Child Abuse
Prevention Services

Child Protection Capacity

Building strength
in the non-government sector

Report prepared by
Child Abuse Prevention Services NZ
30 August 2005

Acknowledgements

We wish to express our gratitude to all the busy practitioners who gave their time, energy and wisdom in interviews, questionnaires and workshops. It was exciting and humbling to connect with so many able and dedicated people, and we trust that this report reflects what you gave, and honours the important work you do.

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CAPS NZ
18 August 2005

Contents

Appendices

Appendix I   A Model of Child Protection Decision-Making
Appendix II   Geographic Location of Project Participants
Appendix III   Differential Responses Model

Supplementary Report:
Increasing Capacity through Education and Training

1. Introduction to the Project

1.1. Purpose

The purpose of this project is to examine the current care and protection capacity of the non-government social service sector, to identify where and how capacity could be built, and to begin the building process.

Child Abuse Prevention Services (CAPS) NZ, like many other groups, has long been concerned about the children and young people whose situation is judged not severe or immediate enough for statutory intervention, yet where there are significant care or protection needs and potential risk. These children and their family/whanau deserve a skilled, appropriate and effective response. We also believe that workers and agencies worry about vulnerable children and families, and are keen to provide the best possible services. They deserve the support of training, supervision, and access to expert knowledge and advice.

Non-government services need to build their child protection capacity as the statutory child protection service, the Department of Child Youth and Family Services (CYF), increasingly focuses on the most serious situations. This was made explicit in the report known colloquially as *The Baseline Review*.[1]

CAPS NZ believes that it is well positioned to take a lead in this development. given its child protection expertise, experience and existing network. The project was made possible through a one-off capacity-building grant from CYF's funding arm.

1.2. The plan

The original plan was to develop and implement a one-year strategy to review the child-protection capacity and capability of the non-government sector by identifying:

- the current child protection service capacity in a selection of communities, and
- key child protection-focused individuals and agencies and their networks in each community, to establish their needs for support and training.

Figure 1 below sets out the definitions of *child protection* and *capacity* used in the project. These operational definitions include the size, quantity and range of agencies and services, as well as the notion of capability in terms of skills, knowledge and professional infrastructure.

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[1]   Ministry of Social Development (2003) *Report of the Department of Child, Youth and Family Services First Principles Baseline Review* Wellington: MSD

Figure 1:   Definitions used in the project

CAPS NZ: Building Child Protection Capacity – Definitions

Child protection is a generic term used to cover actions taken to identify, protect and heal children and young people from the harm and maltreatment that can befall them within their home and family group. The harm or maltreatment may include:

- Physical abuse
- Sexual abuse
- Physical or emotional neglect
- Failure to thrive
- Significant risk because of parental factors

  (ie, parents who are unable or unwilling to provide care because of mental or intellectual disability, drug or alcohol difficulties or family factors)

- The impact on the child of violence between caregiving adults.

Child protection practice includes actions, which may be addressed at all or any family members, with a specific intention to:

- identify abuse, neglect or risk of harm
- protect from future harm
- heal the effects.

While family members, friends and neighbours often take action to assist children, this project is focused on:

- the child protection actions of agencies and groups
- those individuals, agencies and groups that specifically work with children and families, and
- the actions they take directly with children, adults and family groups for the child or young person's protection – ie, identification, assessment, intervention, and restoring safety and well-being.

This is a specific view of child protection that fits the purpose of this project. It acknowledges but does not focus on the more general activities that promote child safety and well-being, such as family support, parenting skills, and awareness-raising.

Capacity means the resources an individual, agency, or community can bring to the child protection task.

It is more than just money, though it takes money to purchase what is needed. The project is interested in capacity as evidenced by:

- the numbers of workers and range of service types available
- the skill, knowledge and experience they bring
- the systems of training, supervision and coordination that support the work
- the professional networks of information and advice that can be called upon.

Originally we also planned to:

- increase the skill, competence and confidence of non-government workers involved in child protection, through networking, professional support and training opportunities
- develop a database to provide a statistical picture of the needs of the children and young people with whom they worked.

On reflection, we realised that the last two elements were too ambitious within the available resources of people, time and budget - one or both of these could be seen as a next stage of capacity building. Rather, we have explored the current situation with those involved, looked together for ways to build on what exists, and produced an analysis and recommendations. In the process we provided information, contributed some frameworks for grappling with the issues, facilitated discussion within communities, and connected agencies more closely through these discussions.

Since CAPS began this work, five Ministry of Social Development (MSD) and CYF projects[2] have progressed significantly. Their work is closely aligned with this project, and will provide greater depth and detail about many of the same elements canvassed here.

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[2]   The Care and Protection Workforce Programme for Action (MSD); The Workforce Capability Development Strategy (CYF); Violence within the Family: Service Capacity and Capability of Non-government Services (MSD); the Family Violence Funding Circuit Breaker (FACS); and the Differential Response Model Project (CYF)

2.   Care and Protection Capacity - the framework

2.1. Capacity Building

Capacity building has become a popular concept used to guide development in many areas of life, both internationally and in Aotearoa/New Zealand,[3] but it is not easy to define. Commentators agree that capacity building is more than training, [4]and that it is not a one-off event. Rather it is a gradual process, and can be described as a *cycle of continuous development.*[5]

This project is a contribution to the cycle of development in the care and protection of children and young people, examining and beginning a process to strengthen the significant role of non-government social services.

Capacity building is a dynamic process needing processes that extend over three to four years.[6] To have effect, this work will need new processes and further development. To be sustainable, the processes will need to be congruent with the individual communities and diverse agencies that comprise the non-government care and protection sector. The World Bank review of capacity building best practice found that:

> *'Ownership' is the key to capacity and there is evidence to suggest that capacity is built faster when the process is endogenous.*[7]

Capacity building is also inextricably tied with the wider context that surrounds the organisation(s) under focus. Fiona Cram in a literature review for the Iwi and Maori Provider Workforce Development Fund Evaluation notes:

> *… [C]apacity building must be contextualised within the relationships that exist for an organisation: relationships with funders, with other organisations, and with communities. These relationships are, in turn, all set within a political, social and economic context.* [8]

This description of capacity relationships fits our exploration of care and protection capacity with non-government providers. While all the individuals and groups that we worked with have the care and protection of children and young people as one part of their work, any activity to build their care and protection capacity has to be integrated with these other fundamental capacity relationships (see Figure 2).

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[3]   For example, in work with developing nations www.worldbank.org and Maori development in Aotearoa/New Zealand www.tpk.govt.nz/community/capacity

[4]   See http://nrm.massey.ac.nz/changelinks/capacity.html   Accessed 21 June 04

[5]   Cram, Fiona (2004) *Capacity Building Evaluation: Intervention Logics and Indicators* Paper presented at The Social Policy, Research and Evaluation Conference 2004, Wellington

[6]   Cram, Fiona (2004) op cit

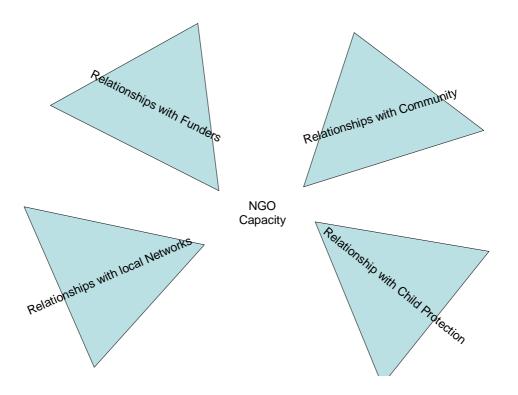[7]   The World Bank Group (2005) *Capacity Development in Practice* Accessed from

http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCDRC/0,,contentMDK:20283658~menuPK:64169185~pagePK:64169212~piPK:64169110~theSitePK:489952,00.html on 4 August 2005

[8]   Cram, Fiona (2004) *Building the Capacity of Maori and Iwi Service Providers – A review of the literature*, p13. Prepared for Te Puni Kokiiri and made available for reference

Figure 2 shows the relationships diagrammatically and adds, for the purpose of this project, a relationship with *care and protection* – a construct that includes the body of knowledge, experience, and practice expertise that comprise care and protection best practice. We have used these four dimensions as the framework for this report.

Figure 2:   Four cornerstones of capacity

2.2. Care and protection capacity

This project focused on care and protection work (defined above). It is our contention that this aspect of social services work is important, complex and difficult.

