



Children in Care

A report into the quality of services provided to children in care

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Every effort has been made to ensure this information is accurate to the best knowledge of the author and the Office of the Children's Commissioner. The opinions expressed during the course of the interviews undertaken to complete this report reflect the views of the interviewees and do not necessarily reflect the official view, opinions or policies of the Children's Commissioner.

Foreword

This report was undertaken by my Office to investigate the quality of services children receive during their time in care. It takes a thorough look at whether the health, education, cultural and recreational needs of children in care are being met. It suggests that while some children are receiving quality care, many are not and this needs to be addressed as a matter of priority.

Children in the care of the state are some of the most vulnerable in the country. Many have come from homes where violence, abuse and neglect are a feature of day-to-day life, where their parents have failed to keep them safe, secure and well nurtured.

The needs of these children and young people in care extend beyond simply finding them a new place to eat and sleep. They deserve the same chances in life as every other New Zealand child, including access to good quality health care, the opportunity to strive for higher education and to have strong connections to their culture.

Sadly, many children who experience time in state care end up over-represented in prison, on the streets and addicted to drugs and alcohol. It is therefore vital that state agencies responsible for these vulnerable children do their job well. And it is a difficult job, one that often requires making hard decisions and taking responsibility for children with very high needs.

One of the strengths of this report is the emphasis it gives to the voices of children. Nearly 50 children were interviewed to get a first-hand perspective of what it was like to be a child in care. While it was pleasing that many of these children were happy with their current care arrangements, many expressed a real sadness. They told us they wanted more access to education, more chances to express themselves to someone they trusted and more contact with their birth family.

The recommendations in this report are extensive and represent the wide variety of needs for children in care. I encourage the government and all agencies involved in the care of children to take a close look at these, and implement them as a matter of priority.

I would like to express my thanks to all of those who participated in providing information- including all those children, young people and caregivers who were interviewed for this report. I would like to commend Dr Nicola Atwool, Principal Advisor - Office of the Children's Commissioner, for her work in preparing this valuable and extensive report.



Dr John Angus
Children's Commissioner

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Glossary of Abbreviations

C4EO	Centre for Excellence and Outcomes in Children and Young People's Services
COCA	Care of Children Act 2004
CYF	Child, Youth and Family
CYPF Act	Children Young Persons and their Families Act 1989
CYRAS	Child, Youth and Family's electronic case management system
DHB	District Health Board
HCN	High and Complex Needs
LAC	Looked After Children
UNCROC	United Nations Convention on the Rights of the Child

EXECUTIVE SUMMARY

Under s13 (b) and (c) of the Children's Commissioner Act 2003, the Commissioner has responsibility to monitor and assess the policies and practices of Child, Youth and Family and to encourage the development within Child, Youth and Family of policies and services that are designed to promote the welfare of children and young persons. To carry out this work, a number of activities are undertaken in accordance with a Monitoring Framework agreed to in 2008.

The Commissioner decided that during the 2009/2010 financial year, in addition to routine monitoring activities, a project would be undertaken focusing on a particular aspect of practice. The quality of services provided for children and young people in care was chosen because they are a particularly vulnerable group. The purpose was to enquire into whether their needs are being well met and whether they have the opportunity to fulfil their potential.

The following activities were undertaken in the course of this project:

- An exploration of the statutory and rights framework for the provision of care services including:
 - Children, Young Persons and their Families Act 1989 (CYPF Act)
 - Child, Youth and Family policy
 - United Nations Convention on the Rights of the Child
 - United Nations Guidelines for the Provision of Alternative Care.
- A literature review to identify:
 - What the provision of good care looks like
 - How New Zealand measures up.
- An exploration of practice including:
 - Data collection from Child Youth and Family's electronic case management system (CYRAS)
 - Analysis of calls to the Office of the Children's Commissioner's Children's Rights Line
 - Individual and group interviews with children and young people in care
 - Individual and group interviews with caregivers

- Individual and group interviews with caregiver social workers, managers, social workers and a small number of residential staff
- Meetings and a small number of questionnaires completed by lawyers for children.

In this report, current legislation, policies and practice frameworks are reviewed in the first section and these are compared with the United Nations Guidelines on Alternate Care, which provide a comprehensive rights-based framework against which care services can be evaluated. New Zealand legislation and Child, Youth and Family policy is, for the most part, consistent with these guidelines. The legislative emphasis on whānau, hapū and iwi is an expression of Māori values and aspirations and is, therefore, consistent with the government's obligations in relation to Te Tiriti o Waitangi. The question remaining was whether the gap between policy and implementation in many jurisdictions, which gave rise to the UN Guidelines, was evident in the quality of services provided to children and young people in care in New Zealand.

The international literature is reviewed in the second section with a focus on what is known about outcomes for children and young people in care and what is known about factors contributing to positive outcomes. The review focuses on material published since 2000 but relevant material published before that date is also included. This section of the report concludes with a summary of key findings about the provision of quality care in the following areas:

- Health, education and other care services
- The quality of support for caregivers
- Social work quality
- Policy needed to support good practice.

The third section of the report opens with an overview of the care population based on data provided by Child, Youth and Family. Key findings from this data include that:

- The total number of children and young people in care is decreasing
- Māori children and young people are over-represented in the care population
- The majority of children and young people are living in family environments

- There is a consistent trend across all age groups for the number of placements to increase with length of time in care.

Calls to the Office of the Children's Commissioner Child's Rights Line during the period from 1 April 2009 to 31 March 2010 are analysed and seven themes are identified including: support for caregivers; planning; access; communication, support for children in care; inappropriate placements; and placement disputes.

The remainder of this section focuses on material collected in the interviews with children and young people in care, caregivers, caregiver social workers, managers, social workers, residential staff and lawyers for children. Children and young people's views about their care experience are outlined including:

- Their perception of family
- The support available to them
- Their current placement
- Their evaluation of their care experience
- Their views of changes needed
- Their hopes and dreams.

Many children and young people displayed a great deal of resilience and a generosity of spirit towards their carers and social workers. The main themes in their reporting of their experiences were:

- The ongoing importance of links with birth family
- The challenges associated with moving from one placement to another
- The impact of being placed away from their home district
- The importance of making sure placements are working for children and young people by visiting and talking with them
- Education difficulties
- Their wish for more contact with social workers
- The opportunity to participate in decision-making

- The need for individualised planning.

Caregivers' views were sought about the positives and negatives of care giving, challenges for caregivers and the children and young people in their care, their experience of birth family contact, the support available to them and the children and young people in their care, and changes they would like to see. Dominant themes related to:

- Lack of support from social workers for caregivers and the children and young people in care
- Lack of involvement in case planning and decision-making.

Despite the difficulties reported, there was evidence of a high level of commitment and a willingness to advocate for the children and young people in their care.

Caregiver social workers were asked a similar range of questions and there was a high level of consistency between their responses and those of the caregivers. They emphasised the need for good working relationships between social workers, caregivers and children and young people in care. Caregiver social workers also identified that they felt there was a lot more they could be doing to support caregivers and ensure a suitable pool of caregivers was available if they had smaller caseloads. Caregiver social workers also reported that they did not feel their role was well understood by colleagues and those who were on their own felt isolated and missed the specialist supervision that was previously available.

Managers, social workers and a small number of residential staff were asked about challenges for caregivers, the children and young people in care and for themselves. They were also asked about the needs of children and young people in care, what was needed to achieve positive outcomes for them, and changes they would like to see. The themes that emerged were consistent with those emerging from interviews with caregivers and caregiver social workers. There was agreement that minimum visiting requirements are not being met at the majority of sites, that there is not a large enough pool of caregivers to enable matching of children and young people to the most

appropriate placement, and that education and health needs are not always addressed. Difficulties locating kin placements were also identified at some sites.

Lawyers for children were asked about similar issues and the strongest theme to emerge from their responses was the importance of family and maintaining contact when children and young people cannot be returned home. Concern was expressed about Child, Youth and Family's emphasis on permanency and they saw this as primarily about cost shifting. Lawyers were also concerned about the level of damage sustained by some of the very young children coming into care and the need for long-term investment and support packages to ensure that their needs were met.

In the final section of the report, current practice is evaluated against the best practice guidelines emerging from the literature. Although current policy is consistent with best practice there is evidence of non-compliance with policy leading to gaps in best practice.

Twenty recommendations are made covering:

- Assessment of children's needs on entry to care
- Meeting children's needs in relation to cultural connection, health, education, recreational activity, and independent advocacy
- Maintaining constructive relationships with birth family/whānau
- Children's participation in case planning and decision-making
- Ensuring timely attention to and provision of secure placement
- The importance of social workers engaging with children and young people in care by visiting and talking with them to develop a relationship that facilitates children and young people's participation in case planning and decision-making
- Recruitment, selection and training for non-kin caregivers to ensure a sufficiently large pool is available to allow matching of children and young people with carers able to meet their needs
- Locating kin/whānau placements and providing assessment, training and support for kin/whānau carers tailored to their particular needs and circumstances

- Organisational support for social workers (including caregiver and children's social workers) to ensure they have the capacity to engage effectively with children and young people in care and their caregivers
- Social work training
- Policy changes to reinforce the notion of corporate parenting and the importance of access to education and health services and to allow increased legal recognition when kin and non-kin caregivers accept permanent placement
- Future research exploring the experience of Māori children and young people in the care system and to evaluate kin/whānau care.

The purpose of this project was to enquire into whether the needs of children and young people in Child, Youth and Family care are being well met and whether they have the opportunity to fulfil their potential. While New Zealand legislation and policy is consistent with the United Nations Guidelines for Alternate Care and obligations in relation to Te Tiriti o Waitangi, when practice – as reported by those interviewed for this project – is compared with findings from international literature, gaps are identified. It is, however, acknowledged that meeting the needs of children and young people in care is a challenging task and evidence of the multiple variables influencing outcomes is provided in the literature review. Furthermore this work is undertaken in a complex environment involving children and young people, their families, their caregivers, and Child, Youth and Family staff.

The number and nature of the recommendations demonstrate that considerable effort is needed to ensure that all children and young people in care have their needs met and the opportunity to fulfil their potential. In particular, priority should be given to research focused on the needs of Māori tamariki and rangatahi in the care system. Piecemeal implementation of the recommendations will not be adequate and it is important that all of the stakeholders identified in these recommendations engage in partnership with Child, Youth and Family to ensure that children and young people in care are given the priority they deserve.

INTRODUCTION

Background to the project

Under s13 (b) and (c) of the Children's Commissioner Act 2003, the Commissioner has responsibility to monitor and assess the policies and practices of Child, Youth and Family and to encourage the development within Child, Youth and Family of policies and services that are designed to promote the welfare of children and young persons. To carry out this work a number of activities are undertaken in accordance with a Monitoring Framework agreed to in 2008.

The Commissioner decided that during the 2009/2010 financial year, in addition to routine monitoring activities, a project would be undertaken focusing on a particular aspect of practice. The quality of services provided for children and young people in care was chosen because they are a particularly vulnerable group. The purpose was to enquire into whether their needs are being well met and whether they have the opportunity to fulfil their potential. The challenging nature of this task and the complexity of the environment within which such work is undertaken is acknowledged.

The study included an exploration of the statutory and rights framework for the provision of care services in New Zealand; a literature review to identify what the provision of good care looks like and how New Zealand measures up; and an exploration of current practice, including individual and group interviews with caregiver social workers, children and young people, caregivers, managers, social workers, residential staff and lawyers for children.

Method

The material for the exploration of current practice was gathered over the period of a year. Some information was collected as part of the Office of the Children's Commissioner's monitoring visits to Whangarei, Kaikohe, Dargaville, Blenheim, Orewa, Takapuna and Dunedin but in order to ensure good geographic coverage additional information was gathered in Hastings and Porirua. Additional interviews with children

and young people were undertaken at one Care and Protection residence (Puketai), one Youth Justice residence (Lower North) and an independent agency.

Prior to visits, sites were advised that I wished to meet with children and young people in care, caregivers and social work staff involved in the delivery of care. Selection of non-staff participants was left to Child, Youth and Family staff because it was felt that they would be in the best position to identify suitable candidates. By doing so confidentiality was able to be protected because there was no need to provide names or contact information. The same process was followed with the independent agency. I appreciate the effort that was made to ensure access to participants. Recruiting participants by working through Child, Youth and Family and the independent agency could have left room for selection of a biased sample of participants who were happy with the service provided. It does not appear that this was the case because the information gathered reveals a wide range of views and levels of satisfaction.

At the outset of each interview an explanation of the project was provided and willingness to participate was ascertained. Interview schedules were developed to ensure consistency in material gathered and individual sheets were used to gather demographic information and to allow participants to complete rating scales. Copies are provided in the appendices to this report. The schedules were used to record responses during group interviews and in some cases individuals recorded their own responses.

The information gathered for each group of participants was collated and analysed to identify themes. Because a similar structure was used for each interview, there is some repetition but it was important to document the views emerging from each group so that similarities and differences could be captured.

Forty-seven children and young people were interviewed for this study. All participants (with one exception) are, or have been, in the custody of the Chief Executive due to care and protection concerns. Although recruitment was not by way of random sampling, the group were representative of the care population in terms of gender, range of placement type and ethnicity. The sample included 29 males and 18 females living in kin and non-kin foster placements, Family Homes, a cottage environment provided by an independent agency, boarding school and residential care. Pākehā made up 40 percent

of the group; Māori 34 percent; Māori and another ethnicity 14 percent; South African four percent; with Cook Island Māori, Indian and African each two percent. Length of time in care ranged from six months to fifteen or sixteen years, with the majority having been in care for a substantial length of time. Children and young people ranged in age from 7-18, with 16 being under the age of 14 and 31 over.

Sixty-one caregivers participated in group interviews and five caregivers (including one couple) took part in individual interviews. These were undertaken at different sites and reasonable geographic coverage was achieved. Although recruitment depended on caregivers responding to invitations from Child, Youth and Family staff, the group appeared to be reasonably representative of the wider population of caregivers. The majority were women and the sample included kin (15 percent), non-kin caregivers (38 percent) and caregivers caring for both kin and non-kin children (12 percent)¹. Ethnic representation included New Zealand European (50 percent); Māori (24 percent), Māori/European (three percent); Māori/Rarotongan (1.5 percent); Cook Island Maori (1.5 percent); Samoan (three percent); and English (1.5 percent). Length of time caregiving ranged from having just been approved through to 35 years, with 45 percent having been involved for less than five years. A small number (12 percent) offered short-term care only, 19.5 percent offered long-term only and 62 percent offered both long and short-term care. Numbers of children cared for ranged from none to more than a hundred.

Seven caregiver social workers, three managers and one practice leader participated in individual interviews or completed the interview schedules. A joint interview with two case leaders at a Care and Protection residence was conducted and meetings with 31 social workers were held, mostly in group settings. Three social workers and one supervisor provided written responses. Meetings were also held with four members of a care team at the Care and Protection residence. Reasonable geographic distribution was achieved and sites varied in structure and size.

Meetings with lawyers for child took place in conjunction with site visits undertaken as part of the Children's Commissioner's responsibility to monitor Child, Youth and Family.

¹ Not all caregivers responded to this question so the total does not reach 100 percent

Lawyers were invited to complete interview schedules but only four were received. These have been included because their responses were representative of the themes that emerged in meetings.

Report structure

This report is organised in four sections.

The first section reviews current policies and practices and compares them with the United Nations Guidelines on Alternate Care.

The international literature is reviewed in the second section with a focus on what is known about outcomes for children and young people in care and what is known about factors contributing to positive outcomes.

The third section analyses information about the Child, Youth and Family care population based on data provided by the Ministry of Social Development, and calls received by the Office of the Children's Commissioner's Children's Rights Line. The main themes and issues are identified. The section also provides an outline of the themes emerging from the information provided in individual and group interviews with children and young people currently in care, caregivers, caregiver social workers, managers, social workers, residential staff, and lawyers for children.

The final section of the report analyses the themes that emerged from the interviews in relation to the legislative, policy and children's rights framework outlined in Section 1 and the findings about best practice discussed in Section 2. The report concludes with recommendations about policy and practice changes needed to ensure that New Zealand children and young people in care achieve positive outcomes.

SECTION 1: POLICY FRAMEWORK FOR THE PROVISION OF CARE SERVICES

This section of the report explores the statutory and rights framework for the provision of care services to children for whom the Chief Executive of the Ministry of Social Development has custody and/or guardianship. The following aspects are covered:

- The legislative framework provided by the Children, Young Persons and their Families Act 1989 (CYPF Act) and the Care of Children Act 2004 (COCA)
- Child, Youth and Family policy relevant to children in care
- New initiatives being introduced by Child, Youth and Family
- The United Nations Convention on the Rights of the Child and the United Nations Guidelines for the Alternative Care of Children.

Legislative framework

Two pieces of legislation are relevant to children in care: the CYPF Act and COCA. The CYPF Act provides the mandate for intervention in the lives of children and young people for whom there are care and protection concerns and is discussed first.

Children, Young Persons and their Families Act 1989

Principles: Section 5

The CYPF Act marked a decisive shift toward the greater involvement of family, whānau, hapū, iwi and family group in decision-making for children and young people coming under the auspices of the Act. In line with this, the principles of the Act recognise the central importance of family, whānau, hapū, iwi and family group in the lives of children and young people and stipulate in s5(b) that relationships between children and their families should be maintained and strengthened in this broad context. Sections 5(d) and (e) state that consideration should be given to the views of the child and that where possible, the support of parents or guardians should be obtained for the exercise of any power under the Act. Section 5(f) outlines the principle that wherever practicable, decisions should be made and implemented within a time-frame appropriate to the child's or young person's sense of time. The original Act made provision for children's needs to be the deciding factor in disputed situations but due to concerns about children's interests and safety being subordinated to those of family, this was amended in 1994 to stipulate that "the welfare and interests of the child and young person shall be the first and paramount consideration having regard to the principles set out in sections 5 and 13". Although the principles outlined in s5 are focused on decision-making about children and young persons, rather than the provision of care, they are principles to be applied in the exercise of powers conferred by the Act and are therefore relevant to service provision for those children and young people who do come into care.

Principles: Section 13

These principles are specific to the care and protection of young people. The general principles outlined in s5 are reinforced by the specification that children and young people should only be removed from their families if there is serious risk of harm and

where they are removed they should, where practicable, be returned to, and protected from harm, within their family.

When children cannot be returned, they should live in a family-like setting that, where appropriate, is in the same location as that in which they were living, and in which their links with family are maintained and strengthened. When return home is not possible, provision is made for the child or young person to live in a new family group “in which he or she can develop a sense of belonging, and in which his or her sense of community and his or her personal and cultural identity are maintained”. It is also stipulated that priority be given to placement with a person who is a member of the child’s or young person’s hapū or iwi and who lives in the same locality. When a child or young person cannot remain with or be returned to family it is stated that they “should be given the opportunity to develop a significant psychological attachment to the person in whose care the child or young person is placed. An additional principle applying to those children who come into care as the result of offending is that any measure for dealing with that offending has due regard for the interests of any victims of that offending.

General duties

In this section of the Act, there are requirements to ensure that parents and children are informed of decisions and the Court and counsel have a responsibility to explain proceedings and to assist children and young people to participate in proceedings.

Care orders

The Act makes provision for a range of orders covering the placement of children in care:

- Section 78
Allows a child or young person to be placed in custody pending determination of proceedings.
- Section 81
Allows for the placement of a child and young person under a s78 order.
- Section 83
Allows for a range of orders including services (s86), support (s91), custody (s101), access rights (s107), and guardianship (s110).

Custody orders cease when a young person attains 17 years (s108), whereas guardianship orders continue until the age of 20 (s117).

- Sections 93 & 94
Impose a duty to provide support and appoint a social worker to provide support.
- Section 121
Makes provision for the Court to make orders for access and exercise of other rights by parents and other persons.

Court Plans

When the Court proposes to make one or more of the orders provided for in s83 the Act stipulates that a plan must be obtained (s128). Section 130 outlines the content of plans requiring:

- Specified objectives
- Details of services and assistance to be provided to the child or young person and any parent, guardian or other person having the care of the child or young person
- Identification of persons or organisations who will provide services
- Stated responsibilities of the child or young person and any parent, guardian or person having the care of the child or young person
- Specified personal objectives for the child or young person and for any parent or guardian or other person having the care of the child or young person
- Relevant information about education, employment, recreation and welfare of the child or young person.

There is also provision for plans to be reviewed six-monthly for children under seven years and annually for children over seven years.

Placement

Section 362 of the Act makes provision for the placement of children and young persons in the care of approved persons and payment to the person or organisation providing care (s363). There is also provision for “additional payments necessary to meet the

reasonable needs of the child or young person” and payment at “a higher rate in cases where there is special need”.

