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## Modernising Child Protection in New Zealand: Learning from system reforms in other jurisdictions

Child maltreatment and the provision of effective child care and protection services are a topical issue worldwide. Child care and protection services are focused on responding to increasing demand and pressure on the system, and improving the outcomes of children in care. To address these issues, child care and protection services have undergone recent reforms that have changed their focus, function and delivery.

This *In Focus* is based on a report prepared by the University of New South Wales – *Modernising Child Protection in New Zealand: Learning from system reforms in other jurisdictions*. It presents an overview of the key challenges and priority focus areas for child care and protection services in other jurisdictions. Child protection agencies included in this review have common issues and relatively similar responses to them. An opportunity for cross-jurisdiction learning exists. However, effective policy and service delivery responses must be tailored to meet the specific requirements of each jurisdiction.

### About *In Focus*

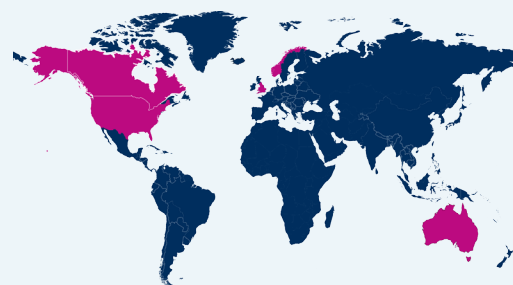
Superu's *In Focus* series is designed to inform and stimulate debate on specific social issues faced by New Zealanders. We draw on current policy, practice and research to fully explore all sides of the issue.

## Introduction

In New Zealand, the Modernising Child, Youth and Family Expert Panel is reviewing the focus and operations of Child, Youth and Family (CYF) to achieve better outcomes for vulnerable children, young people and families. This is in line with the Better Public Services targets (Result 4<sup>1</sup>), the Children's Action Plan, the Vulnerable Children Act, the Youth Crime Action Plan and the Whānau Ora initiative. There is a strong interest in how child protection services in other jurisdictions function. This information can be used to inform policy thinking in New Zealand.

A report by the University of New South Wales (UNSW) Social Policy Research Centre compared aspects of the current child care and protection system in New Zealand with several other jurisdictions around the world ([www.superu.govt.nz/child\\_protection](http://www.superu.govt.nz/child_protection)). The report was commissioned by Superu on behalf of the Modernising Child, Youth and Family Expert Panel. It captures a snapshot of child care and protection services in other jurisdictions and highlights their challenges and actions taken. Other jurisdictions included in the report

### KEY RESULTS



Across jurisdictions, it is clear that child care and protection agencies:

- > face **common challenges** and responses
- > focus on **similar priority areas**
- > require **tailored policy and service delivery** to meet their **unique needs**
- > have the opportunity to **learn from each other**.

<sup>1</sup> Better Public Services Result 4: Assaults on Children – 'By 2017, we aim to halt the 10-year rise in children experiencing physical abuse and reduce 2011 numbers by five per cent'. (<https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/better-public-services/>)

include England, the United States (US), Canada (Ontario), Norway, and Australia (New South Wales - NSW). These jurisdictions were selected as being similar to New Zealand in their basic approach to child protection. The report also includes one jurisdiction (Norway) which offers a contrasting approach. This paper was based on a search of peer-reviewed and 'grey' literature.

This *In Focus* is broken into three sections. The first section provides an overview of child care and protection systems; the second section focuses on the key challenges that these systems face; and the third section highlights the key priority focus areas.

## Orientation of child protection agencies

Child protection agency orientations vary greatly both within and across countries<sup>1,2</sup>. Comparisons between child protection systems are usually based on the extent to which systems focus primarily on **protecting children** or on **supporting families**<sup>3</sup>. The UNSW Report identifies three system orientations adopted by the jurisdictions included in the report. The legislative and policy frameworks of child care and protection agencies will, in most cases, comprise a combination of orientations<sup>4</sup>.

### Child protection system orientations

Systems with a **child protection** orientation tend to frame parents as culpable, leading to a systemic focus on surveillance of families and child removal. Most English-speaking jurisdictions would be classified under this orientation.