Importance

Abuse, neglect and harm damage children in both the short and long term. They also causes distress and damage within the wider family/whanau, and ultimately affect the safety and wellbeing of the whole of society. [9]

The level of potential damage makes this work important. It needs to be done thoroughly and well, and demands both skill and compassion. Any challenging of family relationships and home life taps into deep personal feelings about self-worth, family connection, and what it is to be a child or a parent. It also cuts across strong societal and cultural norms of family privacy and autonomy and can be uncomfortable, unsupported and lonely work.

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[9]   See for example, Fergusson, D. M. (1998) "The Christchurch Health and Developmental Study: an overview and some key findings" in *Social Policy Journal of New Zealand* Issue 10, June, p154 - 176; Rutter, M. and D. J. Smith (1995) *Psychosocial Disorders in Young People: Time Trends and Their Causes* California: Sage

The project examined key areas relevant to child protection capacity, whether agencies:

- have sufficient personnel to meet demand
- support competence through:
    - training – pre-service and ongoing
    - layers of supervision, ie, regular clinical supervision, supervision for supervisors, and ready access to other support and advice, and
    - sound policies and processes
- link their work with a network of other related services, and
- maintain relationships with others in the interagency system.

This view of capacity is more than numbers, but extends toward quality, comprehensiveness and integration.

Complexity

The project looked at three aspects of child protection complexity – the many types of maltreatment; the range of agencies, groups and disciplines needed; and the multiple fine judgments in child protection decisions.

Types of maltreatment
There are many types of maltreatment and harm to children that are part of child protection works, particularly:

- physical abuse
- sexual abuse
- physical or emotional neglect
- failure to thrive
- significant risk because of parental factors,[10] and
- the impact on children of violence between caregiving adults.

Each of these has different signs, symptoms, causes and dynamics, and therefore needs different approaches to identify, address and heal the harm occurring. These differences were not examined with participants in the project, and varying levels of understanding and knowledge would be expected.

Range of tasks and roles
Child protection requires a range of skills and services. Different types of abuse demand particular specialties. An adequate care and protection service in a community needs to provide services that can:

- assert children's rights to safety and wellbeing
- provide opportunities for family self-help
- identify children being harmed
- provide formal assessments of harm and risk

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[10]   This includes parents who are unable or unwilling to provide care because of mental or intellectual disability, addiction or family factors

- work with families to understand what needs to happen to achieve safety and wellbeing for children in that family, and to secure family agreement to work on those aspects
- work directly with individuals, family groupings and wider networks to stop the harmful behaviour and to heal the harm
- monitor the ongoing safety of vulnerable members, and
- provide a range of care options for the times when children need to be out of their home and family for their own safety.

Assessments, behaviour change and therapy can all require highly trained specialists.

Difficulty of decision-making

Appendix I shows a model developed to describe actual decision-making. The model was used in the workshops to encourage thinking about the many decisions, the fine balances and the judgments that anyone working to secure the care and safety of children must make.

The diagram indicates five possible decision-making *pathways,* and shows that decisions are influenced not simply by the factual information available but also by the social definitions and meanings in each situation, and thus by the personal, professional and organisational knowledge, understanding and values of the decision-maker.

While some decisions are relatively straightforward, most require a weighing up of many factors, including the drawbacks and consequences of any action taken.[11] There is ample research evidence[12] that different agencies and disciplines give differing weight to particular factors in a family situation, and this affects interagency collaboration.

The decision-making model is not static or linear. Family situations change, ebb and flow. Each decision, action and response produces a further set of factors to be weighed up and a new set of decisions to be made.

Responses from practitioners attending the workshops confirmed that it is rare for a worker to follow the simple path (Path A) and decide the action needed purely on the facts. The facts themselves are rarely sufficient; the context and meaning that they have in a given situation cannot be ignored if safety and healing are to be achieved.

It is also evident that the Cycle of Indecision (Path B) is a common and critical experience. It can result in paralysis and avoidance, but is also the fundamental work of child protection. Ideally it spurs shared discussion and exploration, prompts a search for further information and input of expertise, and produces the best decision at this point.

Workers in community agencies want CYF to be a part of the work on the Cycle of Indecision, sometimes before notifications are made and certainly afterwards. Part of

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[11]   Action may be telling a family of a concern, suggesting that change is needed or, at the extreme, making a notification to CYF.

[12]   Hallett, C. (1995) *Inter-Agency Coordination in Child Protection* London: HMSO; Giovannone J. M. and R. M. Bercerra (1979) *Defining Child Abuse* New York: The Free Press; Valentine D. P et al (1984) "Defining Child Maltreatment: A Multidisciplinary Overview" in *Child Welfare* 63(6) pp 497-509

the distrust and concern about CYF responses (discussed below) is that CYF's grappling with the factors to be considered and weighed occurs in isolation.

2.3. Continuum of Services

The Baseline Review stated that

> *CYF … needs to be part of a coherent and effective continuum of services to address the care and protection of children and young people.* [13]

This project considered several care and protection continuums:

- the range of services from those with little care and protection involvement to those heavily involved
- the range of responsibility for child safety
- the range of engagement with families from purely voluntary to statutory authority
- the range of tasks and roles needed to provide care and protection
- the continuum of severity and risk in each family situation

There is also the continuum of care and protection action shown in Figure 3. It ranges from prevention activities that provide the fundamental support for safe and healthy families, through the steps needed at different times to actively address family situations where harm is identified.

Figure 3:   Continuum of care and protection action

Prevention	Early intervention	Crisis response	Post Crisis
Family/whanau support; parenting programmes; well-child health; budgeting to strengthen family/whanau health and resilience	Stating a concern; encouraging or pressing for involvement in services to change risky attitudes, addictions, behaviour, or relationships and build healthy ones	Moving someone to safety; confronting the harm; involving Police, Courts, CYF or other authority if necessary	Resolution, therapy & healing; building a network of safety around vulnerable family members; monitoring the continued safety and wellbeing of all

This project focused on the three right-hand steps in this continuum, where specific care or protection action is needed. The process shown is not linear or static. Behaviours and patterns of interaction rarely change after one crisis, and commonly the steps are revisited often and over extended periods of time.

Where children are being or are likely to be harmed a network of appropriate workers needs to link with family strengths, and walk beside the family for a considerable time – in some cases until the children and young people are independent. The type and intensity of outside involvement adapts as the family grows and changes.

This means that any community needs a wide range and variety of services that are well linked together.

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[13]   Ministry of Social Development (2003), op cit, p92

3. Project Processes

What we did

The project involved the following processes:

- analysis of the components of child-protection capacity
- interviews with 16 individual non-government agencies in three provincial areas
- workshops in 12 communities, involving 151 workers in a range of agencies
- questionnaires completed by 41 individuals
- examination of training accessed and offered.

The interviews, workshops and questionnaires each explored the same themes but differed in the depth and weight each aspect could be given, and in the conclusions that could be drawn. The questionnaires provide a considered and relatively private response, and allowed for recording of staff numbers and qualifications. The interviews provide more insight into an agency's thinking and approach, while the workshops gave a better picture of the community resource overall and provided an opportunity for interagency discussion.

These three processes are briefly described below. The examination of training is in the attached Supplementary Report: Increasing Capacity through Training and Education.

Interviews

Originally only workshops were planned, but this was changed to include individual interviews. This allowed individual agencies to speak frankly and thus enabled us to check our assumptions about capacity and the key issues to address. Information from the 16 interviews was reported in our Interim Report dated 30 September 2004.

Questionnaires

Questionnaires were sent in 2004 to the 16 agencies interviewed, and a slightly modified version in 2005 to a sample drawn from a list supplied by CYF of agencies approved under sections 396(3) or 403(1) of the Children Young Persons and their Families (CYPF) Act 1989.[14] Questionnaires were also distributed through the National Collective of Independent Women's Refuges (NCIWR) and the National Network of Stopping Violence Services (NNSVS). Although the return rate was low (41 out of 170), the questionnaires extended the scope of information to a wider range of services and geographic areas.

Workshops

Workshops were held in 12 communities, predominantly where there is a CAPS NZ member agency that took responsibility to identify a network of agencies to invite. This process meant that the workshops differed in character and in the range of agencies participating.