Summary

The legislative framework establishes clear parameters for decision-making about children and young people for whom there are care and protection concerns. Priority is placed on the involvement of family, whānau, hapū, iwi, family group and the child or young person in decision-making and the maintenance of family/whānau connections. Where possible, children and young people are to remain with, or be returned to family/whānau. In all cases where return home is not possible, the child is to be cared for in a family-like setting where there is an opportunity to form a psychological attachment. The legislation also stipulates provision of support and the development of Court Plans with specific objectives.

Care of Children Act 2004

COCA replaces the 1968 Guardianship Act and contains provisions relating to guardianship, custody (now defined as day-to-day care), and contact with non-resident parents. The Act emphasises the ongoing importance of both parents following separation and encourages active involvement through provisions for shared parenting. When foster parents agree to permanency, they apply for parenting orders and/or guardianship under COCA and if these are granted, any orders relating to Child, Youth and Family custody and/or guardianship are discharged. The positive emphasis on continuing involvement increases the likelihood that birth parents will retain their guardianship and that foster parents will take on additional guardianship. Contact with birth parents is also likely to be viewed favourably.

COCA also strengthens provisions relating to consultation with children and requires lawyers to ascertain the child’s view and present this during hearings. Although there was provision for children to be represented and their views ascertained under the Guardianship legislation, the presentation of their views was not stipulated. This has created an anomaly between the CYPF Act and COCA because the former also contains provision for the child to be represented, attend Family Group Conferences, receive information and have it explained to them, but does not stipulate the presentation of their views.

Child, Youth and Family policy

Child, Youth and Family policy is located in a Practice Centre available to staff through the Intranet. Policy is divided into topics for ease of access. The policies most relevant to the provision of services to children in care include:

- Caring for children and young people
- When children and young people move
- Caregiver assessment and approval
- Caregiver support and review
- Allegations against caregivers
- Recording.

Also relevant is the policy “Seeking Solutions with Family” because this contains a clear statement about the participation of children and young people:

Children and young people must be encouraged and assisted to participate in decision making in a manner that is appropriate to their age, maturity and culture. Where these factors restrict their participation, the child/young person’s wishes and views must be represented.

Caring for children and young people

The policy provides clear guidelines including a “What’s Important To Us” statement at the beginning of each section. In the “Caring for Children and Young People” policy this section includes the following statement:

When a child/young person is in the custody of the chief executive it’s important that we respond to their needs and create an enduring living arrangement for them. This also includes supporting them as they transition out of care and move towards independence.

It is stipulated that each child/young person must have a plan which includes a permanency goal and concurrent goal; set tasks for all participants; child/young person-focused timeframes; frequency of social worker contact; and a review date. Social workers are required to visit all children/young people in the custody of the chief

executive at least every two months and visits must involve efforts to engage with the child/young person on their own.

The importance of meeting health and education needs is outlined and there is an expectation that social workers ensure that schools have relevant up-to-date information including the legal status of the child/young person and who has custody; the name and contact details of the social worker; the social worker's supervisor and the caregivers. Children and young people are entitled to have their reasonable clothing needs met and after three months they are entitled to a quarterly clothing grant payable to the caregiver if the placement is intended to be ongoing.

There is a requirement that Care Plans be provided to caregivers or residence staff on or before the day of placement. The only exception is when a placement is made at the weekend, in which case basic information must be provided and more detailed care information provided on the next working day. Emphasis is placed on the importance of sharing the Care Plan with the caregiver/residential social worker, parent(s), the caregivers and, when appropriate, the child/young person to advance the wellbeing of the child or young person. The social worker is also responsible for ensuring that all children/young people in care have a copy of the Children's Charter; that this is talked through with them, and their questions are answered.

The policy stipulates that siblings are to be placed together where possible unless there are safety concerns. There is also an expectation that the Care Plans include details about contact with family/whānau, siblings and other significant people.

Guidance about transition is also provided. Any move to another placement including return home requires clear arrangements to allow for a smooth transition. Further detail is outlined below in the policy covering moves between locations. There are also expectations that a plan for transition to independence be developed for any young person who reaches the age of 15 who is not returning home or in a formalised permanent placement.

When children and young people move (including overseas)

Social workers are reminded of the vulnerability of children when moving and the importance of being child-centred. Clear direction is provided about the need to negotiate case transfers including agreement to financial commitments accepting the transfer in CYRAS within five days and allocating a social worker. In cases where matters are before the Family Court, the originating office continues to lead Child, Youth and Family involvement but a co-worker in the area where the child/young person is residing is to be allocated. If children/young people are living outside their home area, such as attending boarding school, the originating office must advise the office nearest the intended location prior to the child/young person's move.

Caregiver assessment and approval

All placements of children/young people in the custody of the chief executive must be made with approved caregivers. Guidelines are provided for the assessment process and assessments in emergency situations. There is an expectation that non-family caregivers will attend induction training prior to placement and that family/whānau caregivers be encouraged to do so. Reference is also made to the approval process creating a partnership between Child, Youth and Family and the caregiver to ensure that all the child/young person's needs are met.

Caregiver support and review

This section of the policy opens with a clear statement about the importance of caregivers feeling supported and valued and a reminder that "according to research the single most important form of caregiver support is that provided by the social worker". Provision is made for each caregiver to have a caregiver liaison social worker allocated to them. In addition, the social worker for the child/young person is required to engage with the caregiver regarding the child/young person's progress and keep them involved in the child/young person's plan.

Whānau and non-whānau caregivers' approval status and their needs must be reviewed annually. Reviews must also be undertaken when Child, Youth and Family is advised of any significant change in the caregiver's situation.

Provision is made for financial support including payment of agreed reasonable legal fees incurred by caregivers seeking to establish permanency orders, seeking orders post-permanency for guardianship of contact matters and defending an application by parents or other family/whānau to vary permanency orders.

Allegations against caregivers

There is a clear statement that allegations are to be addressed with the wellbeing and safety of the child/young person at the forefront and a reminder that the paramountcy of the child is the most important consideration. All allegations of abuse, neglect or harm are to be treated as a notification and investigated by two Child, Youth and Family social workers with no current involvement in the case.

There is also provision for the caregiver to be supported by the caregiver liaison social worker and advised of the support programme provided by the New Zealand Family and Foster Care Federation.

Recording

In all cases, there is an expectation that the following information is recorded:

- Discussions and decisions made during supervision
- Assessment and practice tool application and outcomes
- Plans, reviews and reports
- Critical decisions made, the rationale behind these decisions and the actions taken
- The views and voices of children/young people and their families
- Information that provides a record of Child, Youth and Family's role in a child/young person's life
- Personal and demographic details of children/young people and their families.

Attention is also drawn to the importance of capturing data on children/young people with a disability and identifying relevant characteristics such as mental health, medical issues, and behaviour disorder. Data on ethnicity and iwi affiliation is also required to

ensure culturally appropriate service delivery, protection of Māori children's whakapapa, and identification of caregivers of the same hapū and iwi.

Additional information is required for children in care:

- Demographic information
- Current legal status
- Placement record, and caregiver name and relationship
- Permanency goal, including concurrent goal, the date permanency planning begins, the date permanency is achieved
- A Care Plan if the child/young person is placed out of their parents' care
- A financial plan that reflects the care situation.

Summary

The policy is consistent with legislative requirements. The guidelines provided are clear and easily accessible. Placement on the Intranet ensures that policy can be kept up to date and consistent throughout the service.

New initiatives

Child, Youth and Family have acknowledged that the pressure of work from the increased number of investigations in recent years has overshadowed care practice. To further develop the care system, assessment tools are being developed to facilitate the identification of need to ensure appropriate placement. The 'Needs Identification Prompt' provides social workers with a template for the assessment of need including disability, health and education. The tool identifies different domains of the child's life, ensuring that a broad perspective is taken and has the potential to facilitate early identification of key areas of need, assisting with placement and engaging services.

Different types of care will be provided and the range of options will include family/whānau/kin care, foster care, Family Homes, treatment and residential programmes (Group Homes), and residential care. The High and Complex Needs Interagency Strategy currently provides intensive and co-ordinated support packages for children with high needs and consistent use of the Needs Identification Prompt is likely to assist with the timely identification of those children needing this service.

Practice development will take place within sites. Each site is currently developing a Care Plan², which will include a review of all children and young people currently in care and a renewed focus on care practice. The importance of gathering health and education information as well as full social work assessments will be promoted to ensure appropriate placement and support for children and young people in care. Permanency for children in care is to remain a priority.

Home for Life

On 16 August 2010 Child, Youth and Family announced a new package of support for caregivers aimed at securing a permanent place of belonging for children in care. This package includes: financial support for clothing and other costs (\$2,500 upfront payment when a home for life is achieved); a baby care pack including cot, pushchair, bottles and baby-wear; reasonable assistance with legal costs; expert Child, Youth and Family support for as long as necessary; parenting seminars; and respite care to allow carers to

² This is an overall plan for the site addressing issues related to the delivery of care

take time out. In conjunction with this package a resource folder *Your Care Matters* has been released and this includes pamphlets about providing care, an updated version of the *Foster Care Handbook*³, and a *Foster Care Journal* to allow carers to keep a record of the child's and their experience of the care journey.

Ways to Care

A new training programme *Ways to Care* to prepare and assess non whānau carers has also been introduced and will commence from October 2010. An 0508 CARERS line will provide a first point of contact for those wanting more information about caring.

Support for caregivers

The 0508 phone line will also ensure that caregivers can access support 24 hours a day. Over the past 12 months Child, Youth and Family have put in place 10 dedicated care service managers and an additional 12 caregiver social workers.

Practice guidance for social workers

To support these initiatives new policy and practice guidance is being provided to social workers. This includes information regarding working with whānau, timely decision-making, assessment of need and the provision of support. All frontline staff are currently completing a core training programme designed to refresh practice and ensure they are clear about their role and expectations of practice.

Summary

These initiatives can be seen as an acknowledgement that care practice is an area needing attention. Some of these changes took place during the timeframe for this project and the process is ongoing.

³ In Section 3 of the report there is reference to the need for an updated version of the Handbook to be released. It is pleasing to note that this was achieved on 16 August 2010.

National standards

Some countries have adopted comprehensive national standards covering the provision of care. For example, the United Kingdom National Standards for Foster Care were produced in 1999 along with a Code of Practice for the recruitment, assessment, approval, training, management and support of foster carers. In 2002 these were supplemented by National Minimum Standards for Fostering Services, which covered all aspects of the life of the foster child, not only the service provided by the fostering agencies.

New Zealand has not adopted national standards and this will be discussed further in section 4 of the report.

United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCROC) contains a number of articles applicable to all children and some articles specific to children who cannot live with their families. Together they provide a framework for the care of children unable to live with their families. Article 1 stipulates that the Convention covers all children up to the age of 18, Article 2 prevents discrimination and Article 3 stipulates that children's best interests shall be the primary consideration. The remaining articles can be grouped in three categories: provision, protection and participation.

Provision

There is recognition of the importance of families in children's lives and children's right not to be separated from families unless necessary for their best interests (Articles 5 and 9). Children's right to preserve their identity and to enjoy their culture, religion and language is stipulated (Articles 6 and 30). A number of articles refer to State responsibility to ensure the development of the child including access to health and education services (Articles 24, 28 and 29), social security (Article 26), an adequate standard of living (Article 27), and rest and leisure activities (Article 31).

Protection

Children have the right to privacy (Article 16), protection from abuse, all forms of exploitation, exposure to illicit drugs, and torture and unlawful deprivation of liberty (Articles 19, 32, 33, 34, 36 and 37). The right for children with physical or mental disabilities to enjoy a full and decent life is accorded in Article 23.

Article 20 makes specific reference to special protection and assistance provided by the State when a child is temporarily or permanently deprived of family. When considering alternative care arrangements "due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background". When children are placed for the purposes of care, protection, or treatment of physical or mental health, Article 25 stipulates the right to periodic review of the treatment provided and all other circumstances relevant to their placement. Article 39 requires State Parties to take all appropriate measures to promote physical and

psychological recovery and social reintegration of children who are victims of any form of neglect, exploitation, or abused to abuse.

Participation

Article 12 requires State Parties to ensure that children capable of forming their own views have the right to express those views freely in all matters affecting them and to have those views given due weight in accordance with age and maturity. In particular, children have the right to be heard in any judicial or administrative proceedings. In addition, children have the right to freedom of expression, to receive and impart information, freedom of thought, conscience and religion, and freedom of association (Articles 12-15).

Summary

The framework provided by UNCROC sets the scene for an alternative care system for those children unable to live with their families that respects their dignity, ensures continuity of culture and religion, and encourages their participation in decision-making. There is also provision for children with special needs to have appropriate levels of support and for children who have been neglected and/or abused to have access to physical and psychological recovery and social reintegration.

United Nations Guidelines for the Alternative Care of Children

In 2009, the United Nations General Assembly formally welcomed guidelines developed by SOS Children's Villages International and International Social Service. The United Nations Guidelines for the Alternative Care of Children were developed in response to recognition of the gaps between the rights of children and implementation in policy and practice. The general principles cover two aspects of alternative care: decision-making about coming into care; and the provision of alternative care once that decision is made. This discussion will focus on the latter.

Principles

The Guidelines stipulate that the following principles should be taken into account:

- Proximity – the desirability of maintaining children as close as possible to their habitual place of residence in order to facilitate contact and potential reintegration with family and to minimize disruption of their educational, cultural, and social lives.
- Permanency – decisions should have due regard for the importance of ensuring children a stable home and of meeting their basic need for safe and continuous attachment to their caregivers, with permanency generally being a key goal.
- Dignity, respect and protection
- Removal from family measure of last resort
- Promoting and safeguarding other rights – including but not limited to access to education, health and other basic services, the right to identity, freedom of religion or belief, language and protection of property and inheritance rights
- Siblings should be kept together
- States should ensure the welfare and protection of children in informal care
- Use of residential care should be limited – only where appropriate, necessary and constructive for the individual child
- Family-based settings – especially for young children.

Determining the most appropriate form of alternative care

When determining the most appropriate form of care the Guidelines emphasise the importance of rigorous assessment, planning and review on a case-by-case basis by suitably qualified professionals in a multidisciplinary team. Full consultation with the children and their parents and information sharing to facilitate their participation is also recommended.

Frequent changes in care setting are described as detrimental to children's development and ability to form attachments and it is stipulated that these are to be avoided. Planning for care provision and permanency from the earliest possible time is recommended. According to the Guidelines, such planning should be based on the nature and quality of the child's attachment to family, the family's capacity to safeguard the child's wellbeing, the child's need or desire to feel part of a family, the desirability of the child remaining within his/her community, the child's cultural, linguistic and religious background, and relationships with siblings. The importance of review is stressed and the recommended timeframe is three-monthly. When changes in care setting result from the planning and review process, preparation of the child is stipulated.

Provision of alternative care

This section of the Guidelines provides a more detailed description of the general conditions applying to all forms of alternative care arrangements. The key elements are:

- The importance of contact with family
- Promoting the health of children
- Access to education
- Access to play and leisure activities
- Respect for, and promotion of, privacy
- Importance of positive, safe, nurturing relationships and ongoing attachment to a specific carer
- Protection from abuse
- Children to be encouraged to develop and exercise informed choices

- Protection from stigmatisation
- Access to a person of trust in whom they may confide in total confidentiality
- Access to effective and impartial complaints process
- A Life Story book to promote child's sense of identity.

The Guidelines also emphasise the importance of the records on children in care being complete, up to date, confidential and secure. The child's record should also be accessible by the child as well as their parents within the limits of a child's right to privacy and confidentiality. It is recommended that appropriate counselling be provided before, during and after consultation of records.

In relation to foster care, service providers "should train concerned staff ... to assess and match the needs of the child with the abilities and resources of potential foster carers and to prepare all concerned for the placement" (SOS & ISS, 2009, p. 24). Special preparation, support and counselling services for foster carers made available at regular intervals before, during and after placement is recommended. It is also stipulated that foster carers should have the opportunity to make their voice heard and to influence policy.

Summary

The United Nations Guidelines for the Alternative Care of Children provide a comprehensive rights-based framework against which care services can be evaluated. New Zealand legislation and Child, Youth and Family policy is, for the most part, consistent with these Guidelines. The legislative emphasis on whānau, hapū and iwi is an expression of Māori values and aspirations and is, therefore, consistent with the Government's obligations in relation to Te Tiriti o Waitangi. The question remains, however, whether the gap between policy and implementation, which gave rise to the Guidelines is evident in the quality of services provided to children and young people in care in New Zealand.

SECTION 2: LITERATURE REVIEW

This review explores current practice in relation to the delivery of services to children in care.

Current trends and an overview of types of care are outlined in the first part.

Outcomes for children and young people who spend time in care are discussed in the second part and this is followed by an outline of children's perspectives.

The largest part of the review focuses on what makes a difference for children in care before concluding with a summary of key points.

Current trends in the provision of care

Foster care has become the principal placement of choice for children and young people in public care and a number of issues have arisen from this (Sellick, 2006). Children in care are now a more challenging population exhibiting significant and enduring emotional and behavioural difficulties (Barber & Delfabbro, 2004; Hannon, Wood, & Bazalgette, 2010; Sellick, 2006; Sinclair, 2005; Wilson, Sinclair, Taylor, Pithouse, & Sellick, 2004). Recruiting sufficient caregivers appears to be a common problem and this has been attributed to a number of factors including the challenge presented by the children needing care; changing expectations, particularly the involvement of birth family; and increased employment of women (Barber & Delfabbro, 2004; Pithouse & Lowe, 2008; Sellick, 2006; Sinclair, 2005). Recruitment difficulties have resulted in lack of choice making the matching of children's needs with appropriate caregivers more difficult (Pithouse & Lowe, 2008; Sinclair, 2005). These challenges have led some to describe foster care as being in crisis but despite these systemic concerns, the service does not appear to be in crisis at the level of individual service recipients (Barber & Delfabbro, 2004).

Partly in response to these challenges, the range of care options has expanded to include short- and long-term foster care, kin care, adoption, therapeutic foster care, and residential care ranging from small group homes to large facilities. The focus of this review is home-based care but reference will be made to other alternatives being important to meet the full range of needs presented by children and young people in care.

Up until the 1990s, there was a scarcity of research on foster care. This has now changed but a number of problems have been identified in relation to the evaluation of outcomes. These will be explored before proceeding to discussion of children's views and research focused on what makes a difference for children in care.

Measuring outcomes

Measuring outcomes for children and young people in care is very difficult and few comparative studies exist. It is also difficult to compare different studies because the

measurement criteria are not uniform and it is difficult to take account of the many compounding variables (Hannon et al., 2010; Sellick, Thoburn, & Philpot, 2004; Sinclair, 2005; Wilson et al., 2004). In early studies the measure of success was whether or not the placement lasted as long as was needed. Measures have become increasingly sophisticated (Sellick, 2006) and there is greater attention to the impact of a range of variables, including child's experience prior to coming into care; child's attitude to being in care; birth family response to their child being in care; amount of contact with birth family; foster family structure; and the quality of care provided (Hannon et al., 2010; Sellick et al., 2004; Sinclair 2005; Wilson et al., 2004). In this section, the findings from research on outcomes are summarised beginning with non-kin placement, followed by kin placement and concluding with a brief overview of other forms of care.

Non-kin placement

International research points to the fact that outcomes for children in long-term foster care may not be as negative as is frequently portrayed. Barber and Delfabbro (2004) conducted research with 235 Australian children referred for a new placement between May 1998 and April 1999 and followed up at eight months and two years. Although they found a "distressing amount of instability" (Barber & Delfabbro, 2004, p. 122), the children were generally satisfied with their placements and their social workers. The largest amount of movement was during the first four months with approximately 40 percent moving at least once. Twenty-five percent of the children returned home during the first four months and 40 percent by the end of two years. Placement instability for a period of up to a year was not necessarily associated with psychosocial harm but beyond that, problems arose. They argue that the wellbeing of a child may dictate a change of placement options and that movement is not in and of itself negative.

Sinclair, Wilson, and Gibbs (2005) conducted research with a cross-sectional sample of foster children of all ages placed in seven local authorities in Britain. They collected information from nearly 500 foster carers, just over 400 social workers, nearly 500 family placement social workers and 150 children. The great majority of the children said they were happy with their placements, case studies illustrated excellent practice, and there was ample evidence of commitment from carers. Social workers judged that seven out of 10 placements were going well, or had gone well.

