



Good outcomes for all

a win-win possibility for children in care and the Department

Deborah Yates reviews the work of care specialists and suggests future directions

The internationally acclaimed Children, Young Persons, and their Families Act 1989 (CYPF Act 1989) was the outcome of much dissent and discussion by and between diverse lobby groups during the late 1980s. Through the report Pūao-te-Ata-Tū (Ministerial Advisory Committee, 1986), Māori made allegations of institutional racism and expressed anger that their children were being removed from them, with little or no consultation, to be brought up by Pākehā families or in Departmental residences. The feminist movement was outspoken about the rights of the child and indigenous peoples and the voluntary sector was lobbying for a greater say in care and protection. New right politicians were looking to reduce the welfare state, and all of these issues were being highlighted by the media.

Within the Department a less visible group had been lobbying for permanency planning. This professional movement, aimed at preventing “drift” for children in care, originated in Britain and the US in the early 1970s where a growing awareness of the importance of attachment in child development added fuel to concern about the lack of planning occurring when children

came into the care of the state. The result of this trans-Atlantic lobby has been changes to care legislation, policy and practice in both countries in the 1980s and 1990s (Ryburn, 1986; Triseliotis et al, 1997; Katz et al, 2000).

In New Zealand, a Departmental conference in 1976 concluded that there was “a disturbing picture of aimlessness in much of our work in the area of children in care” (Cody, 1990: 8). Recommendations from the conference resulted in the introduction of (out-of-court) planning and the Maatua Whāngai scheme in the early 1980s. Permanency planning training was widespread in the mid-1980s, and cases were reviewed regularly with a view to achieving permanency.

By 1989 we had an Act which encapsulated the notion of permanency planning, in the form of Family Court review (ss 128-137).¹ There was a general belief at this point that the number of children in care (which had been significantly reduced before the Act was passed through the Family Reunification Programme) would not rise to previous levels, due to these legislative checks and balances being in place.

¹ The notion that the wellbeing of the child should be the paramount consideration was not included in the new Act, despite being part of the previous 1974 legislation. It was added as an amendment in 1994 and is the legislative background to the Department's ‘child focus’

Care in New Zealand today

Unfortunately, this has not occurred and we are faced today with a similar number of children in care as in the early 1980s (if we include those children not financially supported by the Department). Reasons for this might include the huge increase in notifications of abuse and neglect (Departmental Annual Reports 1990-2002), the Department's focus on the fiscal demands of the competing Public Finance Act 1989 (Kelsey, 1995; Brown, 2000) and the socio-economic issues of a burgeoning underclass, disproportionately Māori (Cheyne et al, 1997). Until recently, numbers in care were increasing at a rate of 12% per year (Brown, 2000: 71). Furthermore, children are spending a great deal of time in care and "drift" appears to be considerably worse than it was.² This is not only a huge and unwieldy expense to the Department (82% of special costs go on children in care) but a great burden on social workers' caseloads.

For many children, long-term care is a source of social embarrassment due to the stigma of care. Where belonging and attachment to an original caregiver family have been disrupted and, rather than being replaced with a new family, the child has spent significant time in limbo, perhaps with a series of caregivers and placement breakdowns, it is also a source of great instability and anxiety (and sometimes further abuse). This is most likely to result in lifelong emotional and developmental disturbance and poor adult outcomes. It can also become cyclical, as children in care often produce children in care, as social workers know too well.

The steady rise in numbers of children in care was highlighted in the ministerial review of 2001 (Brown, 2000), but was already of concern to the Department (CYPFS, 1997). In late 2001, 12 care

specialist positions were created across the country, two per region, as an integral part of the Care Services Strategy. It is their role to work with management and other key players to find ways to improve care and planning practices in order to achieve permanency for children in care and ensure their participation in decisions.

The care specialists' first task, as required by the Care Services Strategy, was to complete a review of 431 cases, which they did by June 2002. They subsequently worked with management and staff to develop Care Management Plans for each site or region focused on the issues identified in the review. Most of these plans are now approaching completion and are being reviewed and renewed.

Achievements to date

Care specialists are promoting the same four permanency goals that were used in the 1980s and are generally favoured internationally. They are (in order of preference):

1. return home to parent/s or original caregiver/s
2. permanency (under the Guardianship Act) with kin
3. permanency (under the Guardianship Act) with non-kin
4. transition to independent living (where there is no appropriate guardian/parent or person acting as such).

They aim to see that each s 128 plan is driven by one of these goals and have adopted the motto "Care is a transition, not a destination" to help promote this objective.