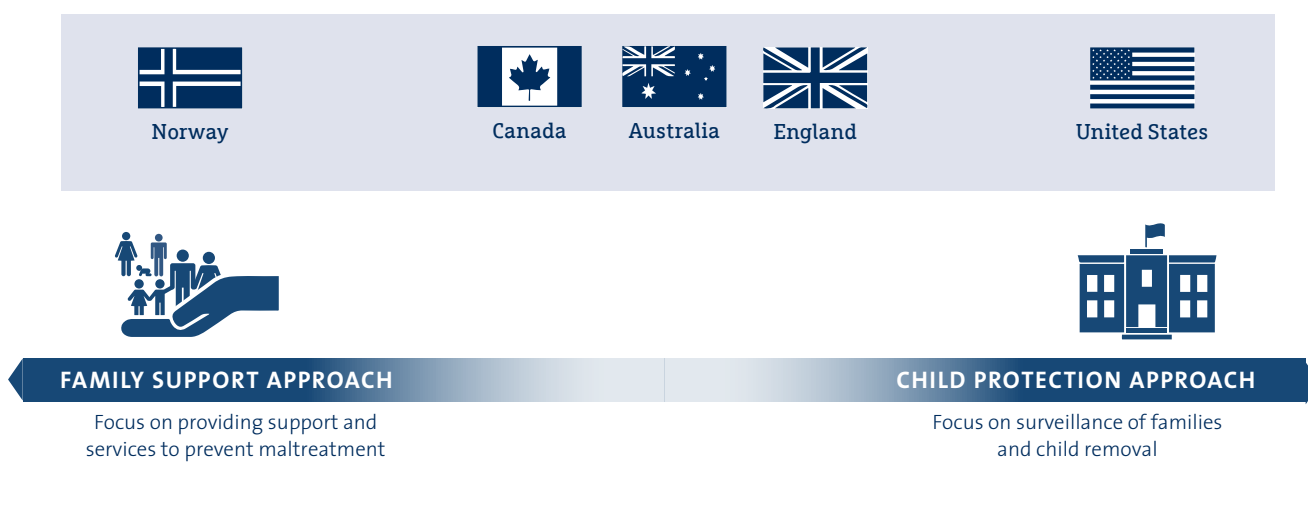
Those with a **family service** orientation, Norway for example, tend to focus on providing alternative pathways to forensic child protection approaches, support and voluntary services to prevent maltreatment<sup>2,5</sup>.

The **community care** approach recognises that child protection systems are embedded in broader family and community services. This approach is relevant to indigenous and minority populations, and emphasises harm reduction while retaining children in families and aboriginal communities. Services are delivered in partnership with aboriginal service organisations and other non-government services<sup>1</sup>.

## Differences in child care and protection decision-making

In Nordic countries, child care and protection decisions tend to rely on individual practitioner judgement, while the US and other English-speaking jurisdictions rely on agency policy, state regulations and evidence-based decision-making tools<sup>2</sup>. The extent to which children and parents have a voice in decision-making also varies – with Norway being the most inclusive, and the US being the least inclusive. In England, including child and parent perspectives is mandatory for higher threshold cases<sup>6</sup>.

**Figure 1** Different orientations of child care and protection agencies



**Table 1** Orientation of child protection systems<sup>2</sup>

Agency orientation	Problem frame	Mode of intervention	State-parent relationship
<b>Child protection or 'Forensic'</b> <i>e.g., New South Wales</i> <i>Australia</i> <i>England</i> <i>United States</i>	Deviant behaviour Dysfunctional parenting	Legalistic Investigative	Adversarial state sanctioning parental misbehaviour  Using coercive powers for involuntary out-of-home placement
<b>Family service</b> <i>e.g., Norway</i>	Social stress Psychological stress Family problems	Therapeutic Needs assessment	Partnership between parents and the state to strengthen family relations  Voluntary out-of-home placement
<b>Community care</b> <i>e.g., Canada</i>	Discriminatory, culturally inappropriate child welfare policies	Partnership with aboriginal and other community-based organisations	Embedded in broader family and community preservation services  State respects aboriginal culture and parenting values

## Key challenges

A cross-jurisdiction comparison of child care and protection agencies highlights that irrespective of their orientation, they face similar challenges and undertake similar approaches to respond to them - summarised in Figure 2. The UNSW report discussed strategies and approaches adopted by some (and not all) of the jurisdictions included in the review. These approaches are summarised below.