Despite this, there were concerns about stability. Six out of 10 children had experienced previous placements in the care system, social workers were working for return home in only one out of five cases and less than one in seven were at home or with relatives a year later. Less than one in eight remained in the same placement for more than four years and four out of 10 children who said they wanted to stay with foster carers long term were not with them a year later. Sinclair et al. (2005) agree with Barber and Delfabbro (2004) that some moves may be positive. Some children complained that they were not moved from placements where they were unhappy and Sinclair et al. (2005, p. 241) noted that, "such movements are likely to be discouraged by new performance indicators that should in our view be left to the discretion of social workers".

Other research has focused on children placed in planned long-term placements. Rushton, Treseder, and Quinton (1995) conducted an eight-year prospective study of 16 older boys (5-9 years) placed in permanent substitute families. They were followed up after 1, 12, 60 and 96 months in placement. Overall there was a 19 percent level of placement disruption. Eighty-one percent of the placements were intact when the boys reached adolescence with 69 percent showing a good or moderate recovery from behavioural difficulties at the time of placement. One third of the boys in stable placements had a large number of problems. Rushton et al. (1995) identified three outcome groups among the surviving placements – good, intermediate and poor. Those in the first category had lost most of the behaviour problems and had mutually satisfying relationships with foster parents. In the intermediate group, the placement was stable but there had been mixed recovery and there were a variety of persisting severe difficulties. In the last group, there were high levels of disturbance including aggression and extensive contact with helping agencies. All the children with poorer outcomes had a combination of higher pre-placement adversity and lower levels of positive parenting at the start of placement.

Schofield and Beek (2005) conducted longitudinal research with 58 children under the age of 12. The first phase took place in 1997-1999 with a follow-up three years later. Thirty-two (75 percent) of the placements were intact. Five children (8 percent) had experienced constructive moves, one child had returned to his father and eight children's placements had ended without being followed by a positive placement. The researchers found that the children could be grouped in three categories: 31 (60 percent) had made

good progress; 14 (27 percent) had made uncertain progress and 7 (13 percent) were considered to be in a downward spiral. The children making good progress were mixed in terms of their characteristics, histories, patterns of behaviour in close relationships, and level of difficulty they presented to carers and to the outside world of peers and school. What they had in common at phase two was their increased capacity to use the foster carers as a secure base.

McAuley (2004) revisited a cohort of 19 young people previously placed in planned long-term placements in Northern Ireland when they were aged between 17 and 24. She also found variable outcomes among the sixteen young people who agreed to participate in the follow-up study. Those in the more troubled group had been further exposed to dysfunctional birth family relationships through contact and were deeply affected by their rejection, had experienced multiple changes of placement and school, were very isolated and were convinced that they must learn to survive alone. Seven of the group who had remained in the same placement were all in the less troubled group. They had higher self-esteem and a positive view of the future. They appreciated the support foster parents had given them to maintain contact with their birth families and this seemed to make them more secure. Some of the young people in the less troubled group were doing very well. All had developed trust in their relationships with foster parents and one young person had continued to trust a foster parent after the placement had broken down. McAuley (2004) also notes that one young person attached significance to a brief placement and the foster parents' continuing contact after he left.

One area of concern is evidence that children raised in care have poorer adult outcomes. Research has shown that they are more vulnerable to homelessness, unemployment, offending, poor mental health, teen pregnancy and high levels of alcohol and drug use (Bromfield & Osborn, 2007; Cashmore & Paxon, 1996; Collins, 2004; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Hannon et al., 2010; Reilly, 2003; Schneider, Baumrind, et al., 2009; Ward, 2000; 2001; Wilson et al., 2004). Some young people raised in care achieve positive outcomes and one group of researchers found no difference between those in extended care and those who were adopted. There was, however, a much higher prevalence of negative outcomes for a group who had been fostered but left care early (Kerman, Wildfire, & Barth, 2002).

It can be seen from these studies that outcomes for children vary and each study provides some insight into why this is so. Meta-analyses based on multiple studies identify the following factors as contributing to poor outcomes:

- **Multiple placements**
Although, as noted above, not all changes in placement are negative there is clear evidence that sustained placement instability has negative outcomes for children in care (Hannon et al., 2010; Sinclair, 2005; Wilson et al., 2004)
- **Age at placement**
Children removed from birth family before six months of age have better outcomes in terms of mental health and emotional or behavioural difficulties in comparison with controls. After six months, the rate of catch-up reduces (Hannon et al., 2010; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Sellick et al., 2004; Wilson et al., 2004). Risk of placement breakdown increases with age at placement (Biehal, Ellison, Baker, & Sinclair, 2009; Hannon et al., 2010; Oosterman et al., 2007; Wilson et al., 2004).
- **Impact of early harm**
Children with histories of abuse and trauma are more likely to have high levels of placement instability (Bromfield & Osborn, 2007; Hannon et al., 2010; Oosterman et al., 2007; Sinclair, 2005). Some children receiving good care in permanent placements continue to show serious signs of disturbance suggesting that the impact of early harm may not be totally reversible (Biehal et al., 2009; Sellick et al., 2004).
- **Behavioural difficulties**
Described by one group of researchers as a reasonably robust predictor of placement breakdown (Oosterman et al., 2007) and identified as a significant factor in all age groups (Biehal et al., 2009; Sinclair, 2005). It is possible that the behavioural difficulties exhibited by children who have experienced trauma account for the association with placement breakdown rather than abuse per se (Hannon et al., 2010; Oosterman, 2007; Sinclair, 2005; Zinn, DeCoursey, George, & Courtney, 2006).
- **Residential care**
Children and young people who have spent time in residential care prior to placement have higher rates of subsequent placement breakdown. This may,

however, be a reflection of higher levels of behavioural and emotional difficulties (Oosterman et al., 2007; Wilson et al., 2004).

- Age of other children in the home
Many studies have found that placement breakdown was associated with the existence of a birth child close in age to the child being placed (Wilson et al., 2004).
- Emergency placements
Research suggests that placements made in a rush are more likely to fail, usually due to the behaviour of the child or young person (Sinclair, 2005).
- Lack of information
Disrupted placement is more likely when foster parents have not been given adequate information about school attendance, long-term plan, or how long the child is to stay (Sinclair, 2005).

Very little research has been undertaken in New Zealand and there have been no longitudinal studies of outcomes for children in non-kin foster care. Ward's (2000; 2001) research on the transition out of care identified negative outcomes similar to those found in other countries.

Kin care

Kin care has probably always been part of the spectrum of care placements but this option assumed increased significance in New Zealand after the passing of the CYPF Act which identified kin as inclusive of family, whānau, hapū, iwi and family group. McFadden and Worrall (1999) include kin care as part of a family continuity paradigm, which they identify as having begun in the 1980s with Mātua Whāngai and culminating in the passing of the 1989 Act. In New Zealand, this approach draws on traditional Māori custom and has been adapted in other countries to become a method of respecting the significance of cultural connection for indigenous persons and other minority groups. In New Zealand, kin care options were increased by the involvement of wider family in the Family Group Conference, and despite its origins, kin care is also an option for Pākehā children. Despite New Zealand's leading role in the increased emphasis on kinship care, very little research has been undertaken and there are no longitudinal studies focusing on children's experiences in kin care or outcomes over time.

Doolan and Nixon (2003) argue that international evidence supports kin care as the placement of first choice (Berrick, Barth, & Needell, 1994; Berridge & Cleaver, 1987; Dubowitz, 1990; Dubowitz, Feigelman, & Zuravin, 1993; Gabel, 1992; Iglehart, 1994; Milham, Bullock, Hosie, & Haak, 1986; O'Brien, 2000; Rowe, Cain, Hundleby, & Keane, 1984). Connolly (2003) disputes this, arguing that the evidence is perhaps more limited and less conclusive than the authors suggest. She maintains that the results are mixed with evidence that children in kin care fare better in relation to attachment, continuity, culture and identity but that there is also evidence that they may not do so well in relation to safety, permanence, health and wellbeing outcomes (Billing, Ehrle, & Kortenkamp, 2002; Ehrle, Green, & Clark, 2001; Kortenkamp & Ehrle, 2002). Others have echoed these concerns suggesting that minimal attention has been paid to the issue of quality in kin care placements (Barth, 1999; Takas, 1992).

Having undertaken a review of the literature, Dunne and Kettler (2006) suggest that the growth of kinship care may have been ideologically driven in terms of family preservation rather than a focus on best outcomes. Some studies found higher levels of behavioural difficulty in kin as opposed to non-kin placements. They note, however, that all studies failed to take account of the nature of difficulties before entering care and the severity of those difficulties when entering care. They warn of the dangers of placing behaviourally disordered children with kin, especially older kin without providing support and training in behavioural management.

Winokur, Holtan, and Valentine (2009) conducted a meta analysis of 62 studies comparing foster and kin care and conclude that:

Based on the preponderance of the available evidence, it appears that children in kinship care experience better outcomes in regard to behaviour problems, adaptive behaviours, psychiatric disorders, wellbeing, placement stability and guardianship than do children in foster care. Furthermore, there was no detectable difference between the groups on reunification, length of stay, family relations, or educational attainment. (Winokur et al., 2009, p. 50)

They note, however, that the findings do not support implementing kinship care solely to increase permanency rates and service utilisation of children in out-of-home care. They argue that the primary implication for practitioners is consideration of whether kinship

placements would be even more effective with increased levels of caseworker involvement and service delivery.

It is clear from the research that kin carers face particular challenges, which may impact on their ability to provide quality care. Researchers have highlighted the different profile that kin carers have, noting that they tend to have fewer material resources; are more likely to live in poverty; be older and have more health problems; be sole parents; and have lower educational attainment and less knowledge of child development (Chipman, Wells, & Johnson, 2002; Cuddeback, 2004; Doolan & Nixon, 2003; Farmer & Moyers, 2008; Harden, Clyman, Kreibel, & Lyons, 2004). Despite this, there is also evidence that they receive less support (Chipman et al., 2002; Cuddeback, 2004; Worrall, 2001).

Other barriers to kin care include notions of family pathology and inter-generational responsibility for parenting failure, especially when a child is removed in emergency circumstances. A preoccupation with risk and safety also predisposes toward more intrusive interventions, and a lack of trust that families can protect children or be committed to working in partnership with social workers (Doolan & Nixon, 2003; Farmer & Moyers, 2008).

Children in kin care face the same issues as children in other placements and their behaviour is no less challenging (Dunne & Kettler, 2006; Farmer & Moyers, 2008; Taylor, 1997; Worrall, 1996). In one study, significant rates of developmental delay were found in young children (3-26 months) placed in emergency care irrespective of the placement they ended up in, leading the researchers to conclude that this has important implications for the provision of the developmental services needed by these children (Leslie, Gordon, Ganger, & Gist, 2002). These difficulties are compounded because kin carers may have received no preparation for their role, and placement may arise as the result of a family crisis (Doolan, Nixon, & Lawrence, 2004). Ward (2005) found that of the 11 kin carers he interviewed, all initially offered emergency placements and all struggled during the beginning stages. Kin carers may not have the same access to services as non-kin. Winokur et al. (2009) found that children in kin care were less likely to access mental health services. These difficulties are compounded when the child comes into the placement with more difficult behaviours. Kang (2007) reports that one study comparing drug exposed children with those who had not been exposed in kin and

non-kin placements found that children not exposed to drugs placed with kin were the least likely to display behavioural problems while drug exposed children with kin were the most likely to display problems.

One of the perceived advantages of kin care is that of family continuity and ongoing contact with family members. This does not necessarily prove to be the case, and relationships between kin carers and birth parents can be difficult. In some cases kin carers have made the referral to the child protection agency because of their concerns about the children and this had an ongoing adverse impact on relationships (Brown, Cohon, & Wheeler, 2002; Worrall, 1996). Kin carers may also find it difficult to set limits on contact or challenge inappropriate behaviour by birth parents (Chipman et al., 2002; Smith, Taylor, Gollop, & Atwool, 1999; Worrall, 1996).

As with stranger care, the picture that emerges is complex with outcomes shaped by a number of variables. What is clear is that a simplistic faith in the merits of kin care over and above stranger care is not warranted (Dunne & Kettler, 2006; Taylor, 2003; Winokur et al., 2009). As with all other options, there are advantages and disadvantages and the widespread use of kinship care creates both opportunity and risks for children. The absence of New Zealand research is particularly significant because the emphasis on whānau, hapū and iwi as potential sources of kin placement has resulted in children being placed outside their local community and with whānau with whom they have a whakapapa connection but no previous contact. No research has been undertaken to compare outcomes in these situations with outcomes for children placed with people known to them. There is also an absence of New Zealand research comparing outcomes for children placed in kin and non-kin care.

Intensive foster care

Intensive or therapeutic care has largely developed in the USA and has been shown to be effective with children and young people who could not be managed in ordinary foster homes. These programmes utilise highly skilled foster parents who receive higher rates of remuneration than ordinary foster parents, intensive training, and are supported by a clinical team. Such placements are designed to provide intensive intervention for a limited time period with the aim of transitioning children home or to a permanent placement. When the goal is to return children home, family are part of the intensive

programme (Barber & Delfabbro, 2004; Bostock, 2004; Holland, Faulkner, & Perez-de-Aguila, 2005).

Fisher, Burraston, and Pears' (2005) Early Intervention Foster Care Program is an example of such an approach. They utilised a team approach combining intensive training for foster parents, ongoing consultation and support, individual therapy for children, parent training for birth parents and permanent placement resources. The aim was to create an optimal environment within which to facilitate developmental progress. A five year randomised control study began in 1999. Results demonstrate that it is possible to improve success rates with 90 percent in the early intervention group achieving permanent placement compared with 64 percent in the control group. Previous disrupted placement was a factor in placement breakdown in the control group but not the early intervention group.

Holland et al. (2005) critically review three primary research studies that found positive effects on stability associated with individualised, flexible, multidimensional therapeutic care packages for children with emotional and behavioural difficulties when compared with children who received standard care packages. Bleach & Robertson (2009) in their review of the literature conclude that Treatment Foster Care is cost-effective, has resulted in improvements in behavioural and emotional difficulties for young people exhibiting anti-social behaviour, and may reduce the need for more restrictive residential settings. Hannon et al., (2010) report that over half the young people placed in Multidimensional Treatment Foster Care have achieved increased stability and reduction of risk behaviours since leaving. This is said to have encouraged local authorities to consider the possibility that more young people currently in residential facilities could be placed in the community providing appropriate levels of support are available.

Child, Youth and Family have opened a number of Supervised Group Homes and a total of 12 are planned to provide intensive foster care for young people with complex needs. Intensive foster care services are also offered by some non-government organisations and these services can be contracted for children in the custody of Child, Youth and Family. They are, however, high cost services and only available in some areas. Although they are evidence based (Bleach & Robertson, 2009), it will be some time before evaluation of outcomes over time is available.

Residential programmes

Although it is generally agreed that family-based models of care are preferable, it is acknowledged that not all children are suited to this type of care (Bostock, 2004; Bromfield & Osborn, 2007) and there is some evidence that “average” residential care may provide more stability for this group of children than “average” foster care (Wilson et al., 2004). Barber and Delfabbro (2004) identified a small group in their sample who experienced “serial evictions” from foster placements because of their difficult behaviour. They recommend that this be avoided at all costs and argue that alternatives including residential placements and treatment foster care should be developed for children most at risk of this. They also suggest that these alternatives need to be considered sooner rather than later. Residential programmes are often considered the option of last resort but they suggest that earlier placement for some children may increase the likelihood of positive outcomes in the long term. There is no New Zealand research evaluating the impact of residential care on outcomes.

Sibling placement

Although not a placement type in the same sense as those already discussed, there has been some debate about whether or not sibling groups should be kept together. This has found to be a protective factor in some studies (Gilligan, 2000; Kelly, 2000a) but there is also evidence to suggest that there may be good reason to separate siblings in some situations (Whelan, 2003). Sibling relationships can be harmonious and a source of security but they can also be very fraught and threaten placements (Sinclair, 2005; Whelan, 2003). In his review of the literature, Sinclair (2005) concludes that other things being equal, siblings have a right to see each other and be placed together. He notes, however, that the effect of this is likely to depend on the relationship between them, whether they want contact and the reasons for placement.

Albert and King (2008) argue that because more than half the children in care are siblings, more attention to the experience of sibling groups is warranted. They note that most longitudinal studies treat each child as a separate unit and that this is statistically inappropriate because siblings share at least one common parent and often undergo similar experiences prior to removal. Their research included 602 children with at least one sibling in long-term care during the study period. Intact placements were common

across all racial and ethnic groups (about 67 percent) but as the size of the sibling group increases the percentage of intact placements decreases.

They found that placement stability was linked to intact placements. Siblings in intact placements were more likely to experience a single placement (61 percent) than those partially (40 percent) or completely separated (46 percent). The children in intact placements had higher rates of reunification with birth family. They propose that siblings provide each other with emotional support that ultimately affects their wellbeing as well as placement outcomes such as reunification. They conclude that efforts to keep siblings together should be strengthened and that foster parents should be encouraged to provide homes to keep siblings together.

There is no New Zealand research focusing on the experience of siblings in care. This issue is of particular relevance given the importance of whanaungatanga for Māori and warrants more attention in terms of understanding the impact on outcomes for siblings who are kept together and siblings who are separated.

Out-sourced care

Another difference in care provision is whether the service is provided by a statutory Care and Protection agency or an independent provider. Sellick (2006) notes that Independent Fostering Providers (IFP) in the United Kingdom are more expensive but often provide additional therapeutic and education services for children, and more support services to foster carers. Barber and Delfabbro (2004) report that care has been out-sourced to the non-government sector in South Australia since 1997. During the three-year period that they conducted their research they found that morale among government and non-government workers was very low and that it was difficult to find a single positive statement about this system. Working relationships had declined as the various parties blamed one another for the problems encountered. Social workers felt that practice had become excessively bureaucratic and inflexible, driving out professional judgement. Carers were equally dissatisfied providing numerous examples of communication difficulties and inconsistent case management practices. There was, however, praise for individual social workers and the researchers conclude that the source of the difficulty lay in the policy and in particular the purchaser-provider split and competitive funding model.

As noted previously, there are non-government agencies providing care services in New Zealand and the situation appears to be similar to that reported in the United Kingdom with more intensive services being provided by these agencies. A unique aspect of care provision in this country is the involvement of iwi-based services. The South Australian experience indicates that mixed provision is more appropriate than a move to outsourcing of all care services. New Zealand research comparing the quality of services provided by different agencies and the impact on outcomes for children and young people is needed.

Children's views about their experience of being in care

When considering the quality of services provided to children in care, it is important to hear from them. Sadly, there is limited research involving New Zealand children and young people, but the international literature goes some way to filling this gap. Relationship with birth family emerges as a significant issue and a source of conflict for children. This is discussed before moving into children's views about what they wanted from social workers and foster parents, the impact of placement changes, their experience of school and health systems, their awareness of stigma and the importance of having a say. This section concludes with a summary of what children consider important.

Relationship with birth family

Birth families, especially mothers and siblings remain important, the majority of children want contact, and this does not appear to diminish over time (Baldry & Kemmis, 1998; Bush & Goldman, 1992; Heptinstall, Bhopal, & Brannen, 2001; Johnson, Yoken, & Voss, 1994; McAuley, 1996; McTeigue, 1998; Munro, 2001; Sinclair, Wilson, & Gibbs, 2001; Thomas & O'Kane, 1999; Whiting & Lee, 2003; Wilson et al., 2004). This was a frequently cited cause of conflict with social workers and although many of the studies involve small numbers of children, there is a remarkable consistency in the themes that emerge. Despite their experiences prior to coming into care, birth mothers remain important figures in the children's lives. Siblings have also been found to be important, in some cases because they are considered by the child to be the only other people to have shared a similar experience (Whiting & Lee, 2003). Fernandez (2007) found that even when children acknowledged strong attachments to their foster parents, they desired more contact with their family of origin. She found that they wanted to emotionally belong to both families in significant ways. Higgins et al., (2006) found this to be particularly important for Australian indigenous children in care. They yearned to be reunited with family and sibling relationships emerged as very important.

In Sinclair et al.'s (2001) research 150 questionnaires were completed by foster children aged five and over. They were asked eight open-ended questions about "good" and

“bad” points of life with a foster family. Being away from “your real family” emerged as a significant theme. When children were offered two wishes, just over a quarter chose seeing more of, or getting back together with, their birth family. There was, however, no uniformity in the type or frequency of desired contact and some children did not want any contact. All the children did, however, want to be consulted about contact arrangements. Sinclair et al. (2001, p. 24) summarise the key points:

Most (not all) wanted:

- contact with their families
- choice over the kind of contact (e.g. some wanted telephone contact)
- contact with family members they selected (not necessarily everyone)
- choice over the amount of support when contact occurred (from none to a lot)
- as few conflicts of loyalty between carers and family as possible.