Improvement in permanency planning is already becoming evident in initial CYRAS evaluations and in favourable comments from Family Court

² Research in the late 70s "showed the drift of children in care resulting in an average of 6.5 placements for every five years spent in care" (Craig 1984: 3) while data provided to the Brown Review by the Department in 2000 showed an average of 3.1 placements per child per year (Brown 2001 p71).

judges. Meetings with counsel for the child and other external and internal professionals are raising awareness of the need for more purposeful planning and case management across a wide spectrum. Perhaps most encouraging is an apparent reduction in the increase in care numbers, at least for children under care and protection. Between 31 July 2002 and 31 July 2003, the increase was only 4.8% and in at least one region there has been a net reduction in the number of children in care over this period.

While these initial gains are encouraging, there are other key components required if change is to be significant and sustainable.

The primary issues care specialists encounter are that:

- caseload pressures hinder adequate time being spent on care cases in terms of visiting, forming and maintaining relationships with stakeholders, and considering and consulting on permanency planning
- knowledge within the Department about family belonging, child development, attachment and permanency is generally very limited
- social work skills in the field of care, and especially in permanency planning, are extremely limited (there has been no training since 1989)
- there is no required timeframe for permanency to be achieved, despite the fact that the longer a child is in care the less it is likely that this will happen
- current recording requirements, which also work as practice prompts for social workers, are incomplete and can lack a child focus – for example, there is no performance indicator specific to regular monitoring of children in the Department's custody

- community services are often not set up to meet the needs of parents required to make rapid changes in order to have their children returned to them, and nor is it common to see resolution of attachment and behavioural disorders in children and young people.

Addressing such overwhelming issues in any sustainable way will require commitment at all levels of the Department – social workers, supervisors, managers, lawyers, contracting staff, policy-makers and so on. Otherwise, within a short time, any reduction in care numbers is likely to be lost in the continuing escalation of incoming work.

The complex task of care and protection

Each life that we touch is important and unique, and each action we take can leave a lasting imprint on the lives it touches. Appreciation of this is built into the Act and, generally, into our own policy and guidelines, and this provides a philosophical framework against which social workers can make and review their intervention. Social workers need clear and deliberate policy and guidelines to facilitate the achievement of permanency, in the interests of the child.

Keeping children at home

This is the most preferred outcome of an investigation arising from a notification to Child, Youth and Family about a child (s 13 CYPF Act 1989). While care and protection issues may be identified, good intervention can mean that the issues are resolved without the child being removed from its home. A Family/Whānau Agreement involving a meeting or hui of significant family members can mean that the extended family can pull together to support the parent(s) in making changes to their lives and their parenting. A Temporary Care Agreement can give the parent(s) brief respite in order to

put changes in place. A Family Group Conference is an opportunity for the family/whānau to either resolve the issues put to them or to decide that they need further help and, possibly, court intervention.

Return home

Uplifting a child from its parents is a very serious decision, as is deciding to leave a child in a situation that could prove unsafe. We therefore need (except in the rare emergency) thorough assessment of a child's situation and good consultation with professionals and extended family before decisions are taken. When a child is removed from home, in order to minimise the disruption to his or her life and relationships, we need to do all we can to ensure a speedy return. This involves clearly spelling out our concerns and stipulating what change would need to occur at home for this to happen and, crucially, by when.

The majority of parents whose children are removed from them for more than the 56-day maximum period of a temporary care agreement have quite serious personal problems of their own that are impeding their efforts at parenting their children. The most common are inadequate parenting knowledge and skills, drug and/or alcohol dependence, other serious mental health issues, domestic violence and other abusive behaviours. These are also issues which are hard to face, frequently because of their deeper emotional and historic causes and also because of the shame associated with them. Confronting parents about the issues and the need for change is a difficult but essential social work task and requires courage. Listening to their perspective and helping them to face the truth, recognise the strengths they have to call on and arrive collaboratively at goals that they feel they can achieve require strengths-based micro-skills. Supporting them through that change generally

requires support from extended family, the social worker and other professionals in the community. Assessing progress and deciding whether it is adequate for the child to return home is not a simple matter either, for social workers, family or the Family Court.

It is often because of the difficulties that such situations present that parents have failed to make the changes required for return home and that the decision to achieve permanency with kin or non-kin has not been taken. The child is left in a limbo situation in which the parents are given more time to make change. Often the child begins to act out their anxiety about their situation or their development becomes (further) delayed due to the lack of a healthy attachment to a permanent caregiver. Temporary placements break down and the child learns to sabotage a new placement rather than suffer further rejection.