### Across jurisdictions, child protection services face increasing demand, referrals and costs

Child protection and care services across the world are experiencing **increasing levels of demand**. In England, the number of referrals and assessments undertaken has more than tripled since the introduction of the Children Act in 1989<sup>7</sup>. In 2013-14 there were 657,800 referrals to children's social care, up 10.8% from the previous year<sup>8</sup>. Out-of-home care placement rates increased from 4.5 children to 6 children per 1000 cases between 1994 and 2014, although placement rates varied greatly between local authorities<sup>9</sup>.

Norwegian Child Welfare Services face similar pressures. There was a 48% increase in out-of-home care recipients between 1992 and 2012<sup>10</sup>, with almost 10 children per 1000 cases placed in out-of-home care<sup>11</sup>. A similar situation exists in Ontario where rates of reported child maltreatment nearly doubled between 1998 and 2003<sup>12</sup>.

The increased pressure on child care and protection systems is partly driven by **mandatory requirements to report both high and low risk cases**, resulting in a higher number of referrals. Many referrals are not about children at risk of abuse, but instead require referral to other family support services. However, all reported cases require assessment, resulting in higher costs and workload for the agencies. In Australia, almost half of all referrals to child protection agencies did not result in further action – this figure was 36% and 38% in England and the US respectively<sup>13</sup>. Other possible reasons for increasing referrals and reports of child abuse and neglect include expanding child welfare mandates, and growing awareness amongst professionals and the public, of the emotional and cognitive effects of child maltreatment<sup>12,14</sup>.

Child protection and care services across the world are experiencing increasing levels of demand.



Figure 2\_ Summary of challenges and responses of child care and protection agencies



**Response to increasing demand and costs**

Most of the discussion in the UNSW report focuses on recent reforms in NSW, in which the state government introduced a **new reporting threshold** from 'risk of harm' to 'risk of significant harm' to better manage increasing demand. This change in threshold ensures that children at the highest level of risk are better protected, and that those at lower levels are diverted into preventative services and support. The changes were made in response to a review that showed that many of the notifications made did not require a statutory response.

The review also showed that notifications were made without considering whether children would **benefit from other support services**. The change initially resulted in a considerable reduction in reports for harm, but later increased to previous levels for aboriginal children, and slightly increased for non-aboriginal children<sup>15</sup>. Following the change in threshold, data showed that almost half the calls to the NSW Child Protection Helpline did not meet the threshold. A positive consequence of changes to the threshold is an increase in the number of families being supported by early intervention services. These children would otherwise be in the child protection system or not receiving any support<sup>15</sup>.

## Workforce problems concern resourcing, practice and system issues

Child protection services face resourcing issues including **high staff turnover, low morale and high training costs. Flawed practice models**, and some social workers' negative experiences in applying them, **inadequate training and supervision** often lead to poor quality practice and poor results with children and families. There is a pressing need to develop effective training models to support staff manage their exposure to a significant amount of secondary trauma. Passive uptake strategies (such as fact sheets or one-off workshops) are not sufficient to fully develop staff skills and competency, as they do not sufficiently address engagement, support and supervision of the workforce<sup>16</sup>. In the US, the amount of training received by child care and protection workers to work with minority populations (e.g., immigrant families) is limited. A lack of training and support may be one of the reasons why child care and protection workers in the US and in England tend to feel as if they face more system barriers working with immigrant than non-immigrant families<sup>17</sup>.