There is a consistent message that contact with birth family is important and that children want to be consulted about this. The significance of consultation is immediately apparent given the diversity of children’s wishes.

Social workers

Children regard social workers as having a key role in their lives and had varying experiences in their relationships with them (Butler & Williamson, 1994; Dance & Rushton, 2005; Doolan et al., 2004; McAuley, 2004; Munro, 2001; McNeish & Newman, 2002; Cashmore & Paxman, 1996; Smith et al., 1999; Thomas & O’Kane, 1999; Ward, Skuse, & Munro, 2005). Some children reported difficulties including irregular visits, difficulties accessing their social worker and missed appointments (Butler & Williamson, 1994; Cashmore & Paxman, 1996; Smith et al., 1999; Ward, 2000). All of the children in Munro’s (2001) sample mentioned the importance of the social worker and their biggest complaint was about the high turnover and subsequent disruption. In a group of 47 Australian young people leaving care it was found that the more social workers they had during their time in care, the less helpful they found them to be. Some were singled out for praise while others were criticised (Cashmore & Paxman, 1996).

McNeish and Newman (2002) interviewed approximately 100 young people aged between 12 and 18 about their experience of the care system. Some social workers were regarded as unreliable and the importance of being reliable and trustworthy was

stressed. Positive attributes they valued were the ability to have a laugh, communicate informally, demonstrate commitment and most importantly that social workers genuinely cared and were not just doing a job. Providing young people with information, really listening and being prepared to act on what they heard were also important factors. Ward et al. (2005) interviewed 27 young people after they had left care and also found that young people valued social workers that listened and advocated for them.

None of what children and young people have identified as important is unreasonable. Their experience, however, bears testimony to the number of times they are let down by the professionals in their lives. One thing that stands out is their desire for accurate information and to be consulted. Messages to social workers from older young people in care included:

Listen more, understand more and care more, the worst thing is being kept in suspense about everything in wardship. (Cashmore & Paxman, 1996, p. 64)

More contact to see how the placement is working out. Not leave me in an unhappy placement. I told them twice. (Cashmore & Paxman, 1996, p. 67)

They said I was too young to understand. But they never even tried. I was young, but they failed to notice that I was trying to understand. They did things to me – where I lived, where I went to school, the clothes I wore. I always wanted to know why. Why did I have to move homes, why did I have to change schools? (Butler & Williamson, 1994, p. 89)

Some of the younger children were even more direct:

They're nice, they try to help you, but they don't listen. They just do things to you. I would like them to listen to me a bit more (boy, 8). (Butler & Williamson, 1994, p. 94)

They're [social workers] a load of crap. They don't help. I hardly ever see mine. I don't know what's happening. They treat me like a little kid, like a child. They don't think it matters for me to know (boy, 9). (Butler & Williamson, 1994, pp. 93-94)

I have had five social workers and the last one doesn't know nothing about me. (Doolan et al., 2004, p. 39)

Has the wrong notes, not helpful and a bit dopey. (Doolan et al., 2004, p. 39)

I need to be told things. S (caregiver) does but not my social worker. (Doolan et al., 2004, p. 40)

Those children who had more positive experiences valued being listened to, social workers who kept their promises, and those who were prepared to take action on their behalf (Dance & Rushton, 2005; Butler & Williamson, 1994; Cashmore & Paxman, 1996, Smith et al., 1999; Ward et al., 2005). Bromfield & Osborn (2007) note the importance for children in care of a stable and trusting relationship with at least one person. When children do not have a stable, positive placement, their social worker may be the only person able to meet this need.

Foster parents

Children and young people in care also have a range of views of foster parents (Heptinstall et al., 2001; McNeish & Newman, 2002; Sinclair et al., 2001). Children in one small New Zealand study were largely positive about the care they were receiving, describing their foster parents as “nice” and expressing confidence that they could talk to them (Smith et al., 1999). Larger studies have found similar levels of satisfaction. In one study, 250 children in care were interviewed and their responses about their circumstances were generally positive. Those in foster care were more likely to feel loved and safe, with few differences between kin and non-kinship care (Wilson & Conroy, 1999). Similar findings are reported in an Australian study, which assessed 99 children’s satisfaction with out-of-home care. The majority of children felt secure, happy and supported (Delfabbro, Barber, & Bentham, 2002). In another study, participants identified the good points of family life with foster parents as being that they provide support, listen, are understanding and provide material resources (Sinclair et al., 2001).

Not all reports are positive and children have also identified aspects of foster care they find difficult. In one project, young people expressed concern about foster parents who were “in it for the money” and treated them unfairly in relation to their own children (McNeish & Newman, 2002, p. 275). For another group the bad points included strict rules and discipline, and arguments and quarrels with other children (Sinclair et al., 2001). In another study, children felt that foster parents needed to know more about

their histories and personalities, how to help and how to take care of children (Johnson et al., 1995). Other difficulties relate to differences in family style, ethnicity, religion, food and language (Connolly et al., 2006). The need for permission from the social worker to participate in activities outside the home and in some cases vetting of friends' families prior to overnight stays was mentioned as a negative aspect of the care experience (Doolan et al., 2004; Sinclair et al., 2001; Wilson & Conroy, 1999).

It is interesting to note, however, that children and young people presented a range of views, which included positive and negative. Common needs identified by the children in Sinclair et al.'s (2001, p. 24) research include:

- the care, concern and encouragement that others get from their families
- to feel they belonged and were not the 'odd one out'
- fair treatment – not to be picked on or treated too strictly
- to get on with everyone in the placement, including other children
- not to have their family or school turned into the branch office of social services
- as much pocket money, etc as other children
- to be able to ask their foster parents for permission to stay with friends
- some say in choosing their carers
- respect for their individuality meaning that their different culture and values were recognised
- adults listened to their particular concerns.

Kin care

There is even less research on children's perspectives of kin care than there is on traditional foster care. Smith et al.'s (1999) sample included children in kin care, most living with their grandparents. Of the 11 children interviewed, 9 were Pākehā and one was a Pacific Islander. They observed that the children had close relationships and that their grandparents had been involved with their upbringing since they were born. Doolan et al. (2004) interviewed 11 children placed in kin care in Shire County. They noted that the prior relationship with kin carers often made the move easier and more natural. One child said, "it wasn't difficult to explain to my friends why I went to stay there" and another noted that "mum and dad went to prison and my gran already has the rest of us" (Doolan et al., 2004, p. 33). The children generally reported positively on their relationships with their kin carers and the other children in the family. They were, however, aware of tensions related to financial stress and overcrowding.

The care experience

Thus far, I have summarised the researchers' interpretations of what children and young people had to say about their experience of kin and foster care. Although there is consistency across the different studies indicating that these interpretations are robust, the direct quotations from children reported in some of the studies add another dimension. In both kin and non-kin care children appeared to value the same things. Familiarity was important and took time to achieve:

We got used to living here [kin care]. It was strange at first. (Doolan et al., 2004, p. 32)

It was hard to get used to it, but really I was too young to understand. But I think it was easy because more people cared for me. (Dance & Rushton, 2005, p. 21)

I could get out of my childhood, the bad parts of my childhood and start again ... But it took quite a long time getting my head around it [having a new family]. It took a long time for me to say 'mum' and 'dad' to them because it didn't feel natural. It just felt weird saying mum and dad to another person but after a while ... a couple of months, I started calling them mum and dad but it still took a long time to get my head round that they were actually my mum and dad. (Dance & Rushton, 2005, p. 22)

Kindness and acceptance were also important:

What was easy about joining your new family? My mum and dad of now were very welcoming and so were both of their families (Dance & Rushton, 2005, p. 21)

The way she's nice and kind ... Once I saved up two dollars and my tooth came out. I had three dollars and she let me go to school and spend it. (Smith et al., 1999, p. 77)

She lets me go to the pool, and she lets me go to this [school holiday] programme...[Caregivers] really nice to me. (Smith et al., 1999, p. 78)

Some children, like the child in the quotation above who talks about escaping the bad parts of her childhood, demonstrate an awareness of what foster placement offers:

You can talk to them if you've got a problem. (Smith et al., 1999, p. 78)

Happy, but mad at first, but then I was happy about foster care...we had some parents that we could trust [and] ...they care about me. (Whiting & Lee, 2003, p. 292)

You don't get beat, um, they teach you the right way to do stuff, they teach you not to lie, stuff like that, they don't try to harm you ... They really never say no. (Whiting & Lee, 2003, p. 292)

It is clear from what children and young people have said that even when foster or kin care is a positive experience the transition into care is a challenging and difficult time. Subsequent moves make this even more so.

Placement changes

Moving was a common experience and the children had much to contribute on how they felt about this and what made it easier or harder to cope with (Dance & Rushton, 2005; Sinclair et al., 2001; Thomas & O'Kane, 1999). The children also commented on the challenges they faced each time they moved, needing to learn new rules and sometimes having to deal with more than one family culture at the same time. They said that some carers made an effort to explain the rules but others left them to work things out for themselves (Thomas & O'Kane, 1999). Moving was a positive experience when children were not happy in a placement but negative for those who were (Sinclair et al., 2001). Bromfield and Osborn (2007) found that systemic failures resulted in negative care experiences and that there was a recurring theme of the depth of unhappiness when placements broke down. They note that those moving from placements they liked fared considerably worse than those leaving placements they disliked.

In a review of 16 research studies Sinclair (2005) found that children wanted a chance to see if they would fit into a new family and at the very least they wanted a full picture of the new family before they moved. In questionnaires completed by 410 children in out-of-home care, issues related to placement moves topped the list of things they did not like. Two-thirds had no choice when they moved to their current home, one third had not been given enough information before they moved, and one in five wanted more

reassurance before they moved (Commission for Social Care Inspection, 2006). Being made to feel welcome and a belief that the move would increase security were factors that could ease the transition (Dance & Rushton, 2005). Sinclair et al. (2001) note that decisions about moving are made by others and this can lead to feelings of insecurity and powerlessness. Perhaps the final word should go to an 11-year-old participant in Whiting & Lee's (2003, p. 288) research:

You have to keep moving, and moving, and moving, until finally someone keeps you. That kind of sucks.

School

A number of children had things to say about school, and changing school was an aspect that made moving more difficult (Dance & Rushton, 2005; Festinger, 1983; McAuley, 1996; McNeish & Newman, 2002; Thomas & O'Kane, 1999). Children who were able to remain in the same school commented positively about this (Doolan et al., 2004). Some children had experienced teachers who lacked sensitivity or had negative attitudes based on their care status (McNeish & Newman, 2002). Children in one study (Thomas & O'Kane, 1999) generally found school to be a disempowering system. Bullying was a common experience, sometimes because they were in care, and the children complained that adults failed to intervene. Johnson et al. (1994) interviewed 59 young people in care and half reported finding changing school difficult. It was also reported that some teachers had low expectations of them because they were in care. Changes in school were also associated with loss of friends and children also found this difficult (McAuley, 1996).

Health

There is limited research about children's views of their health care but one study from the United Kingdom found that young people had a negative experience of their medical examination, describing it as impersonal, lacking in explanations and not having recognisable outcomes (Ward et al., 2002). They emphasised the importance of privacy and felt that health assessments should include information on sexual health, fitness, depression, contraception, drugs, skin and hair care and how to use a GP practice. The young people valued the idea of seeing and keeping their own health records.

Research on the health needs of 96 young people in Child, Youth and Family residences found that generally their interactions with health professionals were positive but despite this they had a range of unmet needs including drug and alcohol problems, emotional issues, and physical injuries as a result of altercations (did not seek help due to fear of police involvement). The factors helping or hindering access to health services in the community included a lack of youth specific services; worries about confidentiality; cost; potential embarrassment; transport; being scared about what might be wrong with them; and not knowing whether they would be able to choose to see a man or a woman (McKay & Bagshaw, 2009).

Stigma

As noted above, children's wish to belong and to be treated the same as other children in their foster homes indicates their awareness of being different. This is a difficult subject to traverse with children but there is some evidence that foster children are acutely aware of the stigma attached to their status. The young people in McNeish and Newman's (2002) study talked about the experience of stigma and were able to identify the social exclusion arising from this. In another study involving 141 young people, 34 percent did not want others to know that they were in out-of-home care (Courtney et al., (2001). When Brown (2000, p. 70) interviewed 10 young people who were in care or had recently left as part of his review of the New Zealand Care and Protection service "[T]hey reported feelings of confusion, indignation and being treated as second-class citizens or criminals". Turnbull (1997) interviewed four adults who had grown up in foster care in New Zealand and three of the four participants indicated that the impact on self-esteem was negative. One said it was "like having a disease", another said it was like "being government property", and another said, "it meant I was a problem child" (Turnbull, 1997, p. 26). Although these are retrospective accounts by adults, they reflect an intensity of feeling that is likely to have its origins in their childhood experience.

When McAuley (2004) re-interviewed 16 young people from her 1996 sample, aged between 17 and 24, she asked about the future for their own children. Irrespective of their experience in care they all said they wanted to give them what they had not been given and were adamant that they would not want them taken into care. She notes that they demonstrated a depth of feeling not evident elsewhere during the interview and suggests that this provided a rare glimpse of the depth of anger they felt about their life

situation. Such intensity of feeling is also indicative of an awareness of stigma attached to the experience of being in care.

Leaving care

Young people also have views about what would happen when the time came to leave care. They do not want to be rushed into leaving care before they are ready and they do not want to be abandoned once they have left care (McNeish & Newman, 2002). These anxieties are likely to be exacerbated for children who do not feel secure in the foster family and Sinclair et al. (2001) report that moving on was seen as an essential feature of the foster care situation. In a New Zealand study, many of those interviewed were found to be ill prepared and the transition was very abrupt (Ward, 2000; 2001). The young people in Cashmore and Paxman's (1996) study expressed both positive and negative views of leaving care. Some were glad to be independent of the agency and one comment echoes the view expressed by one of the adults Turnbull (1997) spoke to:

I feel as though I belong to the government. I'll be my own person and do my own thing. (Cashmore & Paxon, 1996, p. 92)

Others were ambivalent:

I hated the Department and I didn't want to be a ward but at the same time I needed their support. (Cashmore & Paxon, 1996, p. 92)

I have never had a mother or father – I get all my support from DOCS [care and protection service]. I'd say I'm a fairly lonely guy. (Cashmore & Paxon, 1996, p. 92)

These views capture the price paid by children and young people in care when they do not have the opportunity to form enduring relationships with another family. While other young people move into independence knowing they can seek support from their families, these young people are very alone.

Having a say

Having a say is a very important theme emerging from the literature on children's experience of care. In one study most of the children wanted a say in their care careers and this involved:

- respect for their wishes about their status (e.g. to be adopted, fostered, or return home);
- a say in who fostered them;
- less frequent moves;
- moves when placements are not working out;
- ability to stay after 18 if wanted;
- efficient planning and review;
- good information on plans for their future and on their own past;
- regular contact with social workers on their own (not all wanted this).

(Sinclair et al., 2001, p. 24)

Generally speaking, they want to be provided with information and listened to by adults prepared to act on what they have heard (Bromfield & Osborn, 2007; McNeish & Newman, 2002; Sinclair, 2005; Wilson et al., 2004). Children said very clearly that adults do not listen, but despite this they wanted the adults they lived with and trusted to be the ones with the most say about day-to-day decisions that affect them (Thomas & O'Kane, 1999). They did not want strangers making decisions about them and they also wanted more of a say. Conflict continued to be a feature of children's lives and it was noted that their awareness of this could make them reluctant to express their own opinions for fear of being seen to "take sides". Research with a small number of New Zealand children in care demonstrated a very low level of involvement in decision-making and considerable confusion about the reasons for being in care (Smith et al., 1999).

All of the research with children emphasises that they do not want the same things and each makes sense of their experience in their own unique way (Heptinstall et al., 2001). Sinclair et al. (2001) conclude that what children in care want is "a life more ordinary" (p. 17) but note that it is one thing to acknowledge what they want and another to find ways of providing this. They suggest, "this is likely to involve at least clear and flexible individual planning which promotes children's individuality and choices" (Sinclair et al., 2001, p. 24). The views expressed by children provide a valuable framework for

decision-making but it is important to note what they say about the failure of adults to listen to them:

Do you think adults listen to children the same as they do to adults or differently?

Most people, I'm not saying all, but most people listen to adults more than children. I think. I think they like show off in a way and just say 'Oh well she's only a child, who cares? We can do what we like, because we're bigger'. (Girl aged 10)

When you say what you want, how do adults listen?

Oh, butt in. Well they listen, then they've got to say stuff...If they are talking to someone and you want to say something, they say 'Sssh, we are talking'. I don't like it. (Girl aged 8).

(Thomas & O'Kane, 1999, p. 372)

Butler and Williamson (1994, p. 48) concluded:

Perhaps the most illuminating finding from our work is the caution with which a majority of children and young people relate to the adult, and especially the professional, world – a finding which needs to serve as the basis for reflection and consideration of how that world can re-connect with the experiences and anxieties of the children whose care and support is their responsibility.

Summary

Research has demonstrated that, given the opportunity, children and young people in care can make a valuable contribution to our understanding of what is important to them. It is appropriate in summarising their views that young people have the last word. A keynote presentation at the Australasian Conference on Child Abuse and Neglect at the beginning of 2006 was the first time young people in care in New Zealand had an opportunity to speak to a professional audience. Four representatives of the Youth Council of the Care to Independence Programme spoke about their care experiences, emphasising stigma, rights, resilience and stability. They summarised their views in a final statement:

Please remember that we represent all young people in care.

- *We are young people, not a caseload. We need you to see past stereotypical ideas of young people in care. We need you to get to know us as the unique young people that we are, and tailor your work around our individual needs, wishes, dreams and goals.*
- *We need you to know our rights and give us up-to-date information about our rights.*
- *We need your time, your energy, your nurturing. If you see us and treat us as the forming potential that we truly are, then we are more likely to blossom.*
- *Lastly, we need stability. If we have all of the above but do not feel as though we belong anywhere, and cannot establish roots, then our growth and development will be stunted.*

(Watts, Kumar, Nicholson, & Kumar, 2006, p. 19)

What makes a difference?

In the preceding discussion we have seen that there is considerable variation in the outcomes for children who spend time in care and have heard from children about what is important to them. In this section, the focus is on aspects of care practice that have been demonstrated to have a positive impact on the quality of care services and, by extension, outcomes for children. Five key factors are discussed:

- Stability and continuity
- Contact with birth family
- Recruitment, training, and support of caregivers
- Promoting resilience, including access to health and education and cultural issues
- Transition between placements and out of care.

Stability and continuity

Although there is universal agreement that stability and continuity are crucial once children and young people come in to care (Hannon et al., 2010; Sellick, 2006; Sinclair, 2005; Wilson et al., 2004), there is considerable variation in how this should be achieved. The central argument around which practice has been shaped in this country and in other English-language jurisdictions is family preservation (kin defenders) versus child rescue (society as parent) (Fox, 1982; Fox Harding, 1997; Triseliotis, 1991). In more recent times the meeting point has become the concept of permanence (Child, Youth and Family & Ministry of Social Development, 2006; Gilligan, 1997; Ministry of Social Development, Child, Youth and Family, Treasury, 2003; Triseliotis, 1991; Yates, 2003). The emphasis in this discourse shifts to achieving stability and continuity for the child and embraces a range of options including return to family, kin placement, foster placement and adoption. Within both discourses, there is a focus on placement as the essential element in securing the child's future. In the United Kingdom and the United States this led to a renewed emphasis on adoption as the means for securing permanency (Barth, 1999; Triseliotis, 1991). In New Zealand there has been a decisive shift towards family preservation (Tapp & Taylor, 2007). Neither of these solutions has proved to be the panacea and children have continued to experience long-term foster care with varying degrees of stability (Kelly, 2000b).

Decisions about the care and protection of children are made in the context of such prevailing social values and the goal of permanency can be challenged in the light of current family trends:

It could be reasonably argued that in a world of instability with high divorce rates, marital reconstitution, step-parenting and a large number of single parent families, it is somewhat paradoxical to talk of permanence for children coming into public care. (Triseliotis, 1991, p. 7)

And yet, as Triseliotis (1991) points out, when planning for children who have had a difficult start in life, it is particularly important to ensure stability in their lives. He defines permanency in practical terms, “these being to provide each child with a base in life or a family they can call their own, and more hopefully a family for life” (p. 7). Gilligan (1997) adopts a similar approach arguing that permanence essentially seems concerned with stable, enduring and guaranteed placement as an alternative and antidote to ruptures in primary and earlier care relationships. Neither definition, however, offers strategies to achieve such an outcome.

