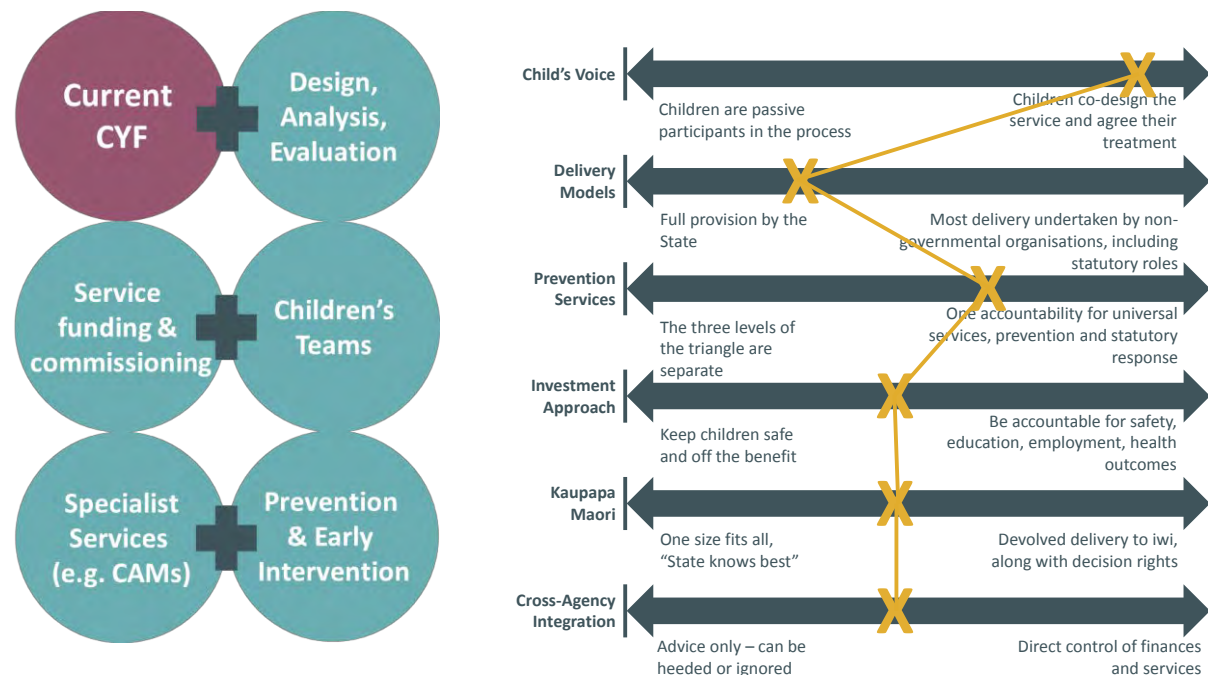
- Expanded focus on prevention and early intervention
- Autonomy
- Improved data, analytics and service design

Option Two: A 'Department for Vulnerable Children'

The Department for Vulnerable Children would be a large organisation, with the current CYF at its core and significantly expanded accountabilities and funding to enable the Department to take direct accountability for all services for vulnerable children. In addition to the current CYF capabilities, the Department would include strategic, and data and analytics functions, as well as a greater focus on preventative services and early interventions. The figure below provides an overview of this structural option and where it sits across the key criteria.

Existing agencies (such as the Ministry of Health and the Ministry of Education), would continue to provide universal services and funding would be increased via transfers from other agencies' Votes and/or the establishment of an investment fund. The Department would gain direct delivery and management accountability for some specialist services, such as the Child and Adolescent Mental Health Service (CAMS) and some aspects of Special Education. The Department would also take a proactive role in developing new, and improving existing, services available to vulnerable children. It would feature in-house innovation capabilities and would use its purchasing power to grow the 'market' for evidence-based services and interventions.

Figure 54: Option 2 - A 'Department for Vulnerable Children'



Key elements that were incorporated into the final structure from this model:

- Greater purchasing power
- Strategic partnerships for design and delivery of services

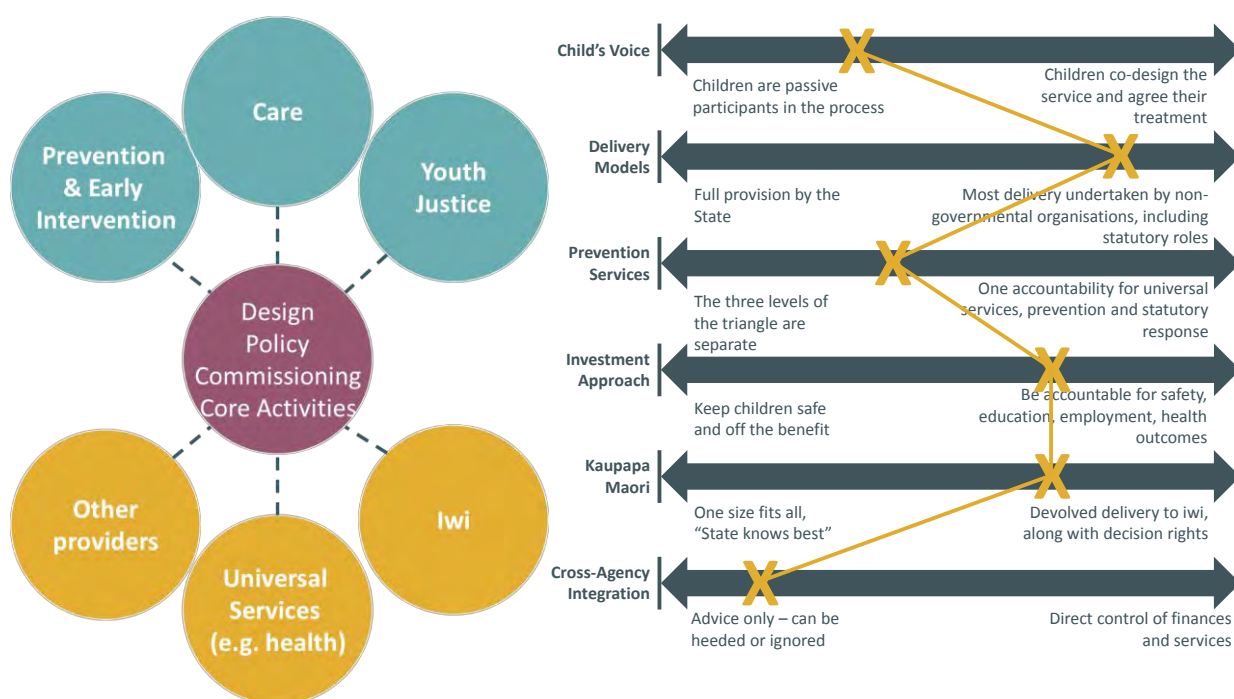
Option Three: A Children's Investment Agency