The **hierarchical and bureaucratic structure** of child care and protection agencies and a **focus on process and procedural documentation** reduces productivity and may result in poor implementation of programmes and services<sup>18</sup>. These structures are poorly suited to implementing complex social interventions that rely on timely and honest feedback and require creative solutions<sup>19</sup> to be effective. Agencies need to adopt a more lateral structure that focuses on active and collaborative learning<sup>20</sup> and is able to respond to the multiple and complex needs of children and families in the system.

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## Response to workforce issues

Most of the discussion in the UNSW report focuses on recent reforms in NSW, which have included the implementation of *Practice First* - a service delivery model that aims to strengthen caseworker capability, reduce administrative burden and improve caseworker job satisfaction. This model aims to simplify processes, giving caseworkers more time for direct client contact and to focus on improving children and family outcomes. The model includes fortnightly group supervision for Family and Community Service caseworkers, a part-time administrator in each participating Community Services Centre and a range of training and support opportunities for staff. An independent evaluation found this approach was effective in changing organisational culture, but did not appear to decrease the large administrative burden placed on staff<sup>21</sup>. Although job satisfaction and staff willingness to remain in their roles improved, the model did not influence the number or type of cases taken to secondary assessment, the duration of the secondary assessment period, or the length of client involvement with Family and Community Service<sup>21</sup>.

## Children and young people from indigenous and ethnic minority groups are over-represented among child protection referrals and children in care

Indigenous and ethnic minorities are over-represented in child care and protection systems worldwide. The UNSW report highlights the prevalence of the issue in some jurisdictions – England, the US and Canada. In England, there are relatively high rates of entry of some minority ethnic children into the care system<sup>22</sup>.

Ethnic disproportionality is also evident in the US where non-Hispanic 'black' children are over-represented in foster care – comprising 14% of the population, but 24% of children in foster care in 2014<sup>23</sup>. Complications also arise due to the mixed immigration status of some families – US-born children become US citizens and are eligible for child protection and other support services, while their foreign-born parents are not.

In Canada, aboriginal children are over-represented in child protection investigations relating to neglect<sup>12</sup> and in foster care<sup>24</sup>. Aboriginal children are also three times more likely to be the subject of substantiated reports of maltreatment, compared with non-aboriginal children<sup>24</sup>.

## Responding to the needs of indigenous and ethnic minority groups

Mandated aboriginal child care and protection agencies have been set up in NSW to provide culturally appropriate services to aboriginal children and families. Aboriginal agencies face many challenges including caseworkers who lack experience and training, operating in rural and impoverished areas and in communities that face issues such as family violence, substance abuse and crime. In addition, the funding for child protection is driven largely by the number of children in care and the number of days spent in care. This provides little incentive to agencies to provide preventative services rather than tertiary services (e.g., foster care).

In NSW, the Aboriginal Child Placement Principle prioritises out-of-home-care placement of aboriginal children with their extended families, followed by other families within their indigenous community, and finally other indigenous families. Placements with non-indigenous families are only considered if indigenous placements are unavailable<sup>25</sup>.

A similar situation exists in Norway. Migrants comprise a small proportion of the Norwegian population, but are over-represented in the child protection system (36 in 1000), compared to non-immigrant children (21.4 in 1000), largely due to the receipt of in-home services. However, there are fewer migrant children with care orders (3.9 in 1000) compared to non-immigrant children (5.2 in 1000)<sup>26</sup>.

There is a lack of culturally appropriate services and cultural training for staff in child protection and care

agencies across jurisdictions. There have been some improvements in services and outcomes for indigenous and minority children. However, where progress for indigenous children has been made, it has been insufficient to narrow the disparity between indigenous and non-indigenous children. The Keep Them Safe evaluation of services in NSW found that improvements in outcomes of aboriginal children paralleled those of non-aboriginal children, but this was not enough to reduce the gap between the two<sup>15</sup>.

We note that there is an ongoing debate about the extent to which this disproportionality is due to institutional racism within child protection agencies, a lack of access to preventative services, or the low socio-economic status of some indigenous and ethnic minority groups. For example, some research indicates that ethnic minorities are not over-represented when factors such as levels of deprivation are taken into account. Other research suggests that ethnic minorities may in fact be under-represented, possibly due to a desire to avoid contact with authorities or to a lack of awareness of available services<sup>22</sup>.