Triseliotis (1991) argues that few would disagree that it is in every child’s best interests to make strenuous efforts to achieve permanency first and foremost within the child’s own family. One of the difficulties is that birth families often fail to receive the level of support that is available once children come into care. Triseliotis (1991) maintains that adoption is one of the best means of achieving permanence but acknowledges that the legitimacy of adoption in the absence of equivalent support for families of origin will continue to be challenged, especially when much of the need for care is generated as a result of extreme poverty and hopelessness. He supports the notion of working in partnership with parents but cautions that such partnerships do “not always stand the strain of different perceptions of what is good for a child and especially as the parents’ power does not match that of the social worker” (Triseliotis, 1991, p. 12). He notes that there are no clear criteria for decision-making.

One difficulty with the emphasis on return home as the most desirable outcome is that repeated attempts to return children to birth parents who are unable to provide adequate care may in itself become a source of instability for children (Hannon et al., 2010; Jackson, 2002; Sinclair, Wilson, & Gibbs, 2005). Sinclair et al. (2005) argue that the

moral imperative to keep children in families or return them means that children and families may only accept long-term care if every effort has been made to enable family care to work. They suggest that there is a need to increase the effectiveness of support in the community and to take decisive action when this is not working. The emergence of shared or supplementary care is one response to this challenge. In this form of care, a foster family may stay involved on an ongoing basis following reunification with birth family, providing respite care and ongoing support for the child and their parents (Sellick, 2006; Sinclair, 2005).

Early studies indicated that a focus on permanency increased the numbers of children for whom this was achieved (Fein & Maluccio, 1984; Katz, 1990; Lahti, 1982; Triseliotis, 1991). Despite this, questions were emerging about whether or not permanency could be conferred by legal orders alone. Fein & Maluccio (1984) questioned what supervision professionals needed as they went about their decision-making, identifying a tension between what is timely for the parents and what works for the child. Lahti (1982), evaluating one of the first permanent placement projects, noted that legal status was not as important as the perception of permanence. A sense of permanence could be imparted to the child in foster care as well as in adoption and equally it may be absent in adoption or situations where children returned home after a period in care. Bush and Goldman (1992) argued that permanency based on the notion of psychological parenting could lead to mechanistic decision-making that may not be in children's best interests. They suggested that the quality of relationships is the most important factor and that psychological parenting cannot be assumed to exist on the basis of time alone. They found that although some children in care wanted stability in their placement they did not want to be adopted. For these children "adoption meant being taken away from parents they still felt attached to and the destruction of the very strong sense of identity they felt with their natural families" (Bush & Goldman, 1992, p. 232). They suggest that some children are able to tolerate a degree of ambiguity in their relationships in order to preserve the tie to birth parents. They stress the importance of a range of options and consultation with children.

More recent studies indicate that permanency does not eventuate in all cases. Most of the research focuses on efforts to secure permanency in care placements but it is also important to pay attention to rates of re-entry to care following return home (Hannon et

al., 2010; Kimberlin, Anthony, & Austin, 2009). Hannon et al. (2010) found evidence that a large proportion of children in care in the United Kingdom experience at least one failed return home. One study found that 16 percent had experienced two failed attempts at return home (Farmer, Sturgess & O'Neill, 2008) and another estimated that between one-third and one-half of children who return home subsequently re-enter care or accommodation (Biehal, 2006). Sinclair et al. (2004) found that 48 percent of children stayed with their families for less than 22 months. Kimberlin et al. (2009) report that estimated rates in the United States vary but most studies show them to be relatively high.

Thoburn and Rowe (1988) reported that 22 percent of permanent care placements disrupted in the 18 months to five years following placement. A significant factor was the age of the child at time of placement with increased risk of disruption for older children. Rushton and Dance (2004) in a prospective study of 133 children aged between five and 11 permanently placed with new families report greater success but disruption still occurred with 92 percent still with families after a year and 71 percent after six years. The rates of disruption in this group were higher for long term foster care (46 percent) than for adoption (Selwyn & Quinton, 2004). Sellick et al., (2004) note that on average one in five placements from care with adoptive parents or permanent foster parents not previously known to the child breaks down within five years of placement. They also note that long-term placements with relatives or friends and short-term placements that become permanent have been found to be more successful for the full range of children than placement with families not previously known to the child.

In Sinclair's (2005) review of 16 studies he notes that although there are very few comparative studies of different forms of long-term care those that have been undertaken suggest that there seems to be little to distinguish stable long-stay foster care and adoption while children were growing up. The major disadvantage with long-term care appears to be the expectation that children will move on between the ages of 16 and 18. Children, once they reached an age where they could express an opinion, had strong views about whether they wanted to be fostered or adopted. Only a minority wanted to be adopted and almost always by their caregivers. These adoptions were found to be even more successful than placement with people not previously known to

the child. The major obstacle was caregiver reluctance to lose financial and other support.

Triseliotis (2002) bases his continuing support for adoption on the evidence that adult outcomes are much more positive for children raised in care who were fortunate enough to secure relative permanence within foster or adoptive homes. He notes that recent studies have shown little difference between the two options for children placed during the pre-school years and suggests that this may be due to the similarity in the circumstances of children in both groups. He argues, however, that there is evidence that children raised in care are less secure than those who are adopted. He cites a Swedish longitudinal study that reports maladjustment rates 2-3 times higher for infants raised in foster care. He argues that there is an inherent anxiety and uncertainty for the child and their carers because lack of legal security means the placement can be terminated at anytime. Furthermore, he suggests that the child may feel that they belong to nobody leading to feelings of unusualness and difference.

Triseliotis (1991) does, however, refer to time limits and the “clean-break” approach as blemishes in the permanency movement’s history, arguing instead for continuing contact with birth family, especially for older children. The notion of open adoption with ongoing contact has increased the range of options but despite this, significant numbers of children remain in foster care. In both the United States and the United Kingdom, adoption placement rates have not been as high as anticipated and many children remain in long-term foster care. This has led to a refocusing of attention on this group.

Kelly (2000b) notes that because public care is socially constructed it is, therefore, “as good as we make it” (p. 15). Like Triseliotis he revisits the value base underpinning decisions but focuses on the role that the concept of a child’s best interests has played:

The welfare test [the child’s best interests] is not an objective test that can be impartially implied. At best it should be a constant reminder to all adults in child welfare services that “children and young people must be at the heart of all we do” (Ryburn, 1993, p. 4). In this sense the welfare test is not prescriptive: it cannot tell us what to do. It is an aspiration, a call to best practice. (Kelly, 2000b, pp. 16-17)

He argues that in shifting from an exclusive to an inclusive approach (Holman, 1980; Palmer, 1996), foster care can be described as underpinned by beliefs in family life for children and young people and the unique experience it can offer; children's continuing relationships with their birth families; partnership with birth parents; a partnership between foster parents and the social service agency; continued post-placement support; and recognition of carers' professional contribution to the community through various payment structures.

In comparing the options of adoption and fostering he notes his surprise that foster care survived given the arguments marshalled against it during the 1970s and 1980s. He attributes its survival to the difficulties associated with adoption:

Even in a system dominated by fears of child abuse and so often unsympathetic to birth families, this often proved a step too far. Long-term foster care that has the potential to provide a substitute family without the traumas of protracted and bitter court proceedings against often disadvantaged and impoverished parents has proved an attractive alternative. (Kelly, 2000b, p. 31)

Barth (1998), commenting from an American perspective, has a different view. He argues that during the 18 years preceding the introduction of the 1997 American Adoption and Safe Families Act, permanency came to mean reunification with family or adoption. He suggests that by the mid-1990s this approach had softened due to concerns about the undervaluing of long-term foster care and closer attention to children's need to maintain links to their biological heritage, including culture and ethnicity. He considers that this softening carries a risk that children's welfare will be compromised and he believes that with the introduction of the 1997 Act there has been an appropriate refocusing on child safety. Barth argues that children's attachment to caregivers and family has been used to justify continuation in marginal placements and urges a refocusing away from a psychological perspective to a more sociological view that incorporates the notion of social benefit. He emphasises the importance of social capital and considers this should be the most important factor when making decisions about children's permanent placements.

There have been a number of developments in response to these challenges. In New Zealand, greater use has been made of guardianship orders to secure permanence but this is also not without difficulties. Ward (2005) came to New Zealand to study the way in which the 1968 Guardianship Act (now replaced by the Care of Children Act 2004) was being used as an alternative means of securing permanency. From his interviews with 20 families (including both kin and non-kin placements), he identified five obstacles that he considered needed to be taken into account if such a provision was to be used in the United Kingdom context. These included fear (and the cost) of future legal challenges, fear of stirring up confrontation with birth families especially in relation to contact, concern about the withdrawal of the buffer provided by agency involvement, reduced economic circumstances and poor social work planning and multiple changes of social worker leading to drift in care.

Special Guardianship has now been introduced in England and Wales to provide permanence in situations where adoption is not appropriate. Wade, Dixon, and Richards (2009) undertook research analysing policy documents, interviewing 38 local authority managers and 10 national welfare and legal agencies, and surveying 81 applicants and their social workers. They also completed case study interviews with 15 special guardians and three of their children. Take up has been highest among kin carers who valued the opportunity to provide a stable and permanent home while keeping the child within the family network. Take-up from non-kin carers has been low (13 percent) due largely to concerns about financial uncertainty, the potential loss of social work support, and the potential difficulty of managing relationships with birth family. They found considerable variation in the amount of financial support provided and argue that such placements are more likely to be successful if they are adequately resourced and caregivers are supported to deliver the care that children need.

Another development has been the introduction of concurrent planning to ensure that other options are explored in the event of family reunification not happening. Tilbury and Osmond (2006) note that this has not been evaluated and suggest that there is a risk that such planning will undermine reunification efforts if agencies lack the resources to work intensively with families. In England and Wales independent review officers have been appointed to ensure that external review of Care Plans takes place. Formulation of contingency plans is a requirement when parents are unlikely to sustain necessary

changes. In these situations, concurrent planning is required to ensure that the child is placed with a foster family who is willing to support birth parents. If, however, the birth parents don't meet the objectives of their rehabilitation plan, the foster parents are approved to be the child's adoptive parents (Harnott & Humphreys, 2004). This approach was evaluated in a project during which 27 children under five years of age were placed over a three-year period. Wigfall, Monk, and Reynolds (2006) note that there was some resistance from social workers because it was perceived to be a back-door approach to adoption and questions were asked about whether the time scales would give birth parents a fair chance. Social workers also anticipated difficulties recruiting foster parents because they would have a vested interest in the outcome that might get in the way of working with birth families.

The emphasis seems to be moving away from the mechanisms by which permanence is achieved to a focus on providing a secure base for children in care by the most appropriate means for their particular circumstances (Biehal et al., 2009; Hannon et al., 2010; Sellick, 2006; Sinclair, 2005, Triseliotis, 2002). Emphasis is placed on the provision of support for all types of placement, including kin placements, and ensuring coherence between what happens in foster care and what happens after it (Hannon et al., 2010; Sinclair, 2005). It is these issues that will provide the focus for the remainder of this section.

Contact with birth family

It is clear from the preceding discussion that children in foster care must negotiate complex sets of relationships. For instance, they must manage loyalties divided between the people with whom they live, and who are their current source of care and protection, and their birth families, for whom they may have strong but ambivalent feelings. This is particularly so for children who have spent significant amounts of time in the care of their family. All children have to manage a situation in which they are members of two (or more) families and contact is the point at which the two worlds overlap (Beek & Schofield, 2004). Research has generally shown that children want to continue contact with birth families, and some never give up hoping that they can return to live with them (Wilson & Sinclair, 2004). It has generally been accepted that contact is of value for children because "it holds the potential to assist children in managing their dual identities and to develop or sustain positive relationships with their relatives, built on

realistic understandings and appreciation of their strengths and difficulties” (Beek & Schofield, 2004, p. 124).

Contact occurs in most cases and there are wide variations in the frequency of this. There has been a tendency for contact to reduce the longer a child remains in care (Kelly, 2000a; Milham et al., 1986; Selwyn, 2004) although Barber and Delfabbro (2004) found no evidence of this. Current legislation in New Zealand places considerable emphasis on maintaining links with birth family. This can lead to an uncritical acceptance of its value that is not without its difficulties:

Contact can involve difficult transitions, the arousal of painful memories and feelings and the exploration of relationships that have been destructive in the past. It can also have a positive or negative impact on the child’s sense of permanence in the foster family. (Beek & Schofield, 2004, p. 124)

Four parties are involved in contact arrangements – the child, the birth family, the foster parents (or kin carers) and the social worker. In addition, when there is conflict about contact there is likely to be a lawyer for the child, parents’ lawyers, a Family Court Judge and in some cases, a person or agency supervising the access and/or providing transport. Each of the parties has their own subjective view of the value of contact, the frequency with which it should occur and the impact upon the child. Power is not evenly distributed among these different parties and there is considerable potential for conflicts of interest. To some extent this has been resolved by applying practice wisdom linked to the purpose of the placement. Weekly or more frequent contact is advocated when the plan is to return a child home and monthly contact or less is generally considered appropriate for children in permanent placements. This has been called into question by the evidence emerging from international research.

Poulin (1985), finding that research on long-term foster care, natural family attachment and loyalty conflict was inconclusive, set out to examine the effect of continued family involvement on adjustment to foster care for children who had been in care more than two years with a goal of remaining in care. He found that the strongest predictor of loyalty conflict was the strength of the children’s psychological attachment to their birth family and that those children who had difficulty with the separation from their family had greatest difficulty adjusting to long-term care. He also found that higher frequency of

visiting was associated with loyalty conflict. Those children with strongest attachment to their foster family experienced less loyalty conflict. At first glance this appears to support the limitation or termination of family contact and Poulin (1985, p. 26) notes, "this finding suggests that foster children tend to have a primary attachment to one family, either the foster family or their natural family". He does however, sound a note of caution. The length of time in care had no bearing on loyalty conflict and he found that for children whose strongest attachment was to their birth family visiting strengthened this, increasing the loyalty conflict and making their continued separation more difficult to bear. This raises the question of whether separation was in the child's best interests or whether it would have been preferable to work intensively with the birth family to increase their ability to care for their children.

Milham et al.'s (1986) research scrutinising 450 children entering care in five English local authorities over a two year period, provides insight into parents' experience of losing children to the care system and the significance of links for children and their families. They found that these links have symbolic and power dimensions that are little considered in social work planning. While acknowledging the complexity and difficulty involved in maintaining links they identify the lack of priority given to this by social workers as a major barrier. They argue that maintenance of links is important because although parents and families may be unsuitable on many criteria, the difficulty of ensuring stable alternative care placements means that these may be the only enduring relationships children have. They found that parents felt "frozen out by the care process" and were "expected to be passive bystanders with little to contribute to the wellbeing of their children" (Milham et al., 1986, p. 121). Despite the barriers, Milham et al. found that the majority of parents and children did manage to remain in contact and they suggest that this "says something for the resilience of the blood-tie, that in such unpropitious circumstances, links are maintained between family and the absent child" (Milham et al., 1986, p. 228). They conclude that social workers can enhance an absent child's sense of belonging by questioning decisions, insisting on appropriate placements and giving parental links high priority.

Barber and Delfabbro (2004) found that children coming into care for the first time, who were in direct contact with birth parents after two years displayed significantly poorer adjustment. They recommend further research and conclude that "what is clear,

however, is that it would be unwise to adopt a blanket policy of promoting parental contact under the assumption that this will promote child wellbeing and compensate for family separation” (Barber & Delfabbro, 2004, p. 206). McAuley’s (2004) findings support this. For children in the most troubled group, contact had led to further negative experiences with birth family and feelings of rejection, whereas for the less troubled group, contact had been positive, supported by the foster family and appeared to have enhanced their sense of security.

One group for whom contact may be particularly beneficial are children of ethnic minorities. Thoburn (2004), reporting on a longitudinal study of 297 children of minority ethnic origin placed from care with permanent substitute families, found that:

There was some evidence that contact with birth family members could contribute to a more positive sense of ethnic and cultural identity and pride in belonging to a particular ethnic group. This was especially the case when children were placed with a family of different ethnic or cultural background. Even for children of mixed heritage who only had contact with a white birth mother, the ability to ask questions about the other part of their heritage was important. (Thoburn, 2004, p. 198)

In their longitudinal study, Beek and Schofield (2004) found that some form of contact remained in place for all of the children over the course of the study. The majority of the children had been placed in care in mid-childhood and had spent at least five years with their birth family. There were high levels of abuse and neglect with 81 percent having experienced three or more forms of maltreatment. The birth parents were described as being “in the main a troubled group” (p. 125) with 76 percent having difficulties in two or more areas. The sample could be divided into three broad groups: those for whom contact was promoting security and the risks were managed; those for whom contact raised anxiety and the risks were only partially managed; and those for whom contact was actively harmful and the risks were poorly managed.

Contact worked best when there was some overlap between the child’s two families. In some cases, foster parents accompanied children to access and in all cases the carers were supportive of access. Potential difficulties and complex feelings were anticipated, acknowledged and dealt with as they arose. In these situations, the foster family became the secure base, which allowed children to manage any issues arising from

contact. In the second group, foster carers had little involvement with contact arrangements and had little sense of what was actually happening during visits. The carers tried to be sensitive to the child's needs and to promote a sense of belonging in both families but could not help feeling uncertain and sometimes anxious about contact. In some cases they did not feel that they had the right to ask questions or to act to protect the child when difficulties arose. In the third group, the children were having unsupervised access in which they were "exposed to relationships that were manifestly causing them stress or potential harm" (Beek & Schofield, 2004, p. 134).

Beek and Schofield (2004) conclude that contact is rarely straightforward and will always require a careful balancing of risk and protective factors unique to each case. Selwyn (2004), reporting on another longitudinal study involving 130 children for whom adoption was considered to be in their best interests, found that there seemed to be an assumption by social workers that contact would be good for the child despite the fact that abuse occurred during visits for 21 percent of the sample. She reached a similar conclusion emphasising the importance of assessment and noting that, too often, contact plans were made without any assessment of risks to the child, of the relationships within the family and of the ability of the non-abusing family member to protect the child.

Leathers' (2003) research with 199 children reached similar conclusions to those of Poulin (1985) and Milham et al. (1986). She notes that although frequency of parental visiting is not directly related to the emotional and behavioural problems of children in care, those children experiencing loyalty conflicts were in the most difficulty. She cautions against a uniform policy regarding termination or continuation of parental contact because of the potential for positive and negative effects. Leathers concluded that if these findings were replicated in other studies, interventions specifically designed to assist children with the complicated issues arising from having two set of parents should be developed.

Undertaking longitudinal research with 59 children over two years, Fernandez (2007) found that children wanted to belong emotionally to foster and birth families in significant ways. Their sense of permanence incorporated the link with birth families. She notes the importance of supporting foster parents in their dual task of building strong

attachments with their foster children while at the same time responding to their need for continuing connection with birth families.

Traumatised children have been identified as one group for whom careful consideration needs to be given to risk factors associated with contact. Howe and Steele (2004) maintain that children who have disorganised attachment are likely to be retraumatised by contact with adults who abused them. Such contact can undermine any opportunity to rework mental representations of relationship experiences and achieve security in their new placement. They recommend cessation of contact in the short- and in some cases medium-term, and argue that contact should only be resumed when children have achieved a degree of security and the ability to deal with the emotional arousal that contact will trigger.

In New Zealand, some practitioners have made a strong case for restriction or termination of contact. Derrick (2004) advocates strongly for the child's right to permanent placement in situations where family preservation is not an option. She notes parents' difficulty accepting the decision to place children permanently with strangers and identifies that this can lead them to undermine the child's placement during access. In these cases, she argues that access arrangements must be determined with the child's best interests in mind and that the purpose is to maintain a connection rather than build a relationship. On this basis, she cites Barnardos Australia's recommendation that two visits per year for preschoolers and four visits per year for school age children are adequate for these purposes. She suggests that foster parents should supervise access and that visits should take place in neutral territory. If the biological parents or extended family are unable or unwilling to act in the child's best interests she stipulates that contact should be terminated. This position is justified on the basis of anecdotal evidence accumulated by the Permanent Placement Unit since its inception in 1981 that one hour per month is more frequent than is in the child's best interests.

Mossman (2005) supports this view citing a number of criteria for terminating contact including when there is a restraining order; abuse or neglect of the child during contact; the child not wanting contact; a threat of violence to the child; ongoing obnoxious adult behaviour affecting the child's stability and security; undermining of the placement; a

lack of reliability and regularity about visits that repeatedly inflicts a sense of rejection on the child; inability to work with others toward the casework permanency goal; and repeated violations of the terms of contract. This list highlights the complexities of contact and serves as a warning against simplistic acceptance that contact is always in a child's best interests.