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[14]   This means that they are organisations that function to " … advance the wellbeing of children, young persons and their families and family groups … " (CYPF Act 1989 s4)

In areas where there is no CAPS NZ-affiliated agency, it was difficult to find someone with the time, interest or sense of mandate to host a workshop. However, once the workshops were set up and information about them distributed through several national networks,[15] enquiries came from other centres keen to participate. At least three people travelled to join a workshop in another centre. This suggests a searching and desire to come together and grapple with these issues.

Comparison of the three methods

Some key differences between the three processes are:

Interviews	Workshops	Written Questionnaires
Able to give a personal view in private	Views of many; able to hear and modify in relation to others	Able to give a personal view in private
3 geographic areas	12 geographic areas	25 geographic areas
5 or 6 of the key agencies involved with care or protection of families in a given community	Wide range of agencies, depending on who was invited, heard about or elected to come to the workshop	Sample of agencies from CYF-approved agencies, plus members of NCIWR and NNSVS
Opportunity to explore ideas, views and practices in some depth	Opportunity for the community to explore together ideas, views and practices	Opportunity to write down views and ideas, and to provide more statistical and detailed information
Able to ensure a common understanding of the meaning of questions and concepts explored	Able to ensure a common understanding of the meaning of questions and concepts explored	Sometimes the questions were not clear and led to misinterpretation

Numbers who contributed

In total, there were about 200 participants in the various processes of the project, comprising:

- 16 individual interviews
- 41 completed questionnaires, and
- 151 participants at the 12 community workshops

Some people who completed a questionnaire also took part in an interview or workshop.

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[15] Information was distributed through the national Non-government Family Violence Prevention group, NCIWR, NNSVS, CYF Funding Advisors, CAPS NZ affiliates, and Strengthening Families Co-ordinators

Geographic representation

Appendix II shows the geographic location of participants.

Interviews and workshops were held in the following areas:

Whangarei	Warkworth
Thames & Paeroa	Gisborne
Rotorua	Taupo
Whanganui	Palmerston North & region
Masterton & Featherston	Lower Hutt
Porirua	Westport
Greymouth	Hokitika
Christchurch	

There was a reasonable geographic spread in the North Island, while the South Island was less well represented. There was a mix of urban and provincial centres, with a deliberate weighting on the latter.

Questionnaires drew information from a wider range of communities.

Service roles of participants

Participants represented a range of social services, with the largest proportion coming from community-based social service agencies. See Figure 4 and Table 1.

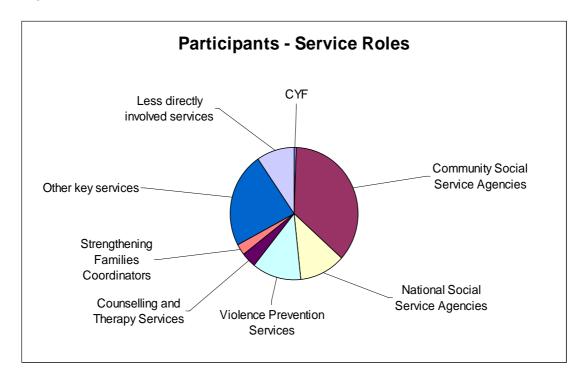Figure 4:   Service roles of all participants: proportions

Table 1 provides more detail. It shows a fairly well-balanced representation of the main service roles and organisations.

Table 1: Roles and services of participants in all processes of the project (numbers are individuals)

							Total
Community-Based Social Service Agencies[16]							
General	Maori	Pacific					
42	29	1					43
National Social Service Agencies							
Anglican - General	Anglican - Maori	Barnardos	Birthright	Open Homes	Presbyterian Support / James Family	Salvation Army	
2	1	4	3	4	5	4	23
Violence Prevention Services							
Rape & Sexual Abuse Specialists	Women's Refuges – General	Women's Refuges - Maori	Stopping Violence Services				
9	7	3	6				25
Counselling and Therapy Agencies							
7							7
Other key services							
Mental Health	Youth Services	CCS[17]	Plunket	Health Camps	Residential Care Service		
10	11	5	3	2	3		
Early Childhood Education	RTLB[18]	REAP[19] (with direct services)	Addiction Services	MWWL[20]	Refugee & Migrant Social Services		
3	1	3	2	2	3		46
Strengthening Families Coordinators							
6							6
Less directly involved agencies							
Budget Services	Relationship Services	Tough Love	Parent Educator	Father focus	Adult Survivors		
3	1	1	1	1	1		10
Other							
District Council	Community Safety	Community sport	Funding Agency	CYF	Agency Support		
3	1	1	2	1	2		10

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16 Includes general social services, kaupapa Maori holistic health/welfare services and intensive targeted services for at-risk families

17 Disability Services

18 Resource Teachers: Learning and Behaviour

19 Rural Education Activities Programme

20 Maori Women's Welfare League

4.   Observations

4.1. Capacity

Capacity in the social services is difficult to measure. It is more straightforward for services that come in discrete units – counselling sessions, parenting programmes – but elusive in an activity that involves an organic connection between a need and an appropriate response. Furthermore, many complex service elements have to come together to ensure the safety and wellbeing of all children and young people in a community. This section considers care and protection capacity in relation to the:

- size of agencies
- qualifications of staff
- match between agency capacity and community need
- degree to which communities have the range of services they need.

Capacity in relation to size and role

Information about the size of agencies was gathered from the 41 completed questionnaires. This data shows the variety and complexity of the non-government sector, and hence the difficulty of making generic statements about its capacity.

Key data are:

- staff numbers ranged from 2 to 43 per agency; the median was 9, and only 2.5% had more than 30 staff
- most have a mix of paid and voluntary staff supported by unpaid governance boards, with many positions part-time, and paid staff also giving voluntary time
- 56% of agencies in this sample had more paid than voluntary staff, and nearly all had a paid manager and one or more administrators, perhaps reflecting a growing sophistication in the sector
- 92% of agencies have social workers or family workers available, and about half have community workers
- 79% of agencies have staff available for counselling or therapy, often as contracted or part-time services
- there is variety in the way roles are mixed and managed: for example, a manager who is also a counsellor, and agencies that encompass a wide range of work roles, such as budget advisors, mentors, child care workers, course facilitators and psychologists.

Capacity in relation to qualifications

Formal qualifications are one measure of capacity, and workers in non-government agencies are highly qualified. In 20% of the agencies sampled 50% or more staff have university degrees, and over half of the agencies have 20% or more staff with degrees. In more than two-thirds of the agencies sampled, at least 15% of staff have professionally-relevant diplomas and several indicated ongoing programmes of training and qualification. Respondents also reported regular attendance at relevant short courses, and the knowledge that comes from experience was also mentioned.

Qualifications and training are discussed in detail in the Supplementary Report: Increasing Capacity through Education and Training, attached.
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Capacity versus demand

It is difficult to measure the degree to which agencies have the capacity to meet demand.

In the questionnaire responses:

- slightly over half agreed with the statement that they were *Happy with what I/we do now; it's about right for our role/capacity*
- over half also agreed that they were *Not able to do as much as we would like*
- only three agencies stated they were doing more than is appropriate.

We asked participants about waiting lists as one possible measure of excess demand over capacity, and found that:

- about half of the questionnaire sample said they *never* or *rarely* have a waiting list for services
- on the day that they completed the questionnaire, 41% of the agencies had people on a waiting list
- in one urban workshop, half those present indicated that they have waiting lists.

Many social service agencies, particularly in provincial centres, do not operate a waiting list. They simply adapt to demand, reducing the intensity or duration of services when other demands assume higher priority, and expanding as new needs arise and service gaps have to be covered.

Managing demand through a waiting list probably works best for discrete services, such as counselling or therapy, programmes with tightly defined criteria, parenting courses and support groups. It is also easier for agencies to demonstrate the demand for this type of service, and to seek additional resources.