This option would see a new central commissioning agency established with overall system accountabilities for service design, policy, commissioning and evaluation. The figure below provides an overview of this structural option and where it sits across the key criteria.

Service delivery (including the current CYF service delivery functions) would sit outside of the organisation in a series of 'service lines' or delivery agencies. The Children's Investment Agency would take responsibility for the initial assessment of the needs of a vulnerable child or family and commission services accordingly, through a significantly expanded funding base, increased via transfers from other votes and/or the establishment of an investment fund. The Investment Agency would also retain some core statutory activities to support the continued monitoring of progress and reassessment of needs.

New prevention, early intervention and recovery service lines would be established to emphasise the importance of providing the support that vulnerable children and families need as early as possible. There would also be a strong focus on growing the capacity and capability across the sector, Iwi and community through strategic partnerships that enable delivery of services that are targeted to local needs.

Figure 55: Option 3 – A ‘Children’s Investment Agency’



Key elements that were incorporated into the final structure from this model:

- Strategic partnerships for service delivery
- Growing capability and capacity across the sector

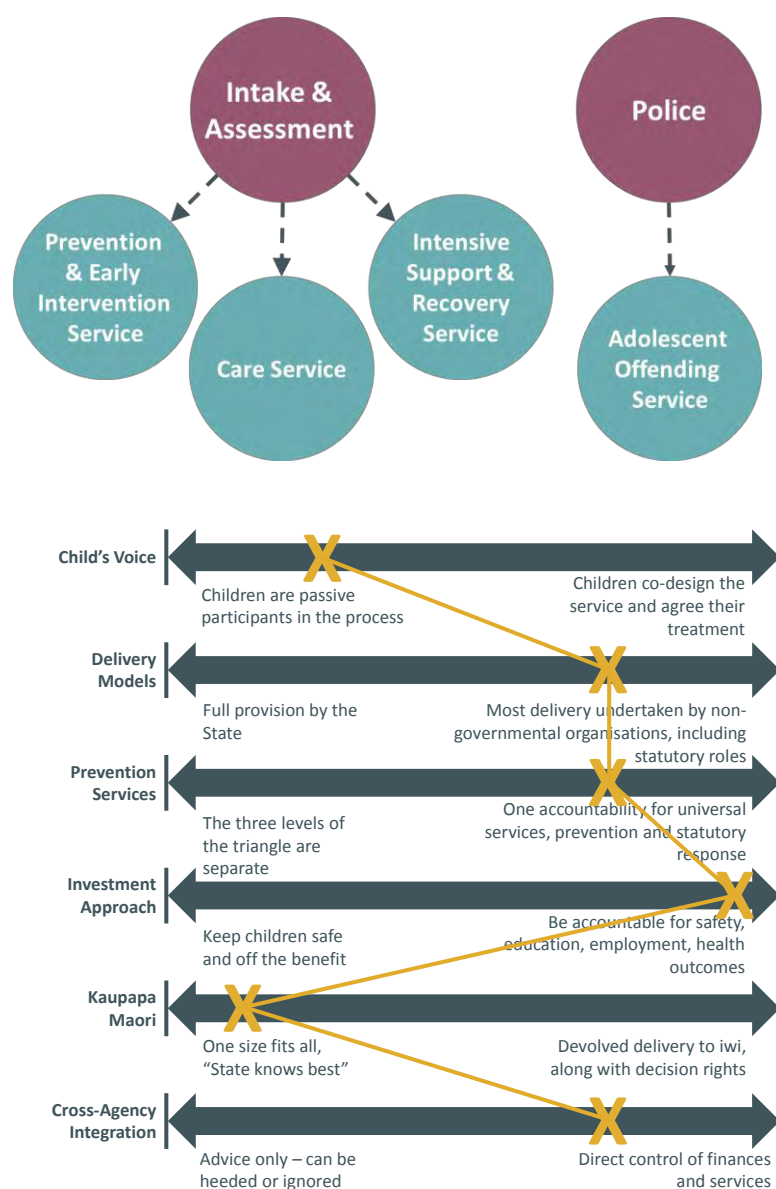
Option Four: An Intake and Statutory Agency

In this option a separate intake and statutory investigation agency would be established, acting independently from service delivery. The figure below provides an overview of this structural option and where it sits across the key criteria.