Bromfield and Osborn (2007) note that although contact is positively associated with reunification there are advantages and disadvantages and that it is unlikely that a single rule will serve the best interests of all children. Wilson et al., (2004) argue that while the moral case for contact remains unimpaired there is now doubt that it produces the outcomes claimed for it. They conclude that it is more problematic than previously thought and describe it as an area for thoughtful proactive social work and professional discretion. Selwyn (2004) emphasises that contact alone is not going to promote good outcomes for children. She stresses the dynamic and evolving nature of contact and the need to manage this over time, highlighting the opportunities presented to continue working on issues and the role of the social worker in that:

The role of the social worker, once a thorough assessment has been completed and concluded that contact should continue, is to facilitate this work by ensuring that arrangements are made which are feasible, safe and supported by all parties. This requires experience, skill and time. We now need to move beyond generalisations of whether contact is harmful or beneficial, and to consider for which children in which circumstance or by which means, contact should be promoted or ended. (Selwyn, 2004, p. 162)

Sinclair (2005), in his summary of findings from 16 studies, acknowledges that although children and their birth families generally value contact, there is evidence that contact can be harmful in some cases. He notes that in cases where there was strong evidence that the child had been abused prior to placement, prohibitions on contact were associated with better outcomes. He recommends a proactive approach to contact, based on a thorough assessment of potential benefits and risks, that specifies the purpose, frequency, who should be involved and venue. He also states that contact arrangements need to be reviewed over time. Bostock (2008) echoes these comments but also notes the importance of valuing foster parents' views because they are the ones who help the child make sense of their family structure.

The preceding discussion of outcomes, permanence, and the role of contact with birth family makes it clear that providing care is very challenging for both kin and non-kin caregivers who are the key players in determining the quality of children's care experiences. In the following discussion, issues related to the recruitment, training and support of caregivers are explored.

Recruitment, training and support of caregivers

Kin and non-kin carers are the major providers of service for children in care. They open their homes and hearts to children, many of whom, as we have already seen, come with significant challenges. They are the key to a good care experience and in this section, the focus is on factors that impact on their ability to provide this experience.

Recruitment

Recruitment of a sufficiently large pool of caregivers to enable matching of children and caregivers has been identified as a significant factor in meeting children's needs (Sellick, 2006; Sinclair, 2005; Bromfield & Osborn, 2007). Wilson et al. (2004) note that research on matching is equivocal and that there is no evidence that placements matched by ethnicity do better than those that are not. Harnott and Humphreys (2004), however, stress the importance of matching when making permanent placements. They stipulate that this should be based on a multi-agency assessment of the child's needs including health; education; emotional and behavioural development; family and social relationships; attachment history and capacity to make new attachments; quality of attachment to current carer; capacity of current carer to help the child attach to a new family; contact needs; social presentation; self-care skills; accommodation and locality; and any other needs specific to the child. Research indicates that both the child and carer contribute to the outcome of any placement (Sinclair & Wilson, 2003). Each may bring out the worst in each other or the best in each other and in the end, the outcome depends on the relationship that develops (Sinclair, 2005). The Commission for Social Care Inspection (2006) note the importance of improving matching of children with carers and suggest that fostering agencies could do more to facilitate the success of placements by ensuring that children and carers have time to get to know one another and to decide if the placement is right for them.

As noted in the discussion of outcomes, rushed placements have a higher risk of breakdown. Given that many children enter care in emergency situations, a pool of short-term caregivers is essential to ensure the availability of skilled caregivers who can cope with this challenge and support children through the first six to 12 months of placement when planned moves back to family, to kin care or to non-kin care are likely (Wilson et al., 2004). A pool of pre-approved caregivers willing to commit to long-term placements is also necessary to facilitate appropriate matching and planned transition for those children needing non-kin permanent placement. Chipman et al. (2002) note that unplanned placements with kin raise safety issues and may create problems for the caregivers' household. Wherever possible, they suggest that families should be prepared by involving them in case planning with the child and the birth family prior to placement being made. Having a pool of short-term caregivers creates the opportunity to complete detailed assessments, to search for kin, and if necessary, locate suitable non-kin caregivers.

Sellick et al. (2004) note that there is a lack of research into the effectiveness of strategies for recruiting and retaining caregivers. They argue that there are specific required characteristics for foster carers (discussed below) and that recruitment messages that emphasise these characteristics may be more likely to attract people with the capabilities to become foster carers. They also recommend that these messages need to be accompanied by clear information about the available package of training, remuneration and support.

Obstacles to recruitment identified by carers include lack of awareness of the need; fear of not measuring up to expectations; lack of confidence in their ability to parent someone else's child; poor image of foster children; and distrust of social workers and their ability to tell the truth about fostering or deliver promised services (Sinclair, 2005). Sellick (2006) notes that successful recruitment is associated with targeting particular neighbourhoods or people (such as older women), and adopting a business-like approach. One group of researchers suggests that successful recruitment is based on good knowledge of the area; positive image of foster care in the area; close work with experienced caregivers; a well-organised system of responding to enquiries; ensuring involvement of social workers and managers; use of the local media and steady and

sustained promotion. A consistent theme from the research is that good messages to facilitate recruitment need to be backed up by an efficient system (Sinclair, 2005). This is particularly important given that one of most effective strategies is word-of-mouth using current and experienced caregivers (Bostock, 2004; Bromfield & Osborn, 2007).

Kin caregivers are most likely to be recruited if they are involved from the beginning (Sinclair, 2005). Their motivation to offer care may be very different from those offering non-kin placements and they may already have extensive involvement with the child (Brown et al., 2002; Kang, 2007). Conversely, one of the obstacles to recruitment may be that they do not know that the child is in need of care and there is evidence of considerable variation in the extent to which social workers proactively seek out kin (Sinclair, 2005). Farmer and Moyers (2008) found that kin were not considered for over half of the children in their study and that most kin placements were made when relatives or friends put themselves forward.

Bromfield and Osborn (2007) found in their review of Australian research that cultural factors both aided and were a barrier to recruitment of indigenous carers. There was a commitment to community that facilitated recruitment but higher incidences of poverty, criminal convictions, and mental health issues within these communities were barriers to recruitment. They note that past practices of forced removal of indigenous children were another barrier but in some cases this facilitated recruitment by serving as a motivating factor. Although there has been no research of this type undertaken in New Zealand, it is likely that similar factors come into play here. The Ministerial Advisory Committee (1988) reported high levels of motivation among Māori to care for their own due to previous negative experiences of children becoming lost in the care system.

Selection

Considerable research attention has been focused on foster parent attributes that contribute to good outcomes and it has been found those who are more successful care in a distinctive way. In summarising findings from sixteen studies, Sinclair (2005) reports that placements were less likely to disrupt when foster parents were rated as authoritative, took part in enjoyable activities with foster children and were able to

respond to children and young people at their emotional level rather than their chronological age. Other factors contributing to successful outcomes include the ability to handle attachment appropriately, to reinforce self-esteem and identity, and to handle difficult behaviour appropriately. In one study the carers in the most successful placements concentrated on relationships and flexible problem solving and another study suggested that the capacity to combine clear limits with empathy and reassurance that the child was not going to be rejected was necessary. Unresponsive caregivers, particularly those whose parenting tended to be aggressive or otherwise inappropriate, were more likely than others to have placements that were rated as unstable and children whose behaviour deteriorated.

Wilson et al. (2004) note that foster parents who are responsive, child-oriented, warm, firm, clear, understanding and not easily put out are likely to achieve better than expected outcomes. Fernandez (2009) reports that a responsive parenting style, warmth and non-aggressive discipline were important aspects of effective foster parenting. Foster parents in one study identified eight themes associated with successful placement and four of these related to caregiver characteristics and circumstances. Personality and skills considered important included kindness; love and commitment; trust; being open-minded and flexible; having a sense of humour; being prepared for challenges; and knowing your own limitations. In addition, having a supportive extended family and networking with other foster families were identified as significant contributors to success. The capacity for self-care was also noted (Brown, 2008). There was strong agreement from foster parents in another study that deep concern or love for children, faith and church support, and being open-minded were important (Buehler, Cox, & Cuddeback, 2003).

Buehler, Rhodes, Orme, and Cuddeback (2006) note that foster parents are likely to be held to a higher standard than ordinary parents and identify three elements of successful fostering: children's needs are met and growth is promoted; permanency is actualised without unplanned changes; and foster parents adequately manage the challenges so that psychological wellbeing of foster family members and quality of relationships is not diminished. They recommend that agencies use competency domains as the basis for assessment and support. They identify a number of domains and within each set minimum and desirable standards:

- Providing a safe and secure environment
- Providing a nurturing care environment
- Promoting educational attainment and success
- Meeting physical and mental health care needs
- Promoting social and emotional development
- Valuing diversity and support child's cultural needs
- Supporting permanency plans
- Managing ambiguity and loss for the foster child and family
- Growing as a foster parent – skill development and role clarification
- Managing the demands of fostering on personal and familial wellbeing
- Supporting relationships between children and their families
- Working as a team member.

In one study looking at the placement of adolescents, caregiver strain emerged as a significant factor impacting on outcomes. Providing care brings its own stresses and these were identified as fear of allegations, providing safe caring, and the experience of hostility or criticism (neighbours were a major source). In addition, specific child difficulties that impacted on the family and contact difficulties contributed extra strain in some cases. It was found that when foster parents had experienced high levels of stress in the six months prior to placement this had an adverse impact on outcomes. They were found to be less likely to like the young person; had lower levels of sensitive parenting; were less able to meet the young person at their emotional level; had reduced commitment; made less effort to make the young person part of the family; had reduced day-to-day functioning; and fewer young people showed improved wellbeing. All of this contributed to higher disruption rates leading the researchers to conclude that carer strain needs to be taken in to account when assessing and making placements (Farmer, Lipscombe, & Moyers, 2005).

In most countries, financial support is dependent on going through an approval process. While this is the only pathway for non-kin carers the situation is not so clear-cut for kin carers and in some cases they are denied financial support because they refuse to go

through the process (Chipman et al., 2002; Farmer & Moyers, 2008). Although there is widespread acknowledgement of the need for an approval process to ensure child safety, questions have been raised about the appropriateness of following the same process as that required of non-kin caregivers. In particular, concerns have been raised that restrictions in relation to prior criminal convictions may be a barrier (Bromfield & Osborn, 2007; Chipman et al., 2002). Brown et al. (2002) note that social work perceptions of normal family life may also be a barrier. They argue that African American families providing kin care rarely conform to the nuclear family model and may involve other members of the extended family. In many cases, children in their study had previous experience of informal placement with the kin carer prior to agency involvement. They express concern that such families may not be considered suitable and that the protective role extended family play may be overlooked. Given the characteristics of kin carers noted earlier, there is widespread acknowledgement that offering increased support may be a more appropriate way to address concerns about kin carers ability to provide adequate care rather than reliance on rigid and inflexible selection criteria (Brown et al., 2002; Chipman et al., 2002; Farmer & Moyers, 2008; Sinclair, 2005; Winokur et al., 2009).

Taking account of foster parent and researcher perspectives, it is clear that caregiving is a demanding and specialised undertaking. Given the widely reported difficulties recruiting sufficient numbers to meet demand, there is likely to be considerable risk of less than rigorous assessment. This risk is increased by the fact that foster parenting is largely a voluntary activity with costs covered but no financial payment for the service provided.

I turn now to a consideration of what factors determine whether foster parents continue to open their homes to children and young people.

Retention

Across three literature reviews and one large study (Bromfield & Osborn, 2007; Sinclair, 2005; Wilson et al., 2004; Zinn et al., 2006), consistent themes emerge in relation to the reasons foster parents give up:

- Lack of support
- Changes in family situation, e.g. getting older, health, needing to take paid employment outside the home
- Adverse impact of fostering on own family
- Distressing events including allegations, disputes with the agency, stressful incidents with birth families and placement breakdowns.

Factors associated with retention include:

- Frequent contact with social workers
- Improved reimbursement packages
- Training and the opportunity for supportive contact with other carers
- Increased recognition and involvement in decision-making
- Better information about the child
- Guaranteed respite care
- Availability of out-of-hours telephone help lines
- Easy access to specialist help and advice.
(Bostock, 2004; Bromfield & Osborn, 2007; Fisher et al., 2000; Sinclair, 2005; Wilson et al., 2004)

In the next section, the support needs of caregivers are outlined in more detail because this is identified as critical to achieving good outcomes for children and young people in care and covers a number of related issues.

Support

Research has identified a number of different dimensions of support that impact on the quality of care provided. These include:

- Provision of financial support
- The information provided at the time of placement
- The quality of the relationship between carer and social worker

- Involvement in decision-making
- Access to support in crisis situations
- Access to support for the children in their care.

Financial support

There is considerable debate about the provision of financial payment for carers. As noted above, enhanced reimbursement packages have been identified as an important factor in retention. Given the demanding nature of the caring role, it is important to remember that financial support has an emotional component because it is symbolic of the perceived value of the work being done (O'Neill, 2006). Financial difficulty is also a major source of stress and if caregivers are struggling this may adversely impact on the quality of care. This may be particularly so for kin carers and many cite lack of financial support as one of the key differences between kinship care and regular care (Chipman et al., 2002; Farmer & Moyers, 2008; Higgins, Bromfield, Higgins, & Richardson, 2006; Worrall, 1997).

Information

Lack of information about the child is a major source of dissatisfaction for caregivers. Sinclair (2005) reports that many have experienced confusion about the reasons children are in care, the length of time the child will be with them and the purpose of the placement. In one study, four out of 10 carers had not been told that the child they were caring for had been sexually abused. Sinclair recommends that at the very least carers need information on education, health, behaviour, any history of abuse and/or abusing behaviour, likely duration of the placement, expected relationships with the child's family, child's preferences for food and television, child's routines, and any particular things that are important to the child. He also notes that care should be taken about the way in which this information is presented. Wilson et al. (2004) note that one study found that placements disrupted more often when inadequate information was provided or social workers had not been open about the extent of the young person's difficulties. They note that carers could cope with very difficult behaviour provided they knew what they were taking on, the difficulties were not downplayed, and social workers responded to their requests for help.

Relationship with social workers

Fisher, Gibbs, Sinclair, and Wilson (2000) distributed general questionnaires to 944 participants, followed up by 487 specific questionnaires focusing on foster carer expectations of social workers. A number of themes emerged and in their conclusion good social workers were described as those showing an interest in how carers are managing; easy to contact and responsive; doing what they say they are going to do; prepared to listen and offer encouragement; take account of the family's needs and circumstances; keep them informed and included in planning; ensure that payments, complaints and any other matters are processed as soon as possible; and attending to the child's interests and needs, involving carers where appropriate.

Over and above these general qualities, foster carers said that social workers needed to be able to handle the difficult experiences which are a common part of fostering. They felt they should demonstrate the following abilities:

- To treat disrupted placements seriously and with care
- To take seriously and engage with carers who are struggling to manage a child or their parents/extended family
- To resist the tendency toward splitting when allegations are made
- To get relevant parties together and face this issue squarely.

(Fisher et al., 2000)

The social worker is the caregivers' point of contact with the agency and as such has an enormous amount of power. This can be a barrier to seeking support, especially if caregivers fear they may lose the child if they disclose difficulties (Sinclair, 2005). Furthermore, Sinclair (2005) notes that many caregivers report that social workers are difficult to contact. In one study, caregivers provided numerous examples of poor social work, difficulties with communication and consultation, and inconsistent case management practices (Barber & Delfabbro, 2004).

Caregivers want social workers "who listen; understand their position; are warm; are prompt, practical and efficient; are straight – not saying one thing and doing another – and are reliable, answering telephone calls and coming when they say they will" (Sinclair, 2005, p. 117). Caregivers also want social workers to treat them as important

partners in a shared endeavour (Bostock, 2004; Wilson et al., 2004). Farmer et al. (2005) note that improvement in the routine service provided by social workers is a major challenge for policy makers and providers who seek to reduce the strain of looking after some of our most difficult and disadvantaged young people.

Kin caregivers have also identified a need for support from children's social workers, particularly in the areas of dealing with intergenerational issues and the special needs of the children in their care (Chipman et al., 2002). In a similar vein, Higgins et al. (2006) report that both indigenous and non-indigenous carers of indigenous children placed high value on support from social workers.

Sinclair (2005) notes that all relevant studies show that link or fostering social workers (similar role to caregiver social workers in this country) are highly valued, more so than the child's social worker, especially if they are working from specialised teams. Given the potential for conflict between the child's social worker and the link worker, joint training to increase understanding and promote constructive conflict resolution is recommended.

Involvement in decision-making

Carers want social workers to treat them as trusted partners in a shared endeavour (Wilson et al., 2004). They want to be treated with respect, have their views listened to, and be treated as partners in a professional relationship rather than inferior workers (Bostock, 2004; Fisher et al., 2000). Brown (2008) found that the relationship with the fostering agency was one of eight themes that foster parents believed contributed to success. They wanted to be treated with respect and involved in decision-making at time of placement and in later case planning. Bromfield and Osborn, 2007 suggest that carer retention may be improved by increased recognition and involvement, including input into decision-making. Although this is closely linked to the quality of the relationship with the social worker, it is clear that caregivers want a two-way relationship. They do not want to just receive information and support from social workers, they also want to provide input into case planning and decision-making.

Access to support in crisis situations

Foster parents identify support “when the going gets tough” as crucial (Fisher et al., 2000). Placement breakdown, children with challenging behaviour, resentful or abusive birth parents and allegations of abuse were identified as times when social work support was needed. Bromfield and Osborn (2007) report that carers felt vulnerable to allegations of abuse and intimidation, threats, violence and damage to property by foster children. Sinclair (2005) notes that perceptions of lack of support go with negative spirals and he suggests that specific high-quality interventions need to be developed to prevent these spirals. It is likely that these spirals precede many placement breakdowns and effective action to change negative dynamics is clearly in the best interests of both the children and the caregivers. A key element in the provision of support for caregivers is access to responsive out-of-hours services (Bostock, 2004; Sinclair, 2005).

Access to specialist support for caregivers and the children in their care

Fernandez (2009) recommends comprehensive plans for placement support including specialist assessments, access to treatment services and stress management. Zinn et al. (2006) found in their study of placement instability that several findings suggest that foster family interventions may be particularly effective in enhancing the stability of foster home placements, including access to family focused services. Although not commonly regarded as a specialist service, access to respite care was highly valued by some foster parents (Bostock, 2004; Zinn et al., 2006).

Worrall (2005) provides an example of support, targeting one of the most difficult aspects of care – allegations of abuse or other inappropriate behaviour made against caregivers. A pilot project involving a partnership between Child, Youth and Family and the New Zealand Family Foster Care Federation provided for the support of caregivers facing allegations. The evaluation demonstrated that caregivers in this situation suffer emotional trauma that affects the whole family unit. They felt isolated and judged guilty before the outcome of the investigation was known. The support given was described as at least useful and at best life-saving. Despite the partnership, most caregivers were self-referred and it was recommended that the pilot be continued and expanded with orientation for all Child, Youth and Family social workers. Given the high association between allegations and foster parents deciding not to continue, noted earlier, this would appear to be a good example of specialist support targeting a known stressor.

Foster carers assess social workers partly in terms of the work they do with foster children (Wilson et al., 2004) and appreciate social workers who engage with children (Fisher et al., 2000; Higgins et al., 2006). The foster parents in Brown's (2008) research identified access to education and mental health supports for children as one of three aspects of community support. Caseworkers recommend a mix of services to help prevent placement instability including access to mental health services and developmental disability support (Zinn et al., 2006). Buehler et al. (2006, p. 550) note that high expectations are placed on foster parents because of children's needs:

Although this article is focused on foster parents, the idea that it takes a village to raise a child is especially true for foster children, and successful family foster care involves more than just competent foster families. Foster parents and families cannot be expected to completely alleviate problems experienced by many foster children who have been chronically maltreated. Supports need to be commensurate with expectations, and expectations should not be unduly unrealistic.

Training

The need for caregivers to be trained is widely acknowledged. The foster parents in Brown's (2008) study included training and support as a key element in community support. Buehler et al. (2006) include "growing as a foster parent – skill development and role clarification" in their list of desired competencies. They suggested a minimum level be foster parent recognition of the need, and willingness to receive additional training. The desired level is an expressed enthusiasm for increased competency and additional training to increase competencies in particular domains. Findings from research attempting to evaluate effectiveness has, however, been inconclusive and there is need for additional research to differentiate between types of training and evaluate the content, process and outcomes (Sellick et al., 2004; Sinclair, 2005).

Pithouse and Lowe (2005) note that training does not always have the desired impact and suggest that it needs to be tailored to the range of emotional and practical supports required. In particular they identify the importance of foster parents being able to teach life skills and approach intimate aspects of children and young people's development.