Anecdote is another view of demand. All participants said that there is more need than services available, and always more to do that would make the work more effective – reaching further into the family, whanau and hapu, or doing work that is more intensive or lasts longer. There are the families in need that services have not reached, and often a struggle to find a particular service for a client. It is particularly hard to find an agency willing to take on a new client family to do the long and difficult work of changing abusive and neglectful parenting. A further indication is the number of reports from participants of going beyond their role, mandate and skills because there is simply no-one else to do the work required.
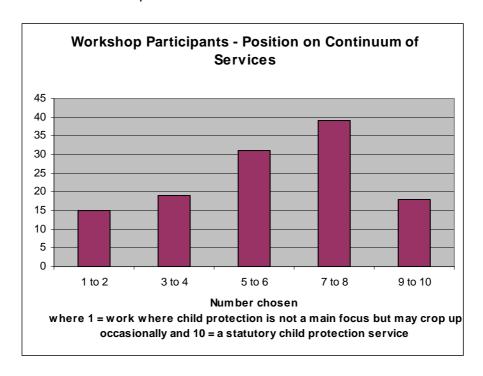
4.2. Care and protection continuums

The Baseline Review[21] refers several times to CYF being but one part of a spectrum or continuum of services. We explored these concepts and ideas with the participants in the project.

How agencies see themselves on the continuum of services

The continuum of services used in the workshops ranged on a scale from 1 to 10. On the scale, 1 equated to services that do not focus on care and protection but occasionally see situations of concern (eg, a budgeting or housing service), and 10 equated to an agency with statutory responsibility and authority (eg, CYF). Participants were asked to show where they felt they were in their current role or agency in relation to these two end-points. The intent was to see if the notion of a continuum made intuitive sense, and what the dimensions of such a continuum might be.

Figure 5 shows that the majority of those participating in the workshops had a sense of significant involvement in and responsibility for care and protection services.

Figure 5:   Numbers of workshop participants selecting a point on the continuum of care and protection services

Participants selecting the higher numbers tended to be from Child and Family Support Services, community child and family agencies, Plunket services, and others who work closely with CYF. These agencies describe themselves as *in the thick of it.*

Counsellors, early childhood services and Strengthening Families Coordinators saw themselves nearer the middle of the range, responsible but not able to provide services beyond the scope of their role.

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21   Ministry of Social Development (2003) op cit

Those at the lower end worked with adults, organised community activities, helped with general household management such as budgeting, or had roles such as managers, funders or agency support. Several of these participants expressed concern that they would not know what to do if faced with an abuse situation and would be *out of my depth*.

Those at the lower and middle parts of the continuum wanted to *know the other links in the chain* and where to turn for reliable support and guidance when the occasional situation of concern arises.

Some participants found the concept of this continuum difficult to grasp, but most could identify a position or range of positions to represent their role. It was noticeable that Maori working in holistic, kaupapa Maori services rarely selected the very high numbers even when they were extensively involved in child protection work, and several showed their work as extending right across the spectrum and even beyond.

This may suggest differences in the way these services approach their child protection work. As others have suggested, there can be some differences in *how* situations of risk are approached and managed from a Maori world view.[22] Capacity from a Maori perspective needs exploration with culturally appropriate leadership to identify directions for capacity building and development.

Continuum of roles, services and specialisms

Another kind of continuum of services is the range of roles and tasks needed for an adequate care and protection response.

Figure 6 shows the range and types of services needed in each community and Figure 7 shows the specialised services and specialist knowledge (collectively referred to here as *specialisms*) that are needed for each type of harm.

Range of services

We used the table in Figure 6 to understand how each agency saw its role, and for the group to think together in the workshops about who did which work in their community and whether there were gaps.

Participants added other roles that they saw as fundamental to a community's capacity for child protection. These included Refuge Safe Houses and other family violence prevention services, and collaborative processes such as Strengthening Families.

This exercise did not examine the quality or competence of the provision offered, and this is an area for future work.

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[22] For example, Stanley, Gaye and Rameka Thompson (1999) "The dynamics of risk in iwi-based child protection practice" in *Social Work Now,* 14, December 1999, pp51-59.

Figure 6:   List of roles and services needed for care and protection

Child Protection Tasks	Prompt for discussion: Does anyone do this here? Who? For all types of maltreatment? Where else do you go for this service?					
	Physical abuse	Sexual abuse	Neglect	Failure to thrive	Parental difficulty	Family violence
1. General advocacy for children						
2. Specific child protection advocacy						
3. Providing a child helpline						
4. Providing a parent helpline						
5. Providing targeted abuse-prevention programmes						
6. Identifying/screening for abuse/neglect - as part of general family support work - as part of usual work with children (eg, education & health workers) - as a specific diagnostic role with children - as a specific diagnostic role with adults						
7. Assessing situations where abuse and neglect may be occurring - as a general family social service - as a specific diagnostic role with children - as a specific diagnostic role with adults						
8. Helping parents with abuse/neglect - as part of general family support work - as a specific treatment/therapy role						
9. Helping children with abuse/neglect - as part of general family support work - as a specific treatment/therapy role						
10. Monitoring family situations where abuse/neglect is an issue - as part of general family support work - as part of usual work with children (eg, education & health workers) - as part of usual work with adults (eg, Corrections, health practitioners) - as a specific treatment/therapy role (with children or adults)						
11. Providing care services for children and young people						
12. Supervising workers in child protection						

Key specialists

Some aspects of child protection can be managed only if there are people with relevant specialist skills and service arrangments. These specialisms may be located within a community or child protection service, or in other sectors such as health and education.

Figure 7:   Key specialisms for types of harm

Physical abuse	Neglect / emotional abuse
Doctors	Developmental experts
Paediatricians (for informed assessments of physical conditions & injuries in relation to an stated cause)	Well child health
	Doctors
	Paediatricians
Well-child support	Developmental psychologists
	Attachment specialists
Parental incapacity	Impact of violence between adults
Addiction services	Refuge (safe houses & outreach services)
Mental Health services	Prevention and Stopping Violence services
Behavioural and attachment psychologists	Programmes for partner violence
Disability specialists (for assessment, treatment and monitoring of an adult caregiver)	Specialist therapy and group education programmes for child witnesses
Sexual abuse	Young people at risk; children & young people with severe anti-social behaviours
DSAC[23] doctors	Child psychiatrists & psychologists
Police/CYF CAT/SAT teams[24]	Behaviour specialists
Evidential Interviewers	Youth Addiction services
Sexual abuse specialists (for advice, prevention, control & healing for all parties)	Youth suicide services
	Foster care and respite care
	Residential services (for treatment or safe houses)

Safety and wellbeing depend on correct identification, valid assessments, appropriate action and correctly assessed outcomes. These specialists provide this.

Difficulty in accessing them compromises child protection and is an issue for CYF as well as for community agencies. All these services require specialised training and service delivery processes, and often professional qualifications. Their absence is a gap that cannot easily be covered by a generalist service.

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[23]   Doctors for Sexual Abuse Care, an association of doctors qualified to undertake forensic examinations and medical assessment and management in cases of alleged sexual abuse

[24]   Teams established within Police and CYF for the joint management of the criminal and protection aspects of alleged child sexual abuse

Service gaps

Service gaps vary between communities, but some deficiencies noted repeatedly, both in the interviews in 2004 and in the workshops in 2005, were:

- services for young people
- the range and depth of parenting assistance
- access to mental health services for children, young people and parent/caregiver
- the range of respite and other care services, and
- services for particular populations.

Young people
> Many young people have significant care or protection needs that are not picked up by CYF, not addressed as part of work with young offenders, and not provided for adequately in the community. In addition to the lack of general services, two communities have no safe houses for young people at risk on the streets, and one has few community and no residential alcohol and drug facilities for young people with addictions. Many young people are left simply to "fall through the cracks".

Parenting assistance
> There is a need for parent support of all kinds, and there are significant waiting lists for many programmes. Help needs to be readily available, and supported by child care and transport assistance. It is not a one-off need but recurs as the stages of family life present new challenges. It needs to include in-depth parenting programmes, including live-in assistance, that can fundamentally change underlying difficulties.

Child mental health and therapy
> This service gap is well-documented and has major impact on care and protection services. It includes a shortage of mental health practitioners and high thresholds for treatment that exclude many disturbed children and young people. There is no service provision for children whose parent or caregiver suffers from a mental illness.

> Remote areas are particularly poorly serviced. In two extensive geographic areas, one child psychiatrist visits monthly, a service that does not allow for urgent or comprehensive assessments, sequential therapy or accessible clinical leadership. In one of these areas there is no child psychologist in the local CAMHS[25] team.

> These gaps mean that
> - o non-government counselling and family services step beyond their role and expertise to cover the gap, and
> - o children and young people with significant mental health difficulties and antisocial behaviours are not assisted adequately.