This Agency would manage intake for Care and Protection services, while Police would effectively act as the intake agency for Youth Justice services. The Agency would conduct an initial needs assessment for a vulnerable child or family and then transfer them to the appropriate line of service delivery, such as Prevention and Early Intervention, Intensive Support and Recovery or Care, based on their needs. Services would be delivered via government agencies, a commissioning agency or contracted provision and could be in one or a number of organisations. Each service line would also include a transition service.

The Intake Agency would not directly purchase any services, instead acting as an assessment and coordination point. Aspects of the care, intensive support and youth justice services would be demand funded.

Figure 56: Option 4 – An ‘Intake and Statutory Agency’



Key elements that were incorporated into the final structure from this model:

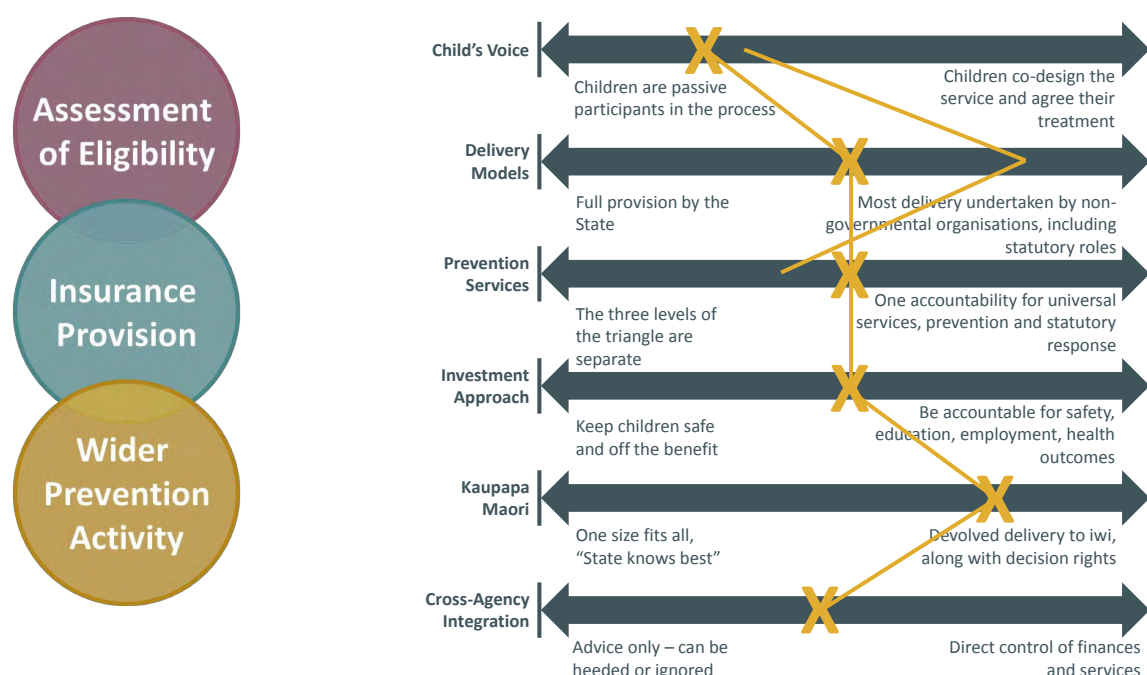
- Direct purchasing for vulnerable children and families

Option Five: A Social Insurance Agency

The social insurance approach aims to protect children and young people from the risk of adverse parenting. The approach is similar to the social insurance provided for injury, sickness, disability and unemployment. The provision of insurance creates a future liability, the minimisation of which encourages investment in prevention and early intervention. The insurance package would provide support to enable a child or young person to recover and have the same opportunities as other children.

A small Crown Agency would be established with three key functions; assessment of the eligibility for insurance, insurance provision and prevention services. The Agency would have a 'fully funded' balance sheet, which included the long-term liability identified, and would fund the provision of services from individuals, providers and other government agencies. Figure 15 provides an overview of this structural option and where it sits across the key criteria.

Figure 57: Option 5 – A 'Social Insurance Agency'



Key elements that were incorporated into the final structure from this model:

- Forward liability approach, looking at the whole of life cost and outcomes of a vulnerable child or family
- A Board

Appendix K: Strategic Approach to Delivery Channels

The proposed approach to delivery models represents a very different way of working, including strategic partnerships with iwi and a range of organisations providing services to children and families. Initial thinking has been done on the values, principles and overall approaches needed to support this new way of working. These principles are set out below.

Strategic Partnership Principles

The primary focus of partnering with others would be delivering shared outcomes by meeting the full range of needs of vulnerable children, young people, their families and whānau. The following principles would apply:

- building effective relationships with iwi, māori and pacific organisations, philanthropy and other relevant businesses,
- building an effective working relationship based on trust,
- working together by putting the needs of the child and whānau first,
- working in collaboration with all stakeholders by appropriately sharing information in the best interest of the child and whānau,
- partnerships develop capability, drive innovation and create thriving communities,
- respects strong local knowledge balanced with national oversight, and
- promotes well-being for all.

Service Collaborative Design Principles

Collaboratively designing services will be an essential future approach. Collaborative service design involves hearing and understanding the voices of children, young people, families, whānau, caregivers, service providers and other government agencies. It considers objectives, needs, cost effectiveness, funding, pricing, risk management, quality, eligibility, performance measurement, information flows, provider sustainability, resourcing, environment, and integration with other services and providers. The following principles would apply:

- values long term relationships,
- service design must involve the people who will receive the services,
- encourages the development of collaborative design models,
- works together to develop outcomes based solutions,
- encouraging a holistic service mix to meet all needs,
- developing tiered and integrated service systems to reduce the need for children, young people and their families to retell their stories, stay connected to support and ensure sustainable outcomes,
- idea generation and capability harnessed from wider community to deliver results for children, and
- de-cluttering and removing duplication of trials and pilots that are targeting the same children and families so we can develop effective services.