Allen and Vostanis (2005) provide an example of training designed to address one of the key issues identified as important in ensuring placement stability. In their evaluation of a

seven-week programme providing attachment theory based training for foster parents and supervising social workers, they found that attachment theory provided a valuable model to help carers understand and respond to the complex difficulties presented by children with a history of abuse and trauma. Both foster carers and supervising social workers reflected on how the training had changed their practice and the quality of care provided. They also indicated, however, that further support was needed to apply these strategies on a day-to-day basis to ensure changes were sustained.

Child and youth related factors

In this section, the focus shifts to research that looks beyond the immediate care offered by kin and non-kin carers to consider the other aspects of children's lives that have a bearing on outcomes for children and young people in care. The implications of research on resilience for children and young people in care are considered, including a discussion of the cultural dimension of resilience. The role of assessment and access to education and health services are then discussed. The importance of managing transitions within care and out of care is outlined before concluding with a discussion of children's participation in decision-making.

Promoting resilience in children and young people in care

With the recognition that multiple variables contribute to outcomes for children and young people in care has come increased attention to factors that promote resilience. Research on resilience clearly demonstrates that outcomes depend on the interaction of risk and protective factors and that the higher the number of cumulative risks, the more likely adverse outcomes become (Boyden & Mann, 2005; Fraser, 2004; O'Dougherty Wright & Masten, 2006). It is possible for children to end up on negative developmental pathways and, depending on age and length of exposure to adversity, children in care are particularly vulnerable (Aldgate, 2006).

As discussed earlier, children and young people entering care come from high-risk environments exposing them to multiple threats and their access to protective factors is likely to have been constrained by the circumstances that resulted in their coming into care (Aldgate, 2006). Their heightened vulnerability has two related sources: their experiences prior to coming into care, and their experience in care. Many children will

experience more than one placement and there is evidence that vulnerability increases exponentially with the number of placements (Connell, Vanderploeg, et al., 2006).

Resilience arises from everyday experiences and simply placing a child or young person in care is not sufficient to ensure positive development. Likewise, permanence does not guarantee the reversal of the effects of early exposure to adversity (Sellick et al., 2004). Gilligan (1997) questions the wisdom of using permanence as a guiding paradigm given that it is so frequently not attained. He also argues that it addresses only one aspect of the child's life and downplays the role of the child as an actor in his/her own life. Given the overwhelming evidence of negative outcomes for children in care, Gilligan argues for consideration of what makes a difference for those children who achieve positive outcomes. He suggests that instead of simply focusing on achieving permanence, greater attention be given to fostering resilience.

Gilligan (1997) identifies the three building blocks of resilience as being a secure base, self-esteem, and a sense of self-efficacy. In his discussion of the secure base he points out that you can "take the child out of the family but you cannot take the family out of the child" (p. 16). He argues for the continuing involvement of family and promotion of the idea that the child is "cared about even if not cared for" (p. 16). In adolescence he suggests that this notion may be fostered through a network of social support based on social, recreational and professional relationships, especially important for young people leaving care without a secure base.

Secure harmonious relationships and success in accomplishing tasks are identified as the two key factors in the attainment of self-esteem. Neither relationships nor task accomplishment are confined to the immediate living environment, and positive experiences at school and in the wider community are equally important. Gilligan also identifies the importance of actively fostering interests and talents through involvement in sport, music, hobbies or cultural pursuits. Self-efficacy develops from the successful performance of relevant tasks and observing others achieving this. Key elements are the ability to problem-solve, the development of coping skills and strategies, and the promotion of pro-social qualities in the young person. Young people in care need to be provided with opportunities to learn and practice these skills in supportive environments.

Social networks are an effective means of ensuring that a range of opportunities is presented (Gilligan, 2000).

Daniel, Wassell, and Gilligan (1999) developed a pilot project exploring the feasibility of putting resilience concepts into action when planning for children and young people in care. Six domains were identified as important: secure base; education; friendships; talents and interests; positive values; and social competencies. The aims of the project were not met in full, but social workers who participated noted that taking part in the workshops changed the way in which they looked at some of their cases. The greatest obstacle to implementation was the time to engage in direct work with children and young people. Daniel et al. report that many of the participants regarded the approach as “common sense” and they argue that:

Resilience theory has potential as a coherent framework to encompass much of what workers and carers instinctively aim to achieve anyway and could therefore validate practice by offering a sound theoretical basis for purposeful interventions. (Daniel et al., 1999, p. 14)

Schofield (2001) provides further evidence of the relevance of such an approach. In a study of forty adults aged 18 to 30 who grew up in care she found that good outcomes were achieved for some of the participants in her study, despite more than one placement. She argues that while this is not consistent with the traditional emphasis on the significance of secure attachment from infancy, it is consistent with Bowlby's (1969) premise that providing a secure base supports the child's capacity to explore, regulate feelings, and move into subsequent relationships. Schofield (2001) found that participants in her study had been able to take different things from each placement and that with the wisdom of hindsight they could understand why some placements had not survived. Continuing post-placement contact with foster parents into adulthood was another significant factor in achieving positive outcomes. Like Gilligan, she argues that placements need to build internal sources of resilience through offering a secure base and she stresses that the key is the quality of relationships, maintaining that the impact on adult outcomes of each caregiving environment may not always be dictated by length of time, legal status or age at which secure placement is found.

A key factor in building these inner resources for children and young people who have experienced disruption is access to a coherent account of their lives. Life Story Books is one technique that has been developed to address this issue (Usher, 1993). Some shortcomings with this approach have, however, been identified. Nicholls (2003) stresses that Life Story work is a process and needs to be ongoing to ensure that it captures the richness of the child's experience and does not solely focus on their identity as a child in care. Involvement of birth families, where possible, is recommended to ensure that the Life Story encompasses all of the child's life not just their experience after coming into care. Nicholls suggests that the work include a family history book, preservation of children's memories through the use of memory boxes and memory books, and use of workbooks to assist children in preparing for transitions. Williams (2007) describes Life Story work undertaken by foster parents with young children. Tangible reminders of significant events such as souvenirs for events and trips, hospital bracelets, first lost tooth and a lock of hair from the first haircut are kept in appropriately labelled packets. In some cases, a communication book is set up between carers and birth parents and each child has a hand-prepared baby book recording all significant events from birth. Such full and rich records are rare for children who experience disruption, but have the potential to make a significant contribution in helping them come to terms with these experiences.

Protective factors are, however, specific to particular aspects of children's lives:

Sensitive care-giving, for example may be protective in relation to the foster child's need to resolve a sense of loss, but not in the face of risks posed by school environments where foster children of minority ethnic origin experience racial harassment or in the face of risks posed by a departmental policy that moves foster children into 'independence' at the age 16. In such situations, sensitive carers can help children to cope, but systems outside the family need to become more actively responsive to the psychosocial needs of individual children (Schofield & Beek, 2005, p. 1284).

Risk and protective factors are not only internal, they also emanate from the outside world (Schofield & Beek, 2005). For this reason, the ecological perspective (Aldgate, 2006; Gilgun, 1996; Henderson & Scannapieco, 2006) is invaluable, ensuring that children and their families are always viewed in their social context.

Aldgate (2006) identifies five changes needed in current practice with children in care if their development is to count for more. The first is the development of a “multidisciplined workforce” whose members understand the impact of attachment on children’s development. The second is a new approach that pays attention to all aspects of children’s development. The third is improvement in the skill of social workers in relation to their work with children and families and specifically, the ability to plan and review in a purposeful way. In particular, she identifies the importance of direct work with children, and planning for new attachments. The fourth change is the strengthening of the roles and tasks of corporate parenting to ensure that every child is in the best possible environment in which to develop positively. In particular, she stresses the importance of enduring positive relationships with adults who can help build resilience. The final change is the need for change in the attitudes of social workers and other adults working with children to embrace a more optimistic view of their potential.

Stott (2006) highlights the importance of a multi-agency perspective and outlines an “onion model” of the potential systems around a child, including family of origin, current family, community, professionals, agency, society, and the legal system. She suggests that there is much potential for confusion and misunderstanding about roles, which can obstruct individuals in working together for the best interests of the child.

The cultural dimension of resilience

Early research on resilience focused on identifying universal protective factors and when researchers applied these in non-Western contexts culture emerged as an additional factor. An international collaboration identified lack of contextual specificity in the design of studies as a shortcoming in resilience research (Ungar, 2003). As part of this work, researchers from 10 communities in seven different countries met to achieve consensus on key constructs. As the invisibility of culture became apparent, team members commented that perhaps this was because culture is not separate from individuals and families, making it challenging to develop culturally specific questions. The research undertaken by this collaborative team contains many examples of culturally specific research and interventions demonstrating the relevance and significance of culture as an aspect of individuals and families’ ecological maps (Ungar, 2005).

Cultural connection as a factor in resilience has particular relevance in the New Zealand context. Culture is not an optional extra for Māori and Pasifika (Pacific Island) children and young people; it is visible, shaping internal and external processes (Mead, 2003; Metge & Ruru, 2007; Mila-Schaef, 2006; Rangihau, 1982). Māori children are over-represented in the care system. Many are in care as the result of violence and they are confronted by multiple negative images of what it is to be Māori.

There is evidence of high rates of disengagement from education for Māori and Pasifika young people (Harkness, Murray, Parkin, & Dalgety, 2005; Ministry of Education, 2007; OECD, 2008; Wang, Harkness, & Parkin, 2007) and this is frequently exacerbated by placement in care. Although these rates reflect systemic failure to recognise and respond to different learning styles and needs, the impact is individualised when Māori and Pasifika young people identify with peers who are similarly marginalised. This may entrench them in negative developmental pathways leading to gang involvement, offending, substance abuse, and teen pregnancy.

The impact of these negative pathways can be seen in the over-representation of Māori in other negative statistics. For example, Māori who have been in care during childhood have been identified as at risk to abuse their own children (Connolly & Doolan, 2007). It is, however, important to place this in the context of other risk factors such as poverty. Māori are more likely to experience the socioeconomic factors associated with increased risk of death from child maltreatment (Connolly & Doolan, 2007) and their over-representation in the disadvantaged sector of New Zealand society renders them more vulnerable to the impact of economic downturn. Viewed holistically, it becomes apparent that marginalisation creates negative cycles that transfer from one generation to the next and can lead to these behaviours being inappropriately viewed as expressions of Māori identity.

Positive cultural identity has the potential to serve as a protective factor, offering alternate pathways. Culture is only an asset, however, when children are connected and grounded enabling them to access external support (Metge & Ruru, 2007). Children and young people's access, however, depends on an understanding of whanaungatanga (family connection) that extends beyond the immediate family (Metge & Ruru, 2007). In the contemporary world, traditional structures continue to be significant and Māori

children do not belong exclusively with their parents; they belong to whānau (extended family), hapū (sub-tribe) and iwi (tribe). Their identity is inextricably linked to whakapapa (genealogy) and this, in turn, links them to specific places, symbolised by mountains and rivers. Whether living in this locality or not, this is their tūrangawaewae or primary place of belonging (Mead, 2003; Metge & Ruru, 2007).

Likewise, Pasifika children in care need to be able to negotiate a pathway that enables them to remain connected to their culture and to claim this as a source of strength (Mulitalo-Lauta & Menon, 2006). When they are in conflict with, or apart from, family an important part of their self-image and survival comes from identification with peers and too often, this reinforces negative elements. Pasifika perspectives on identity emphasise the collective nature of this, and the western concept of individual identity is rejected (Autagavaia, 2001; Mila-Scahef, 2006; Mulitalo-Lauta, 2001). Many find themselves in conflict with their parents' beliefs and become alienated as they embrace aspects of the dominant culture that surrounds them (Anae, 2001; Mila, 2001). Although there are non-traditional positive role models including musicians, artists, authors and sports stars, many of these seem far removed from the reality of the lives of Pasifika children and young people in care.

The importance of cultural connection in achieving positive outcomes for children and young people has been repeatedly emphasised (Autagavaia, 2001; Human Rights Commission, 1992; Metge & Ruru; Ministerial Advisory Committee, 1988; Rangihau, 1981; Walker, 1997). Such an approach is particularly relevant in New Zealand given our obligations in relation to the Treaty of Waitangi and UNCROC. Culture is integral to the very essence of being Māori or Pasifika and it is imperative that the experience of being in care embraces and enhances the positive potential of connection.

Access to protective factors has been identified as the key to the achievement of positive outcomes for children in care. Resilience is not an individual characteristic that children coming into care either have or do not have. Rather, it is an outcome of interactive processes, and intervention in the form of foster care can either increase vulnerability or resilience depending on the opportunities available to the child. Comprehensive assessment of the needs of individual children and young people entering care has been identified as crucial to working in ways that promote resilience.

Assessment

With increased focus on achieving stability for children in care, there has been a renewed emphasis on the importance of assessment. Delays in achieving permanence have been found to frequently result from unresolved conflict and assessment provides a way to deal with “the messy tangle of relationships which cases typically present” (Cooper & Webb, 1999, p. 120). In England and Wales, a framework for assessment was introduced in the late 1990s. The Looked After Children (LAC) assessment framework consists of three main domains: the child’s developmental needs; the capacity of the parent or caregivers to respond to those needs; and the impact of the wider family and environmental factors on parenting capacity and the child’s needs (Cooper & Webb, 1999; Gray & Rose, 2000). The aim is to improve outcomes for children in care and there is a clear focus on developmental needs and progress, and the use of evidence based models of intervention.

Kufeldt, McGilligan, Klein, and Rideout, 2006 reporting on the application of the LAC model in a Canadian context found that there was overwhelming support from young people, social workers and foster carers. As well as ensuring that relevant information was gathered, the use of the LAC framework encouraged a proactive approach and facilitated communication and relationship building among children and youth, their foster parents and social workers. The framework drew attention to health needs and the importance of protective factors, particularly the importance of education. By doing so the focus shifted away from deficits toward strengths and resilience.

The framework has not been formally adopted in New Zealand but the assessment tools have been adapted for use by Child, Youth and Family social workers. The specific domains of health (including mental health) and education emerge as important sources of protective factors for children in care and their experiences in these domains are now explored in more depth.

Access to education

There are repeated references in the research literature to the importance of children’s education needs being addressed during their time in care. Children in care display a wide range of difficulties at school prior to and after coming into care (Altshuler, 2003; Fernandez, 2008; Sinclair, 2005; Wilson et al., 2004). Bostock (2004) notes that while

scholastic difficulties are likely to precede entry to care, placement in care does not seem to lead to improvements and in some cases may exacerbate difficulties.

In Sinclair's (2005) review, core studies confirmed the importance of education and school featured prominently in children's accounts of what was important in their placements. Schools were identified as potential sources of self-esteem and places where children further developed their social skills. Foster children who were unhappy at school, truanted or were excluded tended to show other difficulties and young people not at school placed their caregivers under considerable strain. Conversely happiness at school has been found to predict a variety of good outcomes and continuity at school may protect against some of the adverse impacts of placement moves (Wilson et al., 2004). The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) (2009) in a systematic review of research literature note that the educational achievement of looked after children and young people interacts with many other elements of the care and educational systems and that improving educational outcomes will be linked with overall improvements in the quality of care that is delivered.

Encouragement from carers; the presence of other children who can model academic involvement and success; educational supports (including mentoring and 1:1 tutoring); and contact with educational psychologists have been identified as important factors (Altshuler, 2003; Bostock, 2004; Centre for the Study of Social Policy, 2009). Sinclair (2005), however, reports that not all caregivers and social workers attributed great importance to school, or if they did appeared to find it difficult to promote education. Other research demonstrates that this is an issue needing greater attention in care plans (Altshuler, 2003; Bromfield & Osborn, 2007).

Altshuler (2003) identifies systemic issues that contribute to these difficulties. In their research with social workers, educators and children in care they found that there were difficulties in the relationships between foster children and their teachers and an adversarial relationship between educators and social workers. Students acknowledged that they were not always able to express their feelings within the foster home context and this sometimes led to them taking out their frustration and anger at school. Students and social workers felt that being in care could lead to stigmatisation and being treated unfairly at school. Educators did not share this view, but did acknowledge the need for

differential treatment. Social workers and educators expressed a mutual lack of trust and problems centred around confidentiality, lack of communication, and perceived lack of caring or commitment to students. Educators expressed frustration that they often did not find out that a student was in care until problems arose. Students felt that social workers went through the motions without getting involved in their lives. Foster parents showed variable levels of involvement but when they were involved students succeeded better educationally. Sinclair (2005) reports that only the most proactive caregivers were likely to advocate for children's education needs to be met and some were unclear about their role in relation to schooling. Sinclair (2005, p. 98) notes:

In general the research strongly reinforces the case for giving priority to children's education but also underlines the difficulty of doing so. It also suggests that education has to be viewed widely. Children's happiness and social development are at least as important as their academic success.

Altshuler (2003) recommends that foster parents and social workers be trained on education entitlements so that they can be effective advocates. It is also suggested that teachers be trained on the needs of children in care and that cross training of educators and social workers is needed to increase mutual understanding of roles. C4EO (2009) note the importance of monitoring looked after children's education together with better communication and co-ordination of practice between professionals to ensure that children and young people do not become lost in the system. Fernandez (2008) notes the need for a co-ordinated multidisciplinary response to address overlapping domains of need, such as education and mental health, and that policies must favour and target better health and education outcomes for children in care.

Child, Youth and Family, the Ministry of Health and the Ministry of Education have introduced Health and Education assessments for all children entering care in four District Health Board and 14 Child, Youth and Family pilot sites. An evaluation has found that 88 percent of the children were found to have previously unidentified health and education needs (60 percent had one or two and over five percent had more than four unmet needs) (Jakob-Hoff et al., 2009). It has proved more difficult to engage education providers and the lack of working relationships between social workers and schools is identified as a significant factor. When assessments were completed and needs identified there has been confusion about who is ultimately responsible for

funding interventions. The evaluation also found that social workers and their supervisors needed more training and support to fully engage and develop relationships with partner agencies.

Access to health and mental health services

Children and young people coming into care have been found to present with both general health needs and mental health needs. Some responses to this have focused on one domain or the other while others have encompassed both. As noted above, previously unidentified health needs were discovered during health assessments for children entering care in New Zealand (Jakob-Hoff et al., 2009). Further evidence of difficulties in relation to access to health services is provided by McKay and Bagshaw's (2009) research on the health needs of young people in Child, Youth and Family residential care. The research took place at two Youth Justice and one Care and Protection unit. Nearly 100 young people were involved and a range of health issues were identified including hearing and visual defects; high levels of risk-taking behaviour; high levels of engagement in sexual activity; and high levels of alcohol use (90 percent), cigarette smoking (87 percent) and drug use (71 percent use cannabis regularly).

Jaudes, Bilaver, George, Masterson, and Catania (2004) outline a comprehensive approach to improving the physical health of children in care developed by the Illinois Department of Children and Family Services in response to evidence of considerably more health needs of foster children compared with other low-income children. The Department recruited and organised a network of well-qualified health care providers to ensure access to comprehensive health care for children in care. A separate health system for children in care called HealthWorks was set up. Their programme is based on six inter-related key features:

- An initial health screen
- A comprehensive health evaluation
- Primary care physicians
- Speciality and subspecialty care
- Medical case management
- Standardised health forms and educational materials.

Children enrolled in HealthWorks were funded to use more health care services and there was an encouraging increase in the use of mental health services. Unfortunately because the focus was only on physical health this still fell far below the reported level of need.

The high incidence of behavioural and emotional difficulties among children in care is well documented (Bromfield & Osborn, 2007; Hannon et al., 2010; Pithouse & Lowe, 2008; Sellick, 2006; Sinclair, 2005; Ward et al., 2002; Wilson et al., 2004). Alongside this is good evidence that the harmful effects of early adverse experiences may be difficult to reverse (Hannon et al., 2010; Sellick, et al., 2004; Sinclair, 2005; Wilson et al., 2004). The children with the most complex psychological and behavioural problems tend to be the same children who experienced significant levels of placement disruption and one study found that almost 60 percent of children and young people with a history of placement disruption fell into the abnormal clinical range (Bromfield & Osborn, 2007). In the four New Zealand health and education assessment pilot sites, 45 percent of children were discovered to have behavioural/emotional difficulties and 30 percent mental health issues (Jakob-Hoff et al., 2009). MacKay and Bagshaw (2009) found that the prevalence of mental health issues among their sample of young people in residential facilities was high. Difficulties included somatic symptoms of anxiety (37 percent), five or more positive answers on questions about anger and irritability (54 percent), depression (21 percent), and five percent thought they might have a mental illness.