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## Focus areas: Cross-jurisdictional learnings in action

This section outlines the key priority focus areas for care and protection agencies, and highlights learnings or responses that may be shared across jurisdictions. The UNSW report discussed the focus areas of some (and not all) of the jurisdictions included in the review. This information is summarised below.

### Child care and protection agencies across jurisdictions are focusing on:

- > reducing out-of-home care numbers
- > providing alternative pathways to preventative and support services
- > prevention and early intervention
- > children's outcomes and wellbeing
- > making changes to service coordination and delivery.

## There is a drive to reduce the number of children in out-of-home care

Child protection agencies worldwide face increasing numbers of children in out-of-home care, mostly driven by children staying longer in the care system. This problem is exacerbated by difficulties in recruiting suitable foster carers<sup>27</sup>. Across jurisdictions, agencies have adopted multiple approaches to respond to this issue, including:

- > increasing services to ‘troubled’ families to prevent children from entering the care system
- > increasing the number of children adopted from out-of-home care
- > restoring children to their birth families (where possible)
- > using kinship care as an alternative to out-of-home care.

### Restoring children to their parents’ care: the challenge of defining ‘good enough’ care



One way to reduce the number of children in out-of-home care is to restore more children to their parents’ care. However, this may require a lowering of the bar of defining ‘good enough’ care. Caution must be exercised when adopting this approach as evidence has shown poor outcomes for children who had entered care due to neglect, and were later restored to their parents’ care<sup>28</sup>. Further research is required to determine the relative contribution of out-of-home care experiences and pre-care exposure to adversity to poor outcomes amongst children in care.

Child care and protection agencies face increasing pressure to provide stability and permanency in care to mitigate the negative developmental effects of impermanent out-of-home care. This requires a focus on strengthening the options for genuine permanency of care. In England, adoption has been used as a policy response to reduce out-of-home care numbers and to improve children’s wellbeing and long-term outcomes. The number of adoptions increased by 585 between 2010 and 2014<sup>9</sup>. Recent policy changes emphasise improving placement stability, returns to birth families, improving the quality of foster and residential care and supporting children in education<sup>9</sup>.

Key reforms to the NSW system aim to reduce the number of children in out-of-home care and provide more stability to those in care. The reforms include an increased focus on open adoption from care and guardianship, alternative dispute resolution and family group conferencing and participation in parenting programmes. The practice framework also places children and their families at the centre of decision-making<sup>29</sup>.

In contrast to other countries included in the report, the US achieved a reduction in the rate of out-of-home placements from 1997 to 2007, with numbers levelling out in more recent years<sup>3</sup>. This was due to an emphasis on kinship care, decreasing numbers of children entering foster care and a high number of exits through reunification, adoption and guardianship<sup>30</sup>.



## Kinship care – a strategy to reduce out-of-home care numbers

Kinship care involves both formal foster care placements and informal care. Informal care occurs outside of the formal foster care system, and may divert children from out-of-home placements<sup>3</sup>. The benefits of kinship care include children being placed in more stable and secure environments, a decrease in multiple placements, being able to preserve cultural identities, and possible contact with birth parents. However, kinship carers tend to receive less support and access to fewer services<sup>31</sup> than traditional foster carers. Kinship placements may be considered less safe than traditional foster care placements due to possible contact with an abusing parent<sup>31</sup>.

The US federal government has encouraged states to prioritise kinship care over other forms of out-of-home care following the implementation of the Adoption and Safe Family Act 1997. This has contributed to a decrease in the number of children in out-of-home care. NSW has recently seen a shift towards embedding kinship care placements within the system. As previously stated, the Aboriginal Child Placement Principle requires indigenous children removed from their families to be placed with extended family whenever possible. If this is not an option, placement with the child's wider indigenous community should be considered, followed by other indigenous people. In 2013, almost half of aboriginal and Torres Strait Islander children in out-of-home care were in indigenous kin-based placements, 18.5% with other indigenous caregivers, and 15.8% with other relatives<sup>25</sup>.