Funding Principles

The proposed operating model would require significant changes to core funding arrangements. The following principles are proposed:

- funding directly linked to the children,
- creating flexible and autonomous funding agreements that support obtaining necessary outcomes,
- values long term, sustainable, secure, fully funded services,
- fostering collaboration in funding approaches – governance, service and evaluation practices that support collaboration and develop capability and capacity,
- investing in prevention and early intervention reducing long term dependency and need, and
- fostering innovation through improved funding and reporting systems to ensure as needs of children, young people, families, whānau and society change the organisation can adapt.

Service Delivery Principles

Designing services that can be adopted nationally and employed locally will be fundamental to ensuring services are effective and flexible, and can be provided within a robust framework so evaluation and investment can be analysed for future improvement. The following principles are proposed:

- encourages transparent and fair commissioning processes,
- encouraging local solutions to meet local needs,
- values evidence-based and learning from one another through evaluation, capability building and honest feedback,
- ensures diversity, sustainability and quality of services, and
- provides value for money.

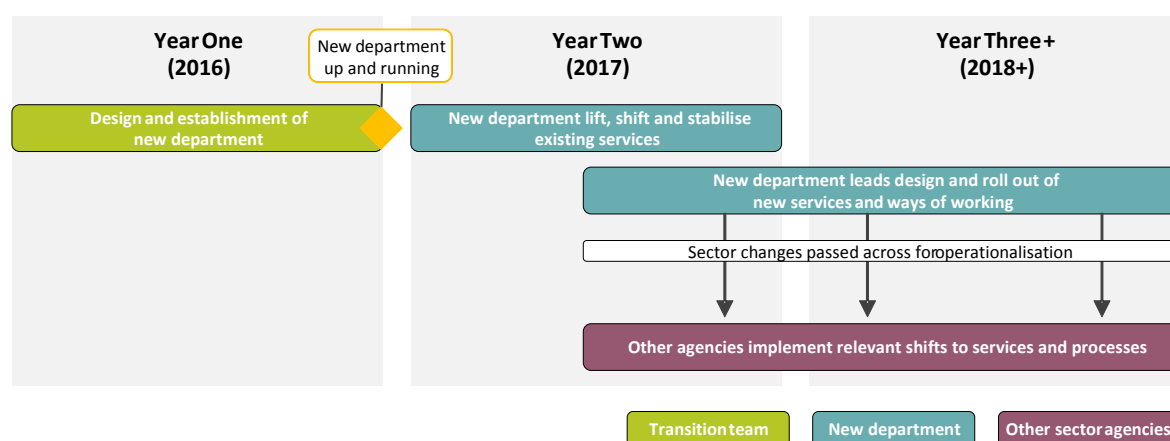
Appendix L: Options for Managing the Change

In Chapter 8 we describe our preferred option to manage the change. In forming this view, we considered two alternative approaches:

Option 1: Coordination and delivery of the changes by the future department

Under this option the goal would be to get the future department up and running immediately to manage delivery of the changes on behalf of the system. This would involve a small transition team designing the basic structure of the future department, recruiting the Chief Executive, and the managing of a lift and shift of the current functions from the Ministry of Social Development into this department. This would then be followed by a period of stabilisation as the future department and its key people get core service delivery operating. Once the department was stable, it could begin work on delivering the new changes.

Figure 58: Option 1 – The new Department leads the change

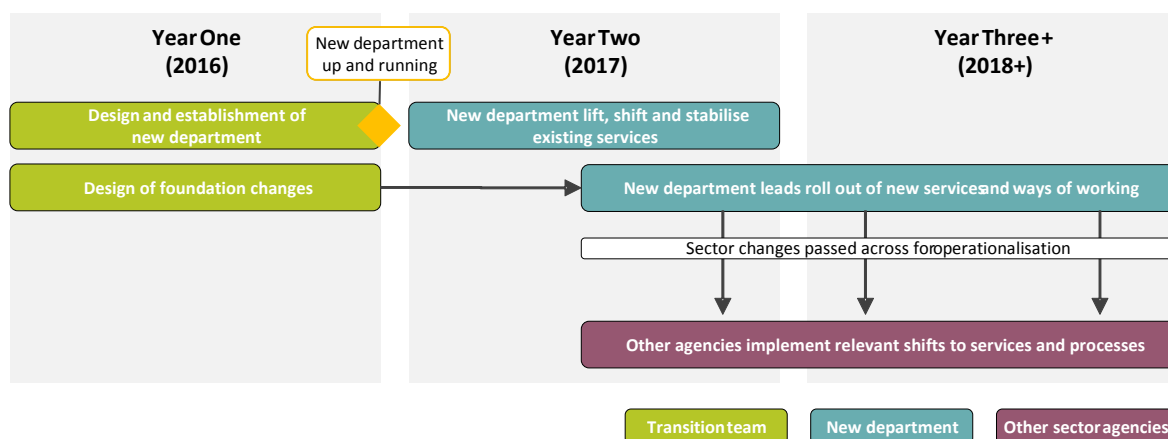


This option provides clarity of accountability by keeping core service delivery and changes to those services within one organisation. However, it is likely to significantly delay the achievement of the desired outcome as work on delivery would only commence once core service delivery was stable in the new department. Also on-going management of the changes would need to compete with demands of day-to-day operations within the future department. This may slow progress if attention is diverted at times.