Permanency with kin

During the time given to the parents to make the changes necessary for return home, a possible permanent family placement needs to be pursued. Ideally, the child should be in this placement already, with an agreement that should the parent not succeed in making the changes within the timeframe, the family caregivers will retain the child and make them a permanent member of their family. This commitment will allow the child to complete its separation from its parents and form new and lasting attachments to the new caregivers, people with whom the child can build a strong identity as they move into adolescence.

None of this can be taken lightly. A parent is always important, whether one has any childhood memories of them or not, and loss of a parent will always have an impact. However,

living with an abusive or seriously neglectful parent is generally devastating to an adult outcome as is growing up without being loved and cherished.

Finding suitable and willing family/whānau caregivers can be very difficult, perhaps because the family is dispersed or divided, or perhaps because they are unknown to the immediate family or are very few in number. Research into family must be fully exhausted before permanent non-family caregivers are considered.

Permanency with non-kin

This is the least favoured option in terms of achieving permanency, as the child will be brought up outside its family of origin, creating a further risk of identity crises as adulthood approaches. However, the reality is that not every extended family is able to provide a suitable permanent home. That there are people prepared to offer permanent family membership to the child of strangers is a testament to human compassion and non-kin caregivers are a very special resource.

However, caregivers often feel they have been pressed into considering permanency. A child is placed temporarily with caregivers, who are reimbursed for their costs and supported by a social worker. Eventually, when attempts at return home or kin placement bear no fruit and attachments to the caregivers have developed with the passage of time, this placement may become the best permanency option. Being asked to apply for guardianship under the Guardianship Act can come as a shock for the caregivers, as this will reduce financial and other

support as they move out of the care and protection arena. The importance to the child of knowing that they are secure in this family and no longer “under a social worker” must not be undervalued. Good planning apprises caregivers of the possibility that they may be asked about permanency eventually.

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It is perhaps more ideal to find caregivers who want to take a child permanently into their families and who understand the implications of this from the outset. This is how the Permanent Placement Unit in Auckland has worked with under 9-year-old children for many

years, but they are the only such unit in the country (Derrick, 1997).

Independent living

This is not so much a permanency option as the result of having failed to secure permanency. Of the 16-year-olds in care, many will have entered care as teenagers and will be too old to attach to a new family, but a significant number will have spent part or all of their childhood in care. Most young people facing life independent of family or family-like support have serious emotional, developmental, social and/or educational deficits. These young people are often at high risk of self-harm, unemployment, developing mental illness, substance dependence or criminality, and early unplanned parenthood (Ward, 2000; Yates, 2000). At best they have a rough and lonely time making the transition through to full adulthood in their mid-20s. Current development of a 4-year Auckland-based pilot to support young people moving to adulthood and proposed research on this group is welcomed, as it is an acknowledgement of the

needs of this exceptionally vulnerable group of young people.

The demands on social work staff

It is a daunting task for 12 care specialists to create a professional climate and standard of practice that can promote permanency for every child within a 12 to 24 month timeframe.

The skills required of social workers are varied and complex. Confronting parents with the strong possibility that they will never resume care of their children, assessing attachment and finding available services to deal with attachment disorders, relating well and listening to children, identifying and approaching extended family, planning for older children who have experienced many placements and are unlikely to attach to a new family, and convincing caregivers who were initially short-term that they could become permanent, are all tasks that require tremendous skill and quality supervision.

Providing support to the frontline through adequate training, resourcing, policy development and interagency co-operation is essential to the changes that are required and this requires input from a wide range of people.

A vision for the future

Improving care practice and permanency outcomes could have a very beneficial impact on the overall performance and image of the Department. If we were to significantly reduce or even halve the numbers of children currently in care (by achieving satisfactory permanent homes for them), the money and the time freed up could be spent on the “front end” of care and protection work, ie. children currently at risk of abuse and neglect.

This would then enable a focus on early intervention, resolving issues as they come to notice and preferably avoiding the need to remove children from the care of their parents by providing the appropriate and adequate support. Where care is a necessity, policy, staff and skills could be in place to help parents make the required changes within the child’s timeframe or, failing that, to place them in a pre-arranged permanent home within the extended family/whānau. Concurrently, permanent non-kin caregivers could be being sought in case neither of these options proves to be feasible within the specified timeframe.

In this environment of timely professional response to risk, it is likely that staff would experience enhanced job satisfaction and that this would lead to improved staff retention.

Conclusion

Care work is a complex and often under-rated part of child protection work, but the cost of ignoring it is high. Care specialists are making significant inroads into raising awareness of the need for improved care practice and permanency planning. They are incidentally becoming very aware of the enormity of the task and of the need for development work to assist them and their colleagues. It is also becoming clear how much there is to gain. Quality care work has the potential to have a very favourable impact on costs, morale and, most importantly, the individual child and social wellbeing. ▣



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