Care options
> Respite or long-term care is a critical service, yet many communities report limited options. Removal from home and placement in care is a high-risk decision, with a fine balance between the harm of remaining at home and the

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[25] Child and Adolescent Mental Health Service

disruption of foster care. It is understandably described as a big gap when the options are inappropriate or there is a waiting list.

Gaps for particular populations
Participants consistently noted the need for care and protection services to adapt and target the needs of three particular populations – refugee and migrant communities; children with disabilities; and people in severely disadvantaged, remote rural areas.

- *Refugee and migrant communities* – issues for these cultural communities include insufficient culturally-appropriate child protection services, sometimes ambivalent community support, and mainstream services that rely on refugee and migrant services to overcome language barriers.
- *Children with disabilities* – child protection services are not well-informed about children with disabilities, and meeting their care or protection needs is often left to disability specialists and community agencies
- *Family/whanau in very remote areas* - some of the most deprived and needy families live in remote areas, often without telephone or transport. Funding makes no allowance for the additional time, travel and communication costs of providing services in these areas.

The consistency with which communities identify these as services that are missing or deficient, and their importance for the care and protection of children and young people, suggest a need for specific developmental and policy work to find ways to achieve better provision.

4.3. Care and protection practice

This project focused on the child protection work done by non-government agencies. Some of these agencies are child protection specialists, but most provide a range of services of which care and protection issues are only a part. One view of capacity is the degree to which an agency's work and the systems that support it reflect best practice - the recognised body of knowledge across all agency types and disciplines that leads to best outcomes of safety and wellbeing for children.

This project did not look deeply into practice, but did examine the key supports needed, in particular:

- clinical supervision
- knowledge and training (specific to child protection work)
- clear policies and procedures
- strong interagency networks, and
- access to needed expertise.

Supervision

Less than a decade ago, in our experience, it was difficult to convince the trustees and management boards of non-government social service agencies of the pivotal importance of professional or so-called *clinical* supervision for those working closely with distressed and vulnerable families. Information gathered in this project shows that regular, paid and on-demand supervision is almost universally available, and is a well-established part of the structure and practice in agencies. It seems likely that this is a result of supervision being a requirement in standards for approval.[26]

Cultural supervision is largely unpaid. Maori workers all reported having access to cultural supervision, including within their own whanau, hapu or iwi. Otherwise cultural supervision is not common for those working across cultures.

When asked to rate their personal sense of support in the child protection aspect of their work, an overwhelming majority of participants indicated a very strong sense of support, scoring 8, 9 or 10 on a scale of 1 to 10 where 10 meant *very well supported, entirely confident*[27] and 1 meant *completely unsupported; lost.* Practically every participant working in a specialist child protection agency or general child and family service reported feeling highly supported, while those at the far end of the continuum of services, away from close involvement in this work, feel less confident and supported.

Of concern were the workers who were not part of a social service agency or team but have key roles for child protection and do not receive professional supervision. Most of these recorded scores of 2, 3 or 4, indicating that they feel very unsupported in the child protection aspects of their work. This needs attention.

Knowledge and training

Formal qualifications and life experience do not necessarily equip workers for the care and protection aspects of their duties. Participants report that a wide range of

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26 Child Youth and Family (2000) *Standards for Approval: For Child and Family Support Services and Community Services under s396(3) and s403(1) of the Children, Young Persons and Their Families Act 1989.* Wellington: Child Youth and Family

27 We acknowledge the observation from one workshop that feeling entirely confident might not be a good thing, and one could be very well-supported but never fully confident in this work

on-the-job training is available and most of it is highly regarded.[28] The issue is meeting the costs of:

- training fees
- travel and accommodation, and
- backfilling for staff.

None of these is covered by funding grants.

In provincial and rural areas training is more expensive because it usually involves travel. It is particularly hard for very small agencies to release staff for training. Managers would like all staff to attend the same training so that they are *all on the same page*.

If non-government services are expected to carry significant care and protection roles, then funding needs to cover staff training.

Access to advice

Outside their own agency, peers and supervisors, participants seek advice and guidance from:

- CYF – either from trusted local workers or through the call centre
- local child and family agencies that are seen to have skills and experience
- local specialists (eg, lawyers, therapists)
- local kaumatua and respected elders.

CYF is a key agency, and workers value the ability to contact the call centre to talk over difficult decisions, or to be linked to the local office.

A local child and family social service with wide experience and robust practices also becomes a key place where others turn for help. The importance of these agencies for the care and protection of children in a community is discussed further below.

Many workers do not go beyond their own community for advice and guidance, but some seek assistance from:

- their own agency National Office
- others within their own national network of agencies
- people met on training courses, and experts delivering the training
- high profile experts (eg, Celia Lashlie)
- expert agencies (eg, Parentline, Puawaitahi)
- Office of the Children's Commissioner
- selected academics or University Social Work departments (eg, the Children's Issues Centre).

Personal contacts clearly facilitate these contacts. Easier access to a greater depth of knowledge and experience could be valuable and would build capacity further.

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[28] For a more detailed analysis of training and education options see the Supplementary Report: Increasing Capacity through Education and Training.

Screening and assessing

We briefly asked whether anyone used formal screening or assessment tools and, if so, what seemed to work well in practice.

About half of the participants use checklists and assessment frameworks, mostly an amalgam developed within their own agency and used either as part of recorded intake and assessment or as a prompt or aid for decision-making. Specialist agencies use various clinical scales, checklists and assessment tools. Frequently mentioned resources, often used as part of a discussion and exploration with families, were:

- CYF booklets and Risk Estimation System (RES)
- Andrew Turnell's Signs of Safety
- the HEADSS assessment (particularly with young people)
- Te Whare Tapa Wha (an holistic framework of wellbeing from a Maori perspective)
- materials from CPS Training (the Institute of Child Protection Studies) and other training.

Wider dissemination of known useful tools could strengthen capacity.

4.4. Relationships with local networks

The tasks, roles and specialised knowledge set out above show that no one agency can *own* child protection. Inevitably other agencies in the child and family's network are involved, and the safety and wellbeing of children in a community depend on the ability of the disparate parts to work together. Five aspects of these relationships emerged during the project as areas to address:

- interagency processes
- relationships with CYF
- the involvement of key specialisms
- relationships with other government agencies, and
- the central role of core child and family social services.

Interagency processes

The importance of interagency coordination in child protection work is well-established.[29] It is also well-recognised that interagency collaboration is unlikely to occur just from goodwill and informal networking. It needs additional impetus and support to counteract the primary and natural priority of any agency to fulfil its own organisation's goals and purpose.[30]

All the participants stated at first that they have good networks and work together well. However, after discussion many concluded that most interactions were about individual cases and among workers who knew each other. What is lacking are forums where issues of child protection in the community overall can be shared and debated (as occurred in the workshops), and strategies developed to build the networks and strengthen practice.

Very few centres have such forums (though broader family violence and other forums are common), and support for better networking was tempered with reluctance to create another coordination project that takes funds from basic services. In theory, Strengthening Families could have a role here, but does not seem to function as well as it could as a catalyst for interagency work.

It would help if there was policy support (eg, as a requirement in contracts) and recompense for the time and costs involved (eg, the time needed to organise venues, agendas and speakers and practical matters like the cost of postage in areas where few have email). Examining the two or three child protection forums that are flourishing would be a useful first step to identify the elements that work well for an ongoing, sustainable network.

Relationship with Child Youth and Family (CYF)

A consistent observation (unsolicited) is that CYF is not part of the network. None of the project activities asked questions or invited comment about CYF, yet every interview and workshop raised this issue. With the exception of a few individuals in

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[29] Office of the Commissioner for Children (2000) *Final Report on the Investigation into the death of James Whakaruru* Wellington: Office of the Commissioner for Children; Office of the Commissioner for Children (2003) *Report on the Investigation into the deaths of Saliel Jalessa Aplin and Olympia Marisa Aplin* Wellington: Office of the Commissioner for Children; Hallett, C (1995) *Inter-Agency Coordination in Child Protection* London: HMSO

[30]   MSD (2003) *Mosaics: Whakaahua Papariki Key findings and good practice guide for Regional Coordination and Integrated Service Delivery* Wellington: Ministry of Social Development

each office, the CYF approach to child protection work is seen as isolated, non-consultative, and taking charge.