Option 2: Coordination and delivery of the changes by a combination of a transition team and the future department

Under this option the transition team begins the next level of design and planning in parallel to the future department being established. This would mean once the new department was stabilised it would have a head start on implementing the changes.

Figure 59: Option 2 – Coordination and delivery of the changes by a combination of the transition team and the future department



This option should reduce the time before major changes are rolled out to the wider system and their desired outcomes take effect and ensures continuity of thinking from the high-level to detailed design. However, it is still dependent on the future department being able to manage the competing demands of establishing a well-functioning core service and implementing major sector change.

Appendix M: Evidence-Based Programmes and Approaches

The table below sets out leading examples of international best practice in child protection and youth justice interventions.

These are proven interventions that have been rigorously tested and shown to have positive impacts. Use of these documented and tested approaches means that there is a high likelihood of making a positive difference, and a lower risk of unintended adverse impacts on the lives of children and young people. Ineffective programmes can also have a significant opportunity cost, due to poorly allocated resources. Use of these documented approaches is also important as many of the impacts of these interventions are difficult to observe (i.e. the impacts from some youth offending interventions may only become apparent a decade after the programme was implemented).

In only a few cases have the interventions been trialled and shown to work in a New Zealand context, and over the coming years there is a considerable amount of work to be done to fully develop a New Zealand evidence base of proven interventions.

Where available, the table describes the rates of return calculated by the Washington State Institute for Public Policy. The rates of return are calculated for fiscal (purely government expenditure and revenue), as well as the total costs and benefits (this includes impacts for participants and wider society such as increased earnings). These are assessed costs and benefits in a US context, and may differ considerably to what might occur in New Zealand. These rates of return do however give an indication of possible payoffs from an investment approach.

<i>Area</i>	<i>Name of approach / service</i>	<i>Description</i>	<i>Available in New Zealand</i>	<i>Outcomes</i>	<i>Quality of evidence</i>	<i>Estimated return on investment (ROI)</i>
<i>Prevention of child abuse and neglect</i>	Nurse Family Partnership	The Nurse Family Partnership program provides intensive visitation by nurses during pregnancy and the first two years after birth. The goal is to promote the child's development and provide support and instructive parenting skills. The program is designed to serve low-income, at-risk pregnant women bearing their first child.	No	Reduced child maltreatment, subsequent births, and children's cognitive/educational outcomes	Multiple randomised trials, and follow up over a 15 year period	\$2.89 total ROI \$1.13 fiscal ROI
	Family Start	At-risk children are generally enrolled either before birth or in their first year, and can remain in the program until the	Yes, coverage in some areas of	Reduced child mortality, increased immunizations	Quasi experimental	-

<i>Area</i>	<i>Name of approach / service</i>	<i>Description</i>	<i>Available in New Zealand</i>	<i>Outcomes</i>	<i>Quality of evidence</i>	<i>Estimated return on investment (ROI)</i>
		family “graduates” or the child reaches school age. Family Start workers make regular home visits and seek to improve parenting capability, promote breastfeeding, reduce home hazards, encourage immunization and enrolment in primary health services, promote children’s participation in early childhood education, and connect families to services that might help.	New Zealand	and enrolment in early childhood education	evaluation	
	Early Start	Early Start is a home visiting service targeted at vulnerable families whose circumstances may put at risk the well-being of their children. Encourages improvements in a number of areas including, child health, maternal well-being, parenting skills, family economic functioning and crisis management. The service is provided by trained Family Support Workers who have professional qualifications in the areas of nursing, social work, teaching, or an allied profession. The extent of service delivery varies from weekly home visits to three-monthly home visits. A nine-year evaluation has shown sustained benefits for both Māori and non-Māori families.	Yes, only available in Christchurch	Reduced risk of hospital attendance for unintentional injury, lower risk of parent-reported harsh punishment, lower levels of physical punishment, higher parenting competence scores, and more positive child behavioral adjustment scores.	NZ randomised trial	-
	Child First	A home visitation program for low-income families with young children (age 6 to 36 months) at risk of emotional, behavioral, or developmental problems, or child maltreatment. The program provides a two-person team of home visitors (a mental health clinician and a care coordinator) to regularly visit the family in their home, provide therapeutic services, and coordination with other	No	Reduced child maltreatment, improved child conduct and language development.	US randomised trial	-

<i>Area</i>	<i>Name of approach / service</i>	<i>Description</i>	<i>Available in New Zealand</i>	<i>Outcomes</i>	<i>Quality of evidence</i>	<i>Estimated return on investment (ROI)</i>
		services in the community.				
	Durham connects	The Durham Connects program was a community-based, universal newborn nurse home-visiting program. It was developed in a community setting with a focus on increasing community capacity while delivering individual services to all families. Includes consideration of social factors and close linkages with social services.	Not available in New Zealand (but similar to Well Child Tamariki Ora checks provided by Plunket)	Reduced mother-reported infant emergency healthcare outcomes at age six months, improved parent-child relationship quality, high childcare utilization, home environment quality and safety, and maternal mental health.	US randomised trial	-
	Triple P	A system of parenting programs for families with children age 0-8. Designed to prevent and treat behavioural and emotional problems in children and teenagers. Triple P has five levels of intensity ranging from a media campaign that aims to increase awareness of parenting resources to more intensive individual- or class-based parenting programs for families of children with more challenging behavior problems.	Yes, online service available and limited coverage (largely in main centers, Auckland, Wellington and Christchurch)	Reduced child maltreatment and foster care placements. Other benefits are positive changes in parenting skills, child problem behavior and parental well-being.	US randomised trials	\$9.58 total ROI \$4.02 fiscal ROI
	The Chicago Child-Parent Centers	Provides intensive early childhood education to economically disadvantaged children, combined with support for parents. Provides a school-based, stable learning environment during preschool, in which parents are active and consistent participants in their child's education. The program emphasizes a child-centered, individualized approach to	No	Reduced maltreatment, improved education and employment outcomes, reduced arrests and convictions and reduced	High quality quasi experimental analysis	-