A systematic review found that children in kinship care may do better than children in traditional foster care in terms of development, mental health and placement stability<sup>32</sup>. On the other hand, evidence suggests that children in traditional foster care may have better permanency outcomes and greater access to appropriate services<sup>32</sup>. Better evidence on the effectiveness of kinship care compared to traditional foster care is required. Available evidence is based on research designs that lack randomisation and between-group comparisons, making it difficult to draw firm conclusions.

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## The 'differential response' approach provides alternative pathways to preventative and support services

Child protection agencies across jurisdictions are increasingly using a 'differential response' approach to provide family support services that relieve pressure points and improve outcomes for children<sup>33</sup>. This approach is also used to reduce and better manage numbers in the child protection system<sup>33</sup>. 'Differential response' involves assessing families reported to the child care and protection system and providing alternative family support and other support services, rather than a child protection intervention.

In the US various differential response approaches have been developed and piloted as alternatives to an investigation response. An investigation is required only in circumstances of child death, sexual abuse, severe physical harm or reports of abuse by professionals (such as teachers or child care providers). Alternative non-investigatory responses are used where the problems result from a lack of supervision, poverty, parental drug and alcohol abuse, or medical or educational neglect<sup>34</sup>.

In some Canadian jurisdictions, differential response is used to stream lower risk cases to family support programmes, which may be better suited to address issues such as exposure to family violence, neglect and the use of corporal punishment<sup>12</sup>. Although these investigations use child protection resources, they are less likely to lead to court-ordered investigations and out-of-home care. As part of the movement towards a differential response system, Ontario has adopted Structured Decision Making – a package of risk assessment tools corresponding to decision points at each stage of child protection involvement, to predict the likelihood of maltreatment recurrence within a 24-month period after an investigation.

Evidence about the effectiveness of differential response approaches is mixed, and no optimal differential response model has emerged. This may be because the alternative response provided is neither evidence-based nor effective in improving outcomes<sup>35</sup>. Additionally, many families who are in the child protection system experience multiple and complex difficulties, creating challenges for a stand alone service to effectively meet their needs. It is unclear whether increases in alternative, non-investigatory response will result in a lower rate of re-notifications and placement of children in out-of-home care. It is also not clear whether these approaches are sufficient to manage the increasing number of high risk cases requiring investigation, and the pressures placed on investigative case workers<sup>34</sup>.

## Child protection agencies have shifted their focus towards prevention and early intervention

Prevention strategies are an effective way of managing increasing referrals, and can reduce the number of children in the child protection system and in out-of-home care<sup>7</sup>, in turn **reducing costs** and relieving fiscal pressure on the care system. Child protection agencies are now focused on the **early detection and prevention of maltreatment**, instead of merely addressing the resulting developmental issues<sup>7</sup>.

Early intervention is the most commonly used preventative strategy. The key is to identify children who are in need of care at the earliest possible time - ideally even before they begin to demonstrate signs of trauma<sup>33</sup>. The early use of screening and functional assessment tools to assess needs and distinguish symptoms of trauma is recommended to facilitate early detection and intervention, followed by a referral to appropriate services<sup>33</sup>. There is evidence that early intervention could improve outcomes earlier on, preventing families from being referred to child protection agencies, as well as later developmental and behavioural difficulties for children. However, identifying when and how to engage with families on a voluntary basis may be beyond the capability of a forensic child protection system.

Assessment is costly for the government and highly stressful for families, many of whom do not meet the threshold for support. Evidence supports making early intervention strategies more widely available, including through universal or non-assessed services, to avoid assessment in low-risk cases<sup>7</sup>. The literature proposes simplifying the assessment process that determines eligibility for early intervention, with the investigation of suspected abuse redesigned as a separate, forensic process with more robust safeguards and controls<sup>7</sup>.