To some extent, these observations are part of a natural tension between non-statutory and statutory, and between voluntary and non-voluntary services. There were also many positive observations, such as:

- many turn to CYF for advice and help, both locally and through the call centre
- there are experienced and skilled CYF social workers who provide excellent support, guidance and leadership in their communities and work collaboratively
- several agencies use CYF publications for checklists and guidance
- CYF training courses are highly regarded, and
- making training places available to non-government organisations is enormously valuable, providing up-to-the-minute training that is accessible, affordable and relationship-building.

Collaboration

Lack of collaboration is a major concern. A common experience is that once a child and family situation is known to CYF, the door closes and there is no further communication, even if a particular agency has known the family for some time or has significant information about the situation, and indeed may be still engaged with them.

Workers in the non-government sector want to share the decision-making load. They want CYF to join with them so that the fine balances and points of indecision are informed by the knowledge and experience of everyone involved, and all can work to the same end.

The Baseline Review[31] is careful not to suggest that CYF should confine itself to the more serious cases, and many community agencies report that the situations they manage are still extremely serious. Nevertheless, the widespread and consistent experience of non-government agencies is that in practice the continuum of services operates as shown in Figures 8 and 9.

Figure 8:   Continuum of services as perceived by community agencies
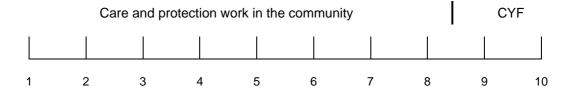
Care and protection work in the community   CYF

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Figure 9:   Continuum of care and protection action as perceived by community agencies

Community		CYF	Community
Prevention	Early intervention	Crisis response	Post Crisis

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[31]   MSD (2003), op cit

Non-government agencies want CYF to be involved at the early intervention and post-crisis stages where the actual or possible exercise of statutory authority can help ensure that children receive needed services and oversight.

Collaborative work is dependent on prior building of relationships.[32] Participants in this project stated frequently that they try to build relationships with CYF through invitations to meetings and seminars and offers to visit and discuss common issues. Everyone says that it is always the community taking the initiative; never CYF.

Other concerns

Concerns about CYF practice are widespread, often attributed to CYF working with the most entrenched cases with few resources to call upon. There is also recognition of the impact of high staff turnover, unreasonable societal expectations and limited professional support beyond in-house supervision.[33] Also, agencies see that the statutory role has narrowed, reducing the social-work aspect in favour of service brokerage and social control. This less satisfying role may explain why many well-qualified and experienced social workers choose to work in the non-government sector for considerably less remuneration.

Adam Tomison in his extensive examination of key issues and trends in family support notes changes in statutory child protection work internationally. Under the heading "Overcoming a legalistic approach – engaging with families", he writes:

> *… in the 1990s, a legalistic framework and 'rules of evidence' were increasingly determining the 'facts' of a child protection case, and whether abuse or neglect concerns were serious enough to warrant protective intervention … One consequence … is … to restrict definitions of maltreatment … to those families where a child is at significant risk. This approach conflicts with the therapeutic concern to widen definitions … and to increase the identification of both 'at risk' and 'maltreating' families in order to offer support.*[34]

This rings true with the picture of CYF as seen by the non-government services. What the non-government sector wants and what protection of children needs is for those with statutory authority to join in with the tasks of identifying, confronting, addressing, protecting and healing harm to children from within their family. The isolation of CYF and its limited role is not partnership, and arguably may not be consistent with good outcomes.

The relationship with CYF is a fundamental relationship affecting the child protection capacity of non-government services. It needs a period of joint intensive and focused work to find the best ways to build and sustain an effective partnership.

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[32] MSD (2003) *Mosaics*, op cit; Gray, Alison (2002) *Integrated Service Delivery and Regional Coordination: A Literature Review* State Services Commission

[33] One interview subject contrasted the rating of 8 that he gave to his current feeling of support from his agency with the 1 he would have assigned in his former work with CYF. This is consistent with findings about support and supervision within CYF reported in Martin Jenkins and Associates (2004) *Child Youth and Family Workforce Capability Development Strategy* Wellington: CYF, p53

[34] Tomison, Adam (2002) "Preventing child abuse: changes to family support in the 21st century*"* in *Child Abuse Issues* No 17 Summer 2002, p8

Key specialisms

Key specialisms for child protection were discussed above and shown in Figure 7. Specialists in these areas need to be not only experts in their field, but also well-informed about abuse and harm, and able to work across cultures and as part of the local care and protection team. When key specialisms are absent, this is always seen as a big gap.

Absence may mean that needed specialist services are:

- not present locally at all (eg, the community with no DSAC[35] trained doctor or child protection-focused paediatrician)
- not present with sufficient frequency to be useful (eg, two areas are served by a child psychiatrist visiting once a month)
- inappropriate because of lack of child focus or cultural alienation, or
- out of reach through cost, distance, or high thresholds for service.

Some suggested that needed specialisms could be provided by training suitable workers in social service agencies, but clearly some require many years of professional training. Work is needed with relevant professional bodies and employing departments to engage specialist practitioners as part of the team for children.

For the specialists themselves, capacity is a big issue, especially when demand is high and there is no other specialist available to share the load.

Other government agencies

Many roles, tasks and specialist skills needed for child protection are located in government agencies, particularly in health (Public Health, maternity services, Child and Adolescent Mental Health, Community Mental Health, paediatricians and general practitioners) and in education (school and early childhood teachers, guidance counsellors, psychologists, behavioural specialists and truancy staff).

Participation in child protection work is generally patchy in these agencies. Community experience reports, for example,

- schools taking no action despite evident abuse and harm to a child
- health and education sector workers not seeing it as part of their role to work alongside other agencies in difficult or unclear child protection situations
- inadequate knowledge of local agencies and the assistance available to families and children
- limited engagement with Strengthening Families processes, despite sector commitment to participation.

The limited child protection role in these sectors, sometimes specified in policy, affects capacity in both CYF and the non-government sector. These are longstanding issues that need renewed attention.

Interaction with specialist family violence prevention services

Separate clusters of services have grown up to work with domestic or family violence on the one hand and the maltreatment of children on the other, yet there is a large

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[35]   Doctors for Sexual Abuse Care, op cit

overlap in the families known to each sector, and increasing recognition of the harm to children through being present in a home where there is violence between adults.

There are moves for greater integration between these two sectors, so that adult-focused services notice children's needs and know the interventions needed and the services available, and child-focused services notice and check for partner violence and know the interventions and services needed to stop the violence and protect victims and children.

Most participants said that family violence and child protection services worked together well but there is clearly room for development. For example, only a third of questionnaire respondents use a check list or screening tool to check routinely for partner violence. There is a lot of developmental work needed to blend these two strands of work.

The centrality of core child and family social services

This project focused primarily on child protection in provincial areas where arguably less is known. An unexpected finding is the fundamental importance of having at least one broad-based, robust child and family social service in every community. Yet their value is not recognised in funding policies.

This is not about a one-stop-shop where disparate services are co-located. Rather it is about an agency with a generic focus, able to do whatever is needed for as long as needed to secure the safety and wellbeing of a child or young person and their family. A typical agency of this type:

- is established in response to, and continues to be guided by, local community need
- offers a wide range of family services and programmes – early intervention; parenting; individual, family and group counselling
- engages with all parts and combinations of a family system as necessary - mothers, fathers, youth, children, individually or in groups
- works with family members and their networks in a range of locations as appropriate - in the office, home, school, or any other relevant location
- easily cross-refers individuals and families to services and programmes within the agency, to provide whatever mix best meets the need.

Commonly, these agencies operate from a simple, accessible community base – often a suburban house in a residential street. Any community member can drop in for assistance, and the focus on needs and ethos of service means that any caller can expect an energetic and attentive response. With a wide child and family focus rather than single-issue or prescribed programme, these community social service agencies can readily change and adapt the services and programmes available in response to needs emerging in the community.

This flexibility fits well with care and protection work. It is best able to meet the complexities discussed above – the number and variety of types of harm; the range of services needed; the differing part that each family member plays in a harmful situation; and the fact that family situations are never static. These broad-based agencies can provide the overview that keeps all the parts together. They can step up or step down the intensity of services as families move back and forth through early intervention, crisis and post-crisis phases, and can move, adapt and stay involved over time.

In Wellington and Christchurch, there seemed to be a sufficient range and depth of services to meet various needs, though many of these city agencies reported waiting lists, and a general social work service needs to be involved to support the family, integrate the service components and maintain momentum. In smaller places, needs are met through a core social service agency that has wide range and flexibility. These agencies become the pivot point for care and protection services, and are commonly centres of excellence and skill where other workers in the network turn for advice and support.