<i>Area</i>	<i>Name of approach / service</i>	<i>Description</i>	<i>Available in New Zealand</i>	<i>Outcomes</i>	<i>Quality of evidence</i>	<i>Estimated return on investment (ROI)</i>
		social and cognitive development.		out-of-home placements.		
	Parent child interaction therapy (PCIT)	A therapist directly observes a parent and child through a one-way mirror, and provides direct coaching to the parent through a radio earphone. The focus is building the skills of the parent to more positively interact with the child and manage his or her behavior. PCIT in child welfare populations has been successfully tested with addition of a group motivational component to increase engagement and success of the parent	Yes – provided by approximately 40 trained therapists nationwide	Reduced maltreatment, improvements in both child behaviours and parent stress and parenting discipline.	US randomized trials	\$24.28 total ROI \$7.01 fiscal ROI
	The Safe Environment for Every Kid (SEEK)	A primary healthcare program with a focus on abuse and neglect which screens parents of children ages 0–5 in pediatric primary care settings to identify parental exposure to partner violence, mental illness, or substance abuse and provides appropriate referrals.	No	Lower rates of child maltreatment and improved parenting discipline.	Randomised trial	-
<i>Care</i>	Treatment foster care	Treatment Foster Care (also known as Multidimensional Treatment Foster Care) is a tailored family-based foster care intervention for children and young people whose difficulties or circumstances place them at risk of multiple placements and/or more restrictive settings such as secure residential placements.	Yes, limited provision through one provider, Auckland and Waikato.	Reduced crime, pregnancy, alcohol and drug use, improved mental health.	Multiple randomised trials in different countries.	\$2.11 total ROI \$0.52 fiscal ROI
	KEEP	The KEEP program provides foster parents with 16 weeks of training, supervision and support in behaviour management methods, in a group format.	No	Improved child behavior, placement stability, and parent behaviours.	Multiple US randomised trials	-

<i>Area</i>	<i>Name of approach / service</i>	<i>Description</i>	<i>Available in New Zealand</i>	<i>Outcomes</i>	<i>Quality of evidence</i>	<i>Estimated return on investment (ROI)</i>
	Fostering changes	The Program aims to enhance carers' relationships with their foster children by coaching them to respond sensitively to their particular child's needs. The program also provides foster carers with the skills to improve educational outcomes and the confidence to engage with educational services. It consists of 12 sessions, once a week for three hours.	No	Reduced child behaviour problems. Improved parenting practices among foster parents.	UK randomised trial	-
Family Preservation	Recovery coaches	The program provides case management services to parents, particularly those who have temporarily lost custody of their children to the state, and are suspected of substance abuse. The Recovery Coach works with the parent, child welfare caseworker, and substance-abuse treatment agencies to (i) remove barriers to treatment, (ii) engage the parent in treatment, (iii) provide outreach to re-engage the parent if necessary, and (iv) provide ongoing support to the parent and family through the duration of the child welfare case.	No	Increased proportion of children returning to live with parents, reductions in substance exposure at birth and reductions in arrest of children of programme participants.	US randomised trial	-
	Safecare	SafeCare is a parent-training curriculum for parents of children aged 0 to 5 who are at-risk or have been reported for child maltreatment. Trained professionals work with at-risk families in their home environments to improve parents' skills in several domains. SafeCare is generally provided in weekly home visits lasting from 1-2 hours. The program typically lasts 18-20 weeks for each family.	No	Reduced child maltreatment	US randomised trial	\$3.03 total ROI \$1.05 fiscal ROI

Area	Name of approach / service	Description	Available in New Zealand	Outcomes	Quality of evidence	Estimated return on investment (ROI)
	Homebuilders	Intensive Family Preservation Services are short-term, home-based crisis intervention services that emphasize placement prevention. The Homebuilders program emphasizes contact with the family within 24 hours of the crisis, staff accessibility round the clock, small caseload sizes, service duration of four to six weeks, and provision of intensive, concrete services and counseling. The program aims to prevent removal of a child from his or her biological home (or to promote his or her return to that home) by improving family functioning.	No	Reduced out of home placement and maltreatment	US randomised trials	\$8.28 total ROI \$4.16 fiscal ROI
	Attachment and Bio-behavioral Catch-up	A home-based intervention working with infants and toddlers who have experienced early maltreatment and/or disruptions in care and their parents. Ten weekly sessions guided by a manual but relies upon the coach's role to give "in the moment feedback" and focusses on nurturing parenting, reducing frightening behavior and following the child's lead. Sessions are recorded and reviewed with the parent.	No	Evidence of increased security and reduced disorganization of attachment, improved stress regulation, improved cognitive flexibility and reduced negative effect	Multiple randomized control trials	
Recovery and rehabilitation	Trauma focused Cognitive Behavioural Therapy	Addresses the negative effects of sexual abuse, exposure to domestic violence and other traumatic events by integrating several therapeutic approaches and treating both child and parent in a comprehensive manner. It is a short-term treatment typically provided in 12 to 18 sessions of 50 to 90 minutes, depending on treatment needs. The intervention is usually provided in outpatient mental health facilities, but it has been used in hospital, group home, school, community,	Small number of therapists, some working with Māori children.	Reduced symptoms of post-traumatic stress disorder, improvements in mental health and reduced symptoms of behavioral difficulties in children, including sexualised behaviour. Improved parenting skills	Multiple randomized trials	-