## Child protection agencies are refocusing on children's outcomes and wellbeing by focusing on early intervention

In recent years, child protection agencies have experienced a shift in focus from reducing the number of children in care to **improving children's outcomes and wellbeing**. In the US, the federal administration has responded to evidence about the adverse effects of maltreatment and its negative impacts throughout the life course<sup>39</sup> by focusing on **building resilience** through developing behavioural, emotional and social skills, capacities and characteristics required for healthy, positive lives. Strategies for shifting the child care and protection system to promote social and emotional wellbeing include the use of screening and functional assessment tools to distinguish signs of trauma, as early as possible following entry into the child care and protection system.

In Norway, the Child Welfare Act 1992 is undergoing a technical, linguistic and structural review to ensure that it focuses on the best interests of the child and is easy to understand for those who use it. In addition, an amendment to the Act proposes to strengthen the capability of child care and protection services to improve children's situations without care orders. It proposes imposing three new main categories of time-limited measures: (a) 'compensatory measures' – such as relief and help with homework (b) 'care modification' – for example, parental guidance and (c) 'control measures' – parental obligations, such as drug testing or regular meetings with support services<sup>36</sup>.

## Supporting the transition of out-of-home care children into young adulthood



Some jurisdictions are expanding responsibility for out-of-home care by extending government support for children in out-of-home care as they transition into young adulthood. This is in line with community expectations about parental responsibility for children. There is some empirical support that this approach produces better outcomes for young people in out-of-home care and care leavers.

Under the Children (Leaving Care) Act 2000, Local Authorities in England have duties to young people over the age of 18. Young people are given leaving care grants and the Local Authority continues to have responsibility to provide support through housing, access to services etc.

## Predictive data analytics can be used to identify children and families who are at higher risk of negative outcomes

Predictive risk modelling is used in some countries to identify at-risk children and families. New Zealand is often considered to be the pioneer of this approach. Many jurisdictions are developing increasingly sophisticated assessment tools to ensure that risks are accurately assessed and that children receive appropriate interventions. In Florida, data from a child abuse reporting hotline has been used to identify factors that contribute to increased likelihood of negative outcomes, including: premature death, failed family reunifications, juvenile justice involvement, exposure to violence and failure to complete school<sup>37,38</sup>. However, data quality and availability are a challenge<sup>38,39</sup> and depend on the agency's culture of recording administrative information, and practitioners' interpretations of 'risk' and 'substantiation'.

Accurate data analytics rely heavily on the relevance and quality of the underlying measurement metrics. These must focus on safety and wellbeing outcomes, and not just the system's ability to accurately predict risk<sup>39</sup>. There may also be value in assessment that extends beyond routine administrative data collection to cover aspects of child development and wellbeing. Cross-agency data linkage would provide opportunities to track individuals through multiple systems across the social sector, allowing agencies to monitor their health, education and social wellbeing outcomes.

Although there is strong empirical evidence that 'actuarial' assessment of risk is more accurate than professional judgement, accurate risk assessment does not resolve the many issues confronting child care and protection systems<sup>39</sup>. While assessment is important, it is not a substitute for effective intervention.



## Changes to service coordination and delivery changes

Child care and protection agencies are moving towards using a **mix of government, non-government and private sector organisations** to improve the effectiveness and quality of services provided to vulnerable children and families. In many jurisdictions, agencies are reducing the role of state service providers in favour of service provision by non-government organisations and the private sector. This shift is based on a drive to reduce costs, increase flexibility, provide better access to services, and provide more culturally appropriate services. **There is no optimal approach, but rather, trade-offs between costs, quality and accountability.** For example, non-government organisations tend to provide more flexible, culturally appropriate services, but are less accountable than statutory services. Support services that are contracted out also incur significant transaction costs.

The complex needs of vulnerable children and families in the care system highlight the need for a **multi-agency response**. Families tend to face multiple problems, such as maltreatment, mental health issues, family violence, poverty and homelessness<sup>40</sup>. However, most services that have been trialled in research settings focus on the improvement of a single issue or problem behaviour<sup>41</sup>. They tend to be aimed at a specific population and are developed for children and young people at a specific stage of development<sup>41</sup>. There is a need for social sector agencies to adopt a **collaborative approach to respond to the multiple and complex needs of vulnerable children** in the care system and their families.