However, there is no funding stream that ensures the survival of at least one broad-based child and family service in every community. They survive financially by putting together a package of funding from the variety of programmes and projects on offer. A specific funding stream to support these core agencies and to build their infrastructure would significantly boost the child protection capacity in communities.

4.5. Relationships with funders

The relationship between organisations and their funders is identified as a cornerstone of capacity (see Figure 2, above). It is not therefore surprising that participants in this project saw funding and relationships with funders as key areas for change. Particular concerns are levels of funding, funding mechanisms, and what is covered.

Funding inadequacies

All participants believe that the level of funding is too low, and the evidence is that services are:

- funded for only a proportion of the delivery costs
- unable to pay salaries that are equivalent to government positions, despite high qualifications and experience, with consequent impact on recruitment, retention and respect for staff
- not funded for service infrastructure despite some elements being requirements of key funders, ie, staff training, supervision, interagency networking, policy development.

There is a lack of congruity between the expected level of service, the Baseline Review notion of partnership, and funding that at best covers only a percentage of the costs. Fundamentally, agencies feel devalued by low funding. As one person summed up the feelings of many:

> *Low funding; low status.*

Funding distortions

As well as insufficiency, funding is seen to distort services through:

- fund-raising, funding applications and accountability reports (to meet the varying requirements of multiple funders) that distract energy from core work
- fragmentation as funding flows through discrete projects and programmes rather than basic child and family services
- agencies shaping services to fit available funds rather than identified need
- no mechanism to adjust unit costs when demand changes
- competitive funding that is the antithesis of interagency collaboration[36]
- no allowance for the extra costs of:
  - kaupapa Maori services working with whanau and hapu
  - distances in remote rural areas, especially where phones and transport are lacking.

If what is sought is a professional non-government sector able to meet the care and protection needs across the intervention spectrum, then funding needs to reflect this. Alternatively, expectations need to be modified.

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[36] One noted the irony of the competitive scramble for funds recently available for "collaboration"

4.6. Relationship with Community

The fourth cornerstone of capacity (Figure 2, above) is the relationship with community. This emerged as a key relationship in this project.

Family, community and the state

In their review of three types of violence prevention (youth violence, domestic violence [ie, adult to adult] and child maltreatment), Sabol, Coulton and Korbin[37] emphasise the links between government, local services and community. It is important to build the community's own social control mechanisms rather than encourage reliance on the state. All three levels of control have their place, and the goal is to find the best balance between them.

Finding the correct balance is a fundamental challenge in care and protection – the balance between family autonomy and the right for outsiders (neighbours, teachers, local agencies, the state) to interfere and bring weight to bear on the family for the sake of a child. Whether or not it is best in this situation to step across family privacy and say or do something is an uncomfortable dilemma. It is very easy to over-react or under-react, and it is serious to be wrong either way.

Training, supervision, careful procedural steps and shared decision-making all help, but it is a learned skill to maintain an honest, open and supportive relationship with a family while not colluding with abuse. Non-government agencies must rely on their skill to engage a family to address harm to a child, or else call on the statutory powers of CYF.

Difficulties in the relationship with CYF emanating from CYF itself are discussed above, but difficulties emerged also on the part of non-government agencies. Some are still struggling with the care and protection dilemma in their agency role, unsure of the fit between strengths-based practice and making a notification to CYF, or trying to avoid a family knowing that they have made a notification for fear of losing engagement with this and other families. Another area of unease is undertaking work as a contract from CYF when it will require some form of reporting back. These are deep issues that could not be explored adequately in the interviews or workshops, but which warrant future work.

Differential Responses Model[38]

Any tension and unease at the interface between community and statutory child protection services is sharpened by the current development of a formalised partnership known as *differential responses* and was discussed in various depths in the workshops.

Some agencies are already involved, some are enthusiastic, others wary. Areas of concern included how realistic the expectations would be, whether the remuneration was adequate and, if not, whether community agencies would in effect be subsidising the state. The cynical view was that this was a strategy to get services on the cheap.

Deeper concerns were the risk of losing the major strength and added value that community agencies bring to society, and the difficulty of trying to blend two strands

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[37]   Sabol, William, Claudia Coulton and Jill Korbin (2004) "Building community capacity for violence prevention" in *J of Violence Prevention* vol 19 no. 3, March 2004, pp 322 - 340

[38]   See Appendix III

of the child protection system that stand in different places and face in different directions.

Several participants mentioned the importance to the safety and wellbeing of children of having a place where parents and others can come voluntarily for help. A large amount of family difficulty can be resolved among the community services, and there is a key role in identifying and supporting the families where more intrusive action is required. This contribution to prevention, crisis and resolution is both unmeasured and immeasurable. If community agencies become just like CYF, this basic resource may be lost or diminished.

The trust that families place in their community agencies comes in part because the agencies are in and of the community. They belong to the community and see themselves as answerable to it. Becoming the contracted partner of a statutory agency turns the accountability comprehensively toward being responsible and answerable to government.

In summary, those agencies who were doubtful about the proposed *Differential Response Model* asked:

- does it fit with the role of non-government social service agencies as a place to seek help voluntarily?
- does it fit with the place of non-government agencies as the servants of their community, rather than of government?
- will resources follow?
- if there is money to buy these services, why doesn't CYF do it?

There is a major and urgent piece of work for community agencies and CYF to do together to explore these issues thoroughly and, if proceeding with differential responses, to identify the practice frameworks that will properly balance the respective roles and sustain effective joint work.

Communities of culture

Many participants worked for communities that were defined by cultural identity instead of or as well as geographic location. These included many participants working in kaupapa Maori services, a few working for Pacific communities, and some in refugee and migrant communities.

These workers face the additional challenge of having to understand and work appropriately with a range of cultural protocols and expectations, having often to engage with much wider groups than the immediate family/whanau, and in some cases working without strong community support for formal processes of care and protection.

The particular needs of all these groups warrant further exploration, and ways found to provide appropriate support.

4.7. The Social and Policy Context

Abbreviations used are shown in full at the end of this section.

Organisations and their networks and relationships are part of a larger political, social and economic context. Participants noted particularly the connections with:

- beliefs about children and children's safety in society
- the impact of the political, social and economic context on families, and
- central government projects, programmes and policy development that impact on the child protection capacity of non-government agencies.

Child advocacy

The interviews in 2004 identified a need for a strongly-heard voice advocating for the safety and wellbeing of all children. In the workshops we explored this element, asking who the child protection advocates were in their community, and who are the voices that are heard speaking out for children's safety and wellbeing.

Everyone identified the group of agencies present as key advocates for children, but it was less clear how well voices advocating for children are heard by the general public. One participant noted that compared to the *Don't Drive Drunk* message, messages about children's wellbeing are weaker and infrequent.

The most strongly and universally recognised voice is of the Office of the Children's Commissioner and the Commissioner herself. Other strong voices noted by some were EPOC, ECPAT, CYF, Sue Bradford MP, the Child Poverty Action Group and the Children's Issues Centre. Projects such as SKIP and Children's Day also permeate messages into public consciousness.

Child protection work involves a degree of intrusion into the privacy of family life and needs societal support and legitimacy. Participants reported mixed levels of support from their communities or from sub-groups within communities. A clear voice for children's safety and wellbeing boosts the child protection capacity of all workers.

The political, social and economic context

Several participants expressed concern about the social and economic pressures on families and thus on their parenting. The pressures of consumerism and numerous gambling outlets; inadequacies in housing, income and health services; and the costs of after-school and other child care wear parents down and put children at risk. Recent reductions in some centres in carer relief for parents of preschoolers with disabilities had almost instant effects on referrals for family stress, and the push for single parents to return to the workforce contrasts with the known effects on individuals and society of inadequate nurture and poor attachment.

More societal support for families would reduce the demand for services.