<i>Area</i>	<i>Name of approach / service</i>	<i>Description</i>	<i>Available in New Zealand</i>	<i>Outcomes</i>	<i>Quality of evidence</i>	<i>Estimated return on investment (ROI)</i>
		residential, and in-home settings.		and reduced negative emotional reactions to sexual abuse. NZ studies also demonstrated increase in self-reported coping skills.		
	Fostering Healthy Futures	An intensive mentoring program for children, ages 9 to 11, who were placed in foster care because of maltreatment within the previous year. Children are paired with mentors who meet with them 2 to 4 hours per week for 30 weeks. Children also attend weekly group meetings that focus on emotion recognition, perspective taking, problem solving, anger management, cultural identity, change & loss, healthy relationships, peer pressure, abuse prevention, and future orientation.	No	Improvements in mental health, including reduction in post-traumatic stress, improved placement stability and reduced likelihood of placement in residential care.	US randomised trial	-
	Child Parent Psychotherapy	Aimed at children under six exposed to family violence or who have experienced other types of maltreatment. Aims to support and strengthen the relationship between the child and his or her caregiver or parent and in turn restoring attachment and child safety. Delivered through weekly sessions where both the parent and child are present over the course of 50 weeks.	Some child psychotherapists practicing privately	Decreased behavioral concerns and less symptoms of PTSD, increased attachment, improved cognitive development and increased levels of empathy and interactiveness from mothers.	Several randomized trials and independent studies	-

Area	Name of approach / service	Description	Available in New Zealand	Outcomes	Quality of evidence	Estimated return on investment (ROI)
Education outcomes for at risk young people	Becoming a man (with math tutoring)	Becoming a Man (BAM) is a high school behavioral program that offers non-academic intervention to disadvantaged and at-risk males through exposure to prosocial adults and skill training based on cognitive behavioral therapy. Participants attend weekly one-hour group sessions offered during the school day. The program included in this analysis combines BAM with individualized math tutoring conducted for one hour each day in groups of two students.	No	Improved educational outcomes	US randomised trial	\$6.68 total ROI \$1.77 fiscal ROI
	Check and connect	Check-in behavior interventions provide support for at-risk students. Typically, students must check-in with a designated adult at the school each day. The designated adult collects and monitors data on at-risk indicators (e.g. tardiness, absenteeism, discipline referrals, and poor grades); provides feedback and mentoring; facilitates individualized interventions as appropriate; and ensures communication with parents.	Yes, currently being trialed as MOE's Positive Behaviour for Learning program, results of trial expected in early 2016	Improved education indicators, including reductions in disciplinary referrals, improvements in attendance and reductions in dropouts.	US randomised trials	\$1.07 total ROI \$0.12 fiscal ROI
	Career Academies	Small learning communities in low-income high schools, offering academic and career/technical courses as well as workplace opportunities	Yes, offered in 20 NZ high schools, mostly based in North Island	Increased earnings among young men (no significant effects found on earnings of young women).	US randomized trials	-
Prevention of anti-social behaviour	Incredible years (parent)	Incredible Years Parent Training is a group, skills-based behavioral intervention for parents of children with behavior problems. The curriculum focuses on strengthening parenting skills (monitoring, positive discipline, confidence) and	Yes	Improved child behaviour, and social competence, behaviour changes sustained post	Multiple international trials and pilot study in	\$1.26 total ROI \$0.52 fiscal ROI

<i>Area</i>	<i>Name of approach / service</i>	<i>Description</i>	<i>Available in New Zealand</i>	<i>Outcomes</i>	<i>Quality of evidence</i>	<i>Estimated return on investment (ROI)</i>
<i>and offending</i>		fostering parents' involvement in children's school experiences in order to promote children's academic, social, and emotional competencies and reduce conduct problems.		12 months. Positive impacts on parents, including more competent parenting, reduced parental stress and depression and increases in positive discipline.	New Zealand	
	Parent Management Training – the Oregon Model	Parenting program for recently separated single mothers with sons aged 6 to 10 years	No	Sons of women in the program group had substantially fewer arrests over nine years (an average of 0.76 arrests per boy in the PMTO group versus 1.34 per boy in the control group)	Two randomised trials	\$7.18 total ROI \$2.01 fiscal ROI
	Communities that care	Communities that Care is a community prevention program that aims to prevent youth problem behaviours including underage drinking, tobacco use, violence, offending, school dropout, and substance abuse. The program works through a community board to assess risk and protective factors among the youth in their community. The board works to implement tested and effective programs to address the issues and needs that are identified.	No	Reduced rates of offending and substance abuse among at risk young people. Had the effect of reducing a range of risk factors for adolescent development, such as norms favourable to drug and alcohol use and family management	Randomised trial	\$3.04 total ROI \$0.94 fiscal ROI