In NSW, Family and Community Services work collaboratively with other relevant agencies to meet the needs of vulnerable children and their families. The state government has developed guidelines for interagency cooperation to assist agency practitioners and professionals work across agency boundaries when responding to child protection concerns. Joint Investigation Response Teams bring child protection case workers, police officers and staff from other agencies together to jointly investigate and intervene in high risk cases<sup>42</sup>. These teams focus on cases involving child sexual abuse and severe physical abuse, where a criminal prosecution may be possible if abuse is substantiated. They aim to reduce child stress and improve child outcomes through improved information sharing.

A key area of reform in NSW has been the **transfer of responsibility for providing out-of-home care to the non-government sector**. This involves a five-year plan for building the capacity of the non-government

organisations to recruit and support foster and kinship carers. This reform is meant to shift NSW from the present mixed system to a wholly non-government system of service provision. A particular focus of this reform has been to engage aboriginal organisations to provide care for aboriginal children and young people.

In Norway, the Ministry of Children, Equality and Social Inclusion has overall responsibility for managing the Child Welfare Act, and ensuring the provision of equitable and coherent services across regions. Child welfare responsibilities are shared with the Directorate for Children, Youth and Family Affairs, five regional offices and the county social welfare board. Municipalities or local authorities receive notifications, conduct investigations and provide the bulk of services, including preventative and support services<sup>43</sup>. Twenty-six 'Response and Consultation Teams' were also created to provide expert assistance to local authorities, including in cases involving suspected sexual and physical abuse. Private companies run 40% of child welfare institutions and foster homes, and more than half of child welfare institutions<sup>44</sup>.

In the US, an increased focus on child wellbeing requires state child care and protection agencies to collaborate with other agencies to develop a plan for the oversight and coordination of health services for children in foster care. Plans include mental health assessments, screening for trauma and oversight of psychotropic medication. In

order to receive child abuse prevention and treatment state grants, states must submit plans about how they will support and enhance interagency collaboration among public health and child protection agencies, and community-based programmes.

In Ontario the government commissions and mandates community based non-government organisations to deliver services to vulnerable children and their families. Child care and protection services are provided through 47 Children's Aid Societies, funded by the provincial Ministry of Community and Social Services. These agencies investigate allegations of abuse and neglect, and provide adoption and foster care services. Families requiring support services are referred on to other service providers. Child care and protection services for aboriginal children and families are provided by either the provincial agency on behalf of the federal government, or directly by First Nations agencies<sup>45</sup>. aboriginal child care and protection agencies may provide a full range of services, including intake and investigation reports or focus on family support and guardianship. A central database is now being developed, and non-government organisations have partnered with universities to begin consolidating information across their different systems.

## A focus on evidence-based practice



Effective service provision requires an understanding of **what works**, for **whom**, in **what circumstances** and **why**<sup>39</sup>. Simply evaluating the overall effectiveness of a service may lead agencies to select a 'one-size-fits-all' approach. This may not adequately address the diverse needs of families requiring a range of specialised interventions and services. A focus on how a programme is being implemented is also important to the effective delivery of services<sup>44,46</sup>. High quality implementation is the joint responsibility of multiple stakeholders, funders, policy-makers, programme developers, practitioners and local administrators.

The US Administration on Children, Youth and Families is committed to ensuring spending is targeted at evidence-based programmes. Service contracts are used to ensure that evidence-based practice is implemented. Another initiative to improve the use of evidence by child protection and care agencies is the National Survey of Child and Adolescent Wellbeing – a nationally representative, longitudinal survey of children and families who have been the subject of investigation by Child Protective Services<sup>30</sup>. The government aims to use this survey to gather high quality information about child wellbeing and pathways through the child protection system.

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## Our purpose

To increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of New Zealanders, New Zealand's communities, families and whānau.

## What we do

We work across the wider social sector to:

- **promote** informed debate on the key social issues for New Zealand, its families and whānau, and increase awareness about what works
- **grow** the quality, relevance and quantity of the evidence base in priority areas
- **facilitate** the use of evidence by sharing it and supporting its use in decision-making.

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