New policies, projects and programmes

In our interim report we listed with a brief explanation three pages of new policies, projects and programmes underway in central government agencies that would impact on community agencies. An updated overview of current projects was

presented for discussion in the workshops which included the following relevant projects:

Te Rito: NZ Family Violence Prevention Strategy (MSD / FACS) Projects

- Preventing family violence in Maori communities (TPK)
- Preventing family violence Pacific communities (PIA / MSD)
- Family Violence Intervention Programme (FVIP) in WINZ (FACS/MSD)
- Violence within Families: Service Capacity and Capability of Non-government services (MSD)
- Programmes & services without court orders ["non-mandated"] (CYF)
- Research & Evaluation – FV Clearing House, Statistics, Effectiveness Framework (MSD contracted to Te Awatea / Refuge / NNSVS / CAPS)
- Screening & Risk Assessment guidelines (Police - contracted to Standards NZ)
- Money for collaboration & child advocacy
- Public Awareness programmes (MOH) (also - Every Day Communities (CYF))

Other Projects

- Circuit Breaker – aligning approval, funding & accountability (MSD)
- Family Safety Teams – coordinating Family Violence work after Court (Police)
- Care and Protection Workforce Programme for Action (MSD)
- CYF Differential Response Model (CYF)
- National Directory of Services (FACS)
- POL 400 B (Police / CYF)
- SKIP (FACS)
- Local Services Mapping (FACS)
- Building NGO Capability (FACS)
- Care and Protection Outcomes (MSD)
- Effective Responses (MSD)
- Early Intervention Projects (MSD)

Each of these will impact on non-government services, both in contributing information and advice and in providing services to meet any subsequent demand. Most workshop participants were not up-to-date with all the projects but saw the implications, and wondered how they could ever keep informed and up-to-date. It would be useful to find creative ways to keep community agencies informed without overwhelming amounts of paper and information.

Some of these projects will assist agencies - particularly the rationalised approval and funding for family violence services, the extra funds for coordination, and improved access to information (especially the National Directory of Services). The more negative implications for non-government capacity of this rapidly growing, fast-changing policy scene include:

- more demand on services, as many projects will identify more needs, but will rely on existing services to meet these needs
- more work for non-government agency national offices, associations and umbrella groups - to guide, challenge and contribute to projects

- new, well-paid positions for skilled people, which may well be drawn from the most skilled and experienced community agency workers
- more funds, but with narrow requirements that can fragment existing work, and compliance costs for applications, approval and accountability processes

All these projects need to include an analysis of the capacity implications, both individually and in total.

Abbreviations used in this section

CYF	Department of Child Youth and Family Services
ECPAT	End Child Prostitution, Child Pornography, Child Sex Tourism and Trafficking in Children for Sexual Purposes
FACS	Family and Community Services (a business unit of MSD)
MOH	Ministry of Health
MSD	Ministry of Social Development
PIA	Ministry of Pacific Island Affairs
SKIP	Strategies for Kids, Information for Parents (FACS)
TPK	Te Puni Kokiri

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5.   Conclusion

The picture from the interviews, questionnaires and workshops is of a strong non-government care and protection sector, thriving in many respects but needing additional support and attention in some key areas.

Areas of strength are the levels of professional qualification, the well-entrenched practice of professional supervision, and the energy, commitment and mutual support within and between agencies.

Strategies that will best support and strengthen non-government child protection services are:

- improved access to regular on-going training
- resolution of funding deficiencies and distortions
- support for generic social service agencies that can work flexibly with whole families (and with hapu in the case of kaupapa Maori service providers)
- addressing service gaps
- strengthening of local care and protection networks and connecting these to sources of additional support and expertise in other centres.

The findings of a British study drawing on extensive research into child protection structures, practices and outcomes concluded:

> *Five features of effective practice have been identifie: sensitive and informed professional/client relationships; an appropriate balance of power between the key parties; a wide perspective on child abuse; effective supervision and training of social workers; and a determination to enhance the quality of children's lives*[39].

The participants in this project could have written this, and our analysis supports the view that child protection capacity is built on the integration of all the above elements. Policies and funding strategies need to be directed to this end.

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[39]   Department of Health (1995) *Child Protection: Messages from Research* London: HMSO, p52

6. The way forward

When asked to name the three things that would most help build capacity, participants most frequently selected funding, collaboration, and training. This analysis supports these three as the prime targets for the way forward. The information and observations from community agencies, our analysis blending with theirs, now needs to feed into the bigger analyses and policy development currently underway. Child protection is important work. This is our contribution.

1)   Funding to build capacity

The Baseline Review[40] set high expectations of non-government social service agencies in the care and protection of children. Levels of funding show what government thinks is important. Building child protection capacity now requires additional funding to meet the cost of service delivery, and also to support the infrastructure that enables services to happen. Specific funding is needed for:

- staff retention and training
- network support, and
- core community child and family agencies

Proposals for each of these follow.

Staff retention and training
To do a professional job, workers need professional support, development and recognition. This means:

- remuneration that aligns more closely with equivalent positions in other sectors
- funding to access regular staff training (for paid and unpaid staff), including the costs of course fees, travel and accommodation.

Network support
Interagency collaboration is particularly critical in child protection and needs specific funding, in particular:

- a resource for local communities to build and sustain a local child protection network, and
- a small one-off project to explore with the few currently active networks the structures, systems, behaviours and attitudes that are the source of their success.

Core community child and family agencies
Child protection is not a one-off response to a crisis; rather it is a range of activities over time and at various levels of intensity in response to changing family situations. Building the capacity of a service with this range and flexibility is difficult when funding is fragmented across programmes and service components. A fundamental boost to capacity would be:

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[40]   MSD (2003) *Report of the Department of Child Youth and Family Baseline Review ,* op cit

- an integrated funding stream specifically to support broad, community-based, child and family social service agencies.

New policy and service funding
Numerous new policies, programmes and services will add to non-government service demand, yet few provide additional resources. Capacity will be boosted if:

- it becomes a requirement that service demands are assessed, and new services and programmes implemented only with an accompanying funding package.

2) Interagency collaboration

Several services, agencies and disciplines need to integrate their information, assessments and plans into a protective net around a child and family where there is risk of harm. This complicated process has to be consciously built and supported. Specific strategies are needed to build:

- local child protection networks
- collaborative practice between CYF and non-government agencies
- an integrated practice framework for child protection and family violence prevention services.

Local network development
Many of those unable to participate in this project expressed their interest, and it is our view that there is eagerness within communities to join with others to grapple with child protection issues, to strengthen interagency relationships, including with relevant government agencies, and to jointly build skill and expertise in child protection practice. Capacity could be built through:

- support for communities to bring together agencies and groups that:
    - are relevant to their local service configuration and cultural mix, and
    - provide forums to develop and deepen best practice models, strengthen common understandings and find strategies to overcome organisational barriers.

Building relationships with Child Youth and Family
The relationship with CYF is fundamental, and critical if the *Differential Responses Model* is implemented. A way forward would be:

- a project, led by communities with excellent working relationships, to develop a practice framework for effective collaborative work between CYF and community agencies, and to test these models in other communities
- to establish six-monthly (or more frequent) information-sharing forums between relevant offices of CYF, MSD and FACS and the local child protection network. These would:
    - keep community groups up-to-date with and able to have dialogue about fast-moving policy and programme developments
    - provide another forum for local networks
    - provide a forum for feedback from the community to government
    - reduce the reported isolation of CYF and others.

Building child protection/family violence prevention service relationships
There are clear overlaps between child maltreatment and partner violence, but services have developed as two separate streams. Capacity will be increased if these two work streams can be more closely aligned. A way forward would be:

- a project to bring together experts from each service stream to develop a best practice framework that can integrate the knowledge and analyses dominant in each sector, provide practice guidance for respective screening and referral processes, and to build a more collaborative partnership.

3)   Training and education

Child protection is complicated work. The many forms of harm, the sensitive milieu of parents, children and family/whanau and the importance of the decisions made require wide knowledge and constant updating. The recently announced scholarships for non-government workers make a strong contribution, and could be increased. Capacity building though training and education will be enhanced by:

- specifically funding non-government social services for staff training
- reviewing and promulgating the child protection component in existing courses
- an overview of child protection training requirements that spans government and non-government sectors

Funding
The drive in the non-government sector for knowledge and upskilling of staff can be harnessed if training is funded. Capacity will build if:

- funding for non-government services includes a component for training.

Child protection in existing courses
The social service sector has many training providers, but the child protection component of courses varies and it can be hard to know what is available. A needed step forward is:

- a project to critique the child protection component of all training and education provision, and disseminate the findings to service providers

Training for the continuum of child protection services
If non-government services are seen as fully engaged with CYF in the spectrum of child protection services, then the way forward must:

- develop policies, funding, and actual training and education options that span the government and non-government sectors together.