<i>Area</i>	<i>Name of approach / service</i>	<i>Description</i>	<i>Available in New Zealand</i>	<i>Outcomes</i>	<i>Quality of evidence</i>	<i>Estimated return on investment (ROI)</i>
				problems, while boosting protective factors, such as family cohesion, community cohesion and school pro-social support.		
	Big Brothers, Big Sisters of America	This services matches at risk young people with adult mentors. Mentors are selected, screened, and matched by BBBSA staff, and staff monitor the relationship and maintain contact with the mentor, child, and parent/guardian throughout the matched relationship. Matches are made based on shared goals and interests of the child and adult volunteer. Mentors are expected to meet with the child at least 3-5 hours per week for a period of 12 months or longer. On-going case management by BBBSA staff provides supervision of the relationship, and can provide advice and guidance to the mentor, as well as support and encouragement.	Yes	Cuts illicit drug initiation, small reduction in alcohol initiation, less likely to hit someone, significant reductions in truancy and cutting class, improvements with school work and parenting relationships. Some suggestive findings on academic achievement.	Evaluation of young people across eight BBBS programs. Multiple randomized control trials in the US and Canada.	\$3.41 total ROI \$1.14 fiscal ROI
Offender programs	Functional Family Therapy	A short-term family therapy intervention program helping at-risk children and youth to overcome adolescent behaviour problems, conduct disorder, substance abuse and delinquency.	Yes, largely delivered in the community in Auckland and Waikato	Reduction in youth offending, reduction in substance use, positive effects on youth mental health.	Multiple well conducted randomised trials	\$11.20 total ROI for incarcerated young people, \$8.92 for youth on probation. \$2.40 fiscal ROI for incarcerated young people, \$2.29 for youth

<i>Area</i>	<i>Name of approach / service</i>	<i>Description</i>	<i>Available in New Zealand</i>	<i>Outcomes</i>	<i>Quality of evidence</i>	<i>Estimated return on investment (ROI)</i>
						on probation.
	Teaching-family group homes	Group homes are community-based, residential facilities for juvenile offenders. In the Teaching-family model, the home is managed by a couple who provide pro-social norms in a family-style environment.	Auckland, Waikato and Hawkes Bay.	Reduced offending, improvements in child behavior, improved educational outcomes.	US randomised trials and quasi-experimental studies.	\$2.2 total ROI \$0.5 fiscal ROI
	Multi systemic therapy (MST)	Intensive in-home program which promotes the parent's ability to monitor and discipline their children and replace deviant peer relationships with pro-social friendships.	Yes, six programs offered in main centres	Reduced offending, improvement in family circumstances associated with antisocial behaviour, increased social competence, increased school attendance, reduced sexual offending, reduced substance use, and reduced out-of-home placement	Multiple randomised trials	\$3.0 total ROI \$0.7 taxpayer ROI
	Cognitive Behavioural Therapy for offenders	Cognitive-Behavior Therapy (CBT) emphasizes individual accountability and teaches offenders that cognitive deficits, distortions, and flawed thinking processes can cause criminal behaviour. Delivered in both the institutional and community settings. CBT forms a basis for a wide range of programmes such as Aggression Replacement Training and One Summer Plus.	Private therapists practicing in CBT however, few with specific focus on youth offending	Reduced reoffending	Multiple randomised trials	-

Area	Name of approach / service	Description	Available in New Zealand	Outcomes	Quality of evidence	Estimated return on investment (ROI)
	One Summer Plus	One Summer Plus was an 8 week of part-time summer employment program for at risk young males attending senior high school. Community organizations placed young people in nonprofit and government jobs with job mentors.	No	Reduced violent offending	US randomised trial	-
	Diversion	An approach taken to divert young people from the criminal justice system whereby Police engage with the young person around a plan to address offending. The plan can be based solely on taking action to correct the wrong, through to more intensive support.	Yes	Effective at reducing rate of recidivism	Multiple diversion evaluation studies	\$8.51 total ROI for diversion alone, \$8.14 for diversion with services. \$2.11 fiscal ROI for diversion alone, \$2.04 for diversion with services.
Domestic violence	Cognitive Behavioral Therapy for family violence offenders	Cognitive-behavioural group treatments for family violence offenders with an emphasis on improving empathy, communication and relationships with women.	Individual practitioners use CBT but not necessarily with a family violence focus	Weak evidence of a negative impact on family violence recidivism.	Two small randomised trials	-
Teen parenting	Carrera Adolescent Pregnancy	A comprehensive youth development program for economically disadvantaged teens, a key component of	No	Reduction in pregnancies, reduced births and increased likelihood of	US randomised trial	\$0.54 total ROI

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<i>prevention</i>	Prevention Program	which is reproductive health care		contraceptive use. Increased work experience and improved educational outcomes. Programme did not have any impact on the likelihood of males causing a pregnancy or fathering a child.		\$0.29 fiscal ROI
	Health Care Program for First-Time Adolescent Mothers and their Infants	During regularly-scheduled well-baby health check-ups, teen mothers received additional services, including (i) counseling on birth control methods and referral to a birth control clinic, if appropriate, and (ii) one-on-one education in basic parenting and child health (e.g., how to feed and hold a baby, how to take their temperature) and how to manage minor health problems not requiring emergency care (e.g., runny noses, diaper rash, etc.).	No	Reduction in pregnancies. Also increased immunisation of infants and increased rate of well baby check-ups at 18 months.	US randomised trial	-
<i>Transition</i>	Youth Villages YVLifeSet	Intensive individualized and clinically focused case management, support, and counseling for young people transitioning from care. At the core of the program is one-on-one assistance, which is evidence informed (eg motivational interviewing), includes counseling about key issues, and is action orientated (eg opening bank accounts). Young people also receive education, financial and peer support.	Similarities to transition support provided by Youth Horizons and Dingwall Trust	Improved earnings, reduced housing instability, financial hardship, mental health problems and experience of partner violence.	US randomised trial	

Back page art work painted by a young man (aged 16) with experience of the youth justice system.



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