There is good evidence of enduring negative impact if these difficulties are not adequately addressed. For example Schneider et al., (2009) extracted data from the California Women's Health Survey to compare health and economic outcomes for women who had been in care with those who had not. They found a much higher incidence of frequent mental distress and a three times greater chance of having probable post-traumatic stress disorder. They also found significantly higher odds of reporting poor subjective health and engaging in health-risk behaviours. On the basis of these findings they recommend routine screening for mental health problems for all children entering care, provision of mental health services at critical points such as transition out of care or disclosure of abuse, training for foster parents and programmes targeting risky health behaviours.

As discussed above, there is now greater attention being given to the importance of assessment and the idea of screening is supported by Australian researchers who recommend brief wellbeing assessments at intake to identify children at risk of significant behavioural problems (Bromfield & Osborn, 2007). Such assessments are described as having the potential to facilitate referral for early therapeutic intervention, which might enhance children's well being and provide them with greater opportunity for stability.

Unfortunately, even when need is recognised, an appropriate response may not follow. Zinn et al., (2006) note that the three services most commonly recommended by social workers were mental health, caregiver assistance, and ongoing developmental disabilities support services or case management. They found that significant numbers of children were not receiving recommended services. In some cases this was due to the foster parent or child refusing to participate but in some cases the referral had not yet been made

One example of a comprehensive approach to address these difficulties is the *Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children* developed by the Department for Children, Schools and Families and the Department of Health (2009) in England and Wales. They note that children often enter the care system with a worse level of health than their peers and this is in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. A national survey revealed that 45 percent of looked after children were assessed as having a mental disorder rising to 72 percent of those in residential care. Even when compared with a community sample from the most deprived socioeconomic groups looked after children still showed significantly higher rates of mental health disorders. The *Looking After Children* longitudinal study found that 72 percent of looked after children aged between five and 15 had a mental or behavioural problem. Among children entering care before the age of five, nearly one in five showed signs of emotional or behavioural problems. Many aspects of young people's health had been found to worsen in the year after leaving care.

The Practice Guidelines emphasise the importance of partnership between local authorities and health services. The starting point for commissioning services is a joint strategic needs assessment and the child's plan. It is stipulated that the local authorities

have a duty to safeguard and to promote the welfare of the children they look after. A health plan is required as part of the child's Care Plan and there is provision for independent reviewing officers to ensure that the health plan is reviewed every six months. There is also a requirement that foster parents be given a written health record for each child and that this is updated and moved with the child.

The Guidelines emphasise the role of the state as corporate parent with a special responsibility for children in care and that this means being a powerful advocate for them to receive the best of everything and helping children to make a success of their lives. Responsibilities are outlined in relation to:

- The need for a holistic approach to health and wellbeing
- Access and engagement with services
- Care planning and placement quality
- Appearance, physical health and physical activity
- Health promotion (including sexual health, substance misuse and foetal alcohol syndrome)
- Emotional health and Child and Adolescent Mental Health services
- Health assessments – context, content and documentation
- Roles of designated health professionals
- Provision for those leaving care.

Transitions within care and out of care

Some movement in care is inevitable. As noted earlier, children are likely to move from their first care placement to a permanent placement whether that be reunification with family or a long-term care placement. Furthermore, children should not be left in placements that are not meeting their needs and a change of placement may be necessary if there is not a good fit between the child and the family they have been placed with. Sinclair (2005) notes three studies that point to the importance of caregivers smoothing transitions to new, usually long-term, placements. One study suggested that the new placements went better if the former caregiver did not simply disappear but instead had some contact with the child, which gradually tapered off.

Foster parents in one study noted that fostering was a process and the handling of transitions was perceived to be critical to success (Brown & Campbell, 2007).

In his conclusion, Sinclair (2005) notes that key weakness of foster care is not what happens in foster care but what happens after it. The literature indicates that not all children achieve permanency and those who do not either experience placement breakdown in adolescence or an expectation that they will exit care at 18 (17 years in New Zealand). He maintains that a coherent connection between what happens in foster care and what happens after it is needed. Wilson et al. (2004) support this view noting that foster care rarely lasts into adult life and return to birth family or movement to independent living are often very problematic.

In England, the Children's Act was amended to include reference to support for children leaving care and similar provision was included in a Bill to amend New Zealand legislation. The Bill had not been passed at the time of the last election and with the change of government has not yet been considered. Legislation alone may not, however, be enough. Hannon et al., (2010) report that despite the Care Leaving Act 2000, some young people continue to experience abrupt transition from care. They found that young people who had left care at 16 later regretted this decision and some described how too much freedom at an early age had led to dropping out of education, drinking and wrecking their accommodation with parties.

Research exploring outcomes for young people leaving care supports this, indicating that many struggle, as outlined in the outcomes section. The need for concrete services in the areas of housing; employment; access to further education or training; access to health; and any other services has been strongly recommended (Bromfield & Osborn, 2007; Centre for the Study of Social Policy, 2009; Courtney et al., 2001; Reilly, 2003). In addition, the need for continuing adult support has been identified and assistance with reconnection with birth family if they are going to be the only support available (Courtney et al., 2001). Reilly (2003) argues that transitional programming must extend beyond the age at which discharge for care occurs and that specialised case management services are needed for all older youth in care to ensure they have a realistic plan for living on their own.

Collins (2004) notes that problems at the time of transition to independence are likely to be the result of accumulated deficits during time spent in care, especially education deficits. He suggests that while training in life skills can be helpful, it is more likely to be successful if provided in addition to concrete supports. He also argues that improvement in support for youth leaving care needs to be located within the context of overall improvement in the child welfare system including more stable foster homes, greater connections to family, and culturally competent service delivery. Collins also recommends that the continuing vulnerability of some youth should not be overlooked and that transition needs to include access to appropriate adult support services.

Children's participation in decision-making

The Family Group Conference is the linchpin of decision-making in this country and is designed to facilitate family participation in decision-making. Despite provision for children's involvement, this has been rare in care and protection matters (Atwool, 2008) and children are often uncertain about how decisions are made (Butler & Williamson, 1994; Dance & Rushton, 2005; Doolan et al., 2004; McAuley, 2004; Munro, 2001; McNeish & Newman, 2002; Cashmore & Paxman, 1996; Smith et al., 1999; Thomas & O'Kane, 1999; Ward et al, 2005).

In the section on children's views, their wish to be involved in "having a say" about their lives was very clear. Research with children has demonstrated that participation creates a sense of power and control for children and young people and provides them with a voice with which to describe their experiences and perspectives on what is important for them (Bromfield & Osborn, 2007). Wilson et al. (2004) note the importance of listening to children's views, especially as these are consistent with other research findings. Bromfield and Osborn (2007) note that children and young people appear to fare better when they are participants in decision-making rather than being passive recipients of decisions about their lives.

A key factor in promoting resilience in children and young people is the development and promotion of self-efficacy. Bostock (2004) argues that one way children and young people in care can develop a sense of efficacy is by encouraging them to define their own outcomes and involving them in planning their care. She stresses the importance of helping children contribute to Care Plans and reviews ensuring that their wishes are

considered and where possible addressed. Information is important and children and young people need to know the reason for entering and remaining in care, their rights while they are in care and future plans and how they can influence these. Bostock also suggests that children and young people should be viewed as resources in the process of seeking solutions rather than problems to be solved.

Children's resilience is not enhanced when they feel that they have no say about those matters that are most important to them. The failure to consult with them and ensure that they are informed of the outcomes of decisions can be seen as a risk factor that increases their vulnerability. There are many risk factors that are not easily addressed and it is surprising that this opportunity to enhance resilience is so often overlooked.

Summary

Children and young people in care want as normal a family life as possible and the opportunities that other children have to grow and develop. They want to have a voice in what happens to them and they want their caregivers and social workers to respect their individuality and understand the importance of their birth families. Not surprisingly this coincides with what the research literature has to say about what is needed to achieve good outcomes for children and young people in care. Despite the apparent synchrony between what children want and what has been found to be good for them, achieving quality care for all children and young people in the care system has proved elusive.

Pecora, Kessler et al. (2006) studied the educational and employment outcomes for 659 adults formerly in foster care in the northwest of the United States and found that despite the challenges of child maltreatment, placement instability and other adversities many demonstrated positive outcomes. In their analysis of what makes a difference they make the following recommendations:

- Encourage the attainment of high school diploma
- Improve the identification and treatment of mental health problems that act as barriers to classroom success
- Minimise placement change
- Provide targeted education support services and enrichment experiences
- Provide concrete resources at the time of leaving care
- Better preparation for and access to postsecondary education
- Overhaul independent living preparation
- Strengthen housing programmes and supports to prevent homelessness after leaving care
- Ensure lifelong relationships with foster parents and other supportive adults.

They also note that these improvements will be more successful if they are anchored in larger structural and community-based reforms that involve the public and private sectors.

Hannon et al. (2010) come to the conclusion that to deliver the best for looked after children in care the state must be a confident parent. Writing from a British perspective they emphasise the importance of early intervention and minimum delay, stability during care, and supported transitions to independence. They note the importance of stopping the oscillation between prevention and permanency. Instead they suggest that public care should be proactive and support families as early as possible, rather than waiting until they reach crisis point. Children should achieve early permanency when they cannot return to family and stability should be provided for those children for whom a permanent solution is not desirable or feasible. They emphasise the importance of adequate support for children and their carers; stability; the importance of listening to children; and careful planning and support for the transition out of care.

The keys to improved service delivery appear to be:

- Early and comprehensive assessment with particular attention to culture, education, and health (including mental health) based on recognition of culture as integral to all aspects of well being and a potential protective factor
- A clear and unwavering focus on the importance of close relationships sustained over time and children's need for a home for life
- An equally clear and unwavering focus on the need to promote opportunities for children to grow and change
- Thorough investigation of placement options (including return home and kin care) at an early stage and the development of contingency plans in the event of the primary goal not being achieved
- Planning and review based on assessment information taking account not only of the child's need for placement but their need for a network of support including access to appropriate education and health services, access to recreational activity, cultural support and any other services, such as counselling or therapy
- Attention to child-centred timeframes to ensure that children do not drift in care
- Involvement of the child or young person in age appropriate ways by making sure they are kept informed and given opportunities to participate in decision-making
- Ensuring that children and young people in care have access to people they trust and can talk to

- Planning that offers a clear connection between what happens in foster care and what happens after it.

In order to achieve this for children and young people it is important to ensure:

- That a pool of suitably trained and supported caregivers is available to provide short-term care to reduce the risk of rushed placements in emergency situations
- A range of placement options including therapeutic foster care and residential programmes
- That all placement options are carefully considered, including the possibility of return home with appropriate supports, kin placement, non-kin care and the possible need for a specialist placement
- That sufficient numbers of caregivers willing to offer a home for life are recruited to facilitate appropriate and planned placement of children and young people
- Recognition that in order to achieve a home for life, ongoing financial and practical support may be needed
- Appropriate levels of support and training for kin and non-kin caregivers tailored to their particular needs
- That levels of remuneration are adequate to retain caregivers and that consideration is given to additional payment for those providing more intensive care
- Availability of therapeutic support for caregivers and other family members if needed
- Sensitive support and debriefing following crises, including placement breakdown, allegations of abuse, or threatening behaviour by a child or young person or member of their birth family.

To achieve this level of service social workers need to:

- Have sound knowledge of child development, attachment, and resilience theories
- Be available and willing to engage in direct work with children, their birth families and their caregivers
- Be supported by agencies that place priority on the delivery of quality services to children and provide the necessary support and supervision

- Be in a position to build relationships with education and health providers to ensure comprehensive assessments are completed.

The responsibility for delivering quality services does not, however, rest with caregivers and social workers alone. Decision-making about the placement of children and young people in care is a value laden activity and shared understanding among the professionals involved is important to ensure that children's entitlement to a home for life is not lost or undermined by ideological differences. This review makes clear that no one option fits all children and that decision-making needs to be tailored to the individual child or young person.

Agencies providing care (statutory and non-government) will be better able to deliver quality services if they are supported by policy that emphasises the responsibility of the health and education sectors to participate in the corporate parenting of children in care.

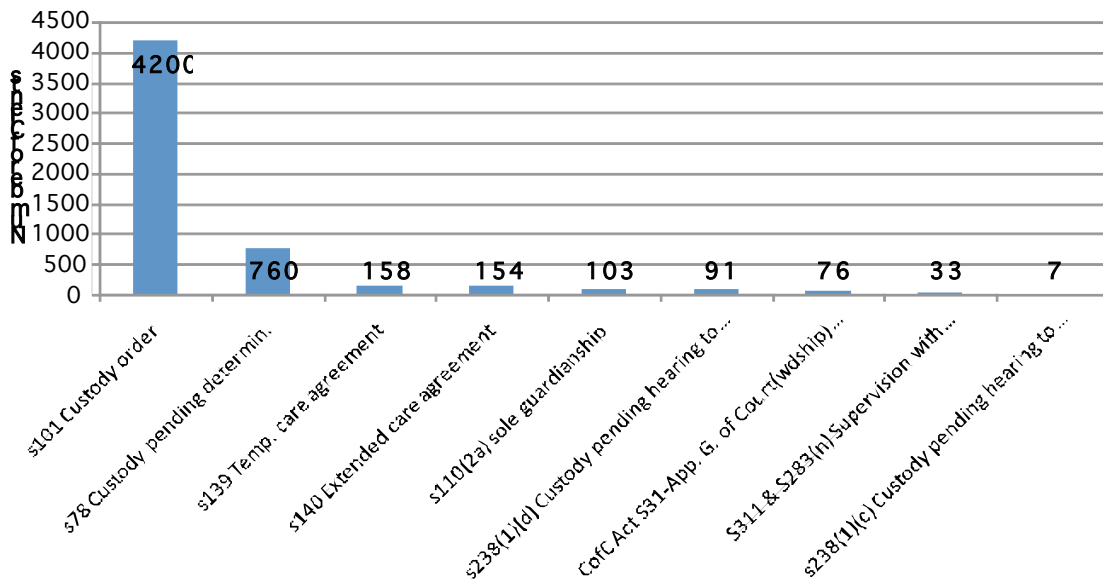
SECTION 3: THE PROVISION OF CARE IN NEW ZEALAND

This section of the report opens with a description of the Child, Youth and Family care population based on data provided by the Ministry of Social Development. This is followed by an analysis of the themes emerging from calls to the Office of the Children's Commissioner Child's Rights Line relating to children in care. The bulk of this section comprises analysis of the themes that emerged during the interviews with and written information provided by children and young people in care; caregivers; caregiver social workers; managers, social workers; a small number of residential staff; and lawyers for children.

The Child, Youth and Family care population

In December 2009 there were 5,582 children in care. The number of children in care has been decreasing and dropped by 700 over a three year period. In December 2008, the number was 5,944. During this time period there was a 0.8 percent decrease in the 0-4 age group and an overall decrease of 6.5 percent across all age groups. The bulk of this population are in care by way of a s101 custody order but as can be seen from the graph on the following page, there are a range of other orders.

Figure 1. Number of children and young people with a legal status⁴

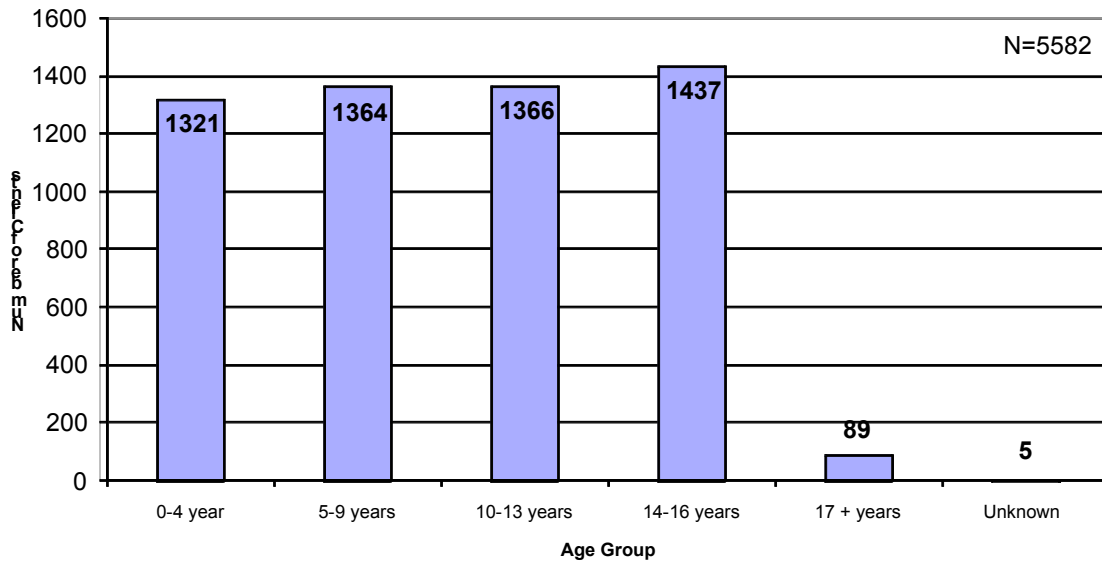


Who are they?

Children in care range in age from 0-17 and are evenly distributed across the age groups from 0-16, as can be seen from the graph over the page.

⁴ This diagram includes youth justice clients who are not a focus of this report unless they have a care and protection history.

Figure 2. Total number of children and young people in care/custody by age group at December 2009



There is wide ethnic representation but Māori continue to be significantly over-represented in the care population, outnumbering New Zealand Pākehā, as can be seen in the table below.

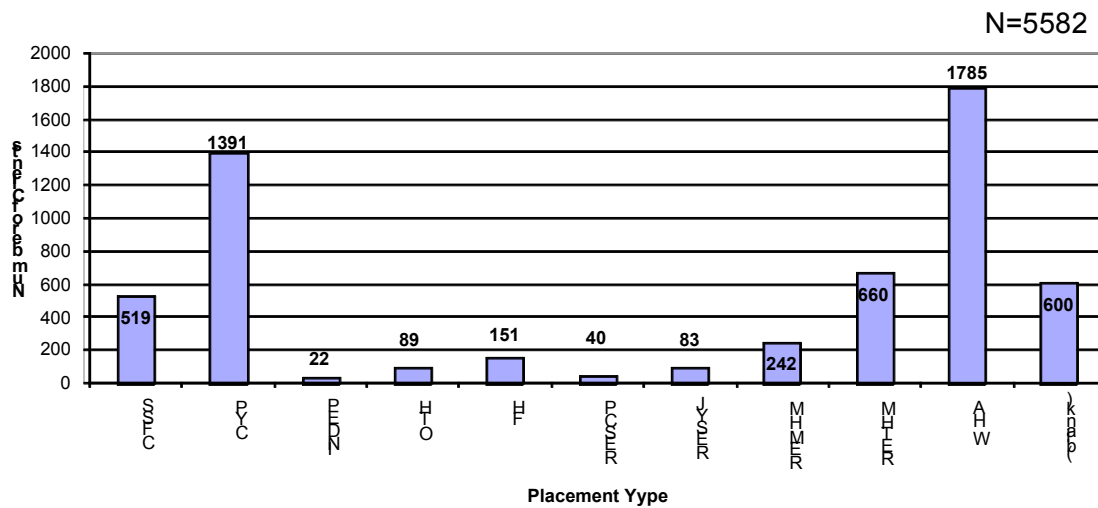
Figure 3. Ethnicity of children and young people in care

Prmry_Ethnicity	Female	Male	Unknown or not entered	Grand Total
African(or clt.grp.of Afr.or	10	12		22
Asian nfd	1			1
Australian	9	9		18
British and Irish	2	3		5
Chinese	9	3		12
Cook Island Maori	54	50		104
Dutch	3			3
Fijian	5	6		11
Filipino	1	4		5
German	1			1
Greek (incl Greek Cypriot)		1		1
Indian	14	18		32
Latin American/Hispanic		1		1
Middle Eastern	2	5		7
New Zealand Maori	1274	1585	22	2881
New Zealand/Pakeha	974	1178	20	2172
Niuean	11	17		28
Other	16	14		30
Other Asian	3	5		8
Other European	4	9		13
Other Pacific Island Groups	4	5		9
Other Southeast Asian	1	2		3
Pacific People nfd		2		2
Samoan	66	66		132
Tokelauan	9	4		13
Tongan	16	26		42
Unknown	10	10	6	26
Grand Total	2499	3035	48	5582

Where are they living?

Placement options include a Child and Family Support Service; Child, Youth and Family caregiver; independent living; Family Home; Care and Protection residence; Youth Justice residence; remaining at home; returning home; and family/whānau. The graph below demonstrates that the majority of children and young people are with Child, Youth and Family caregivers or in family/whānau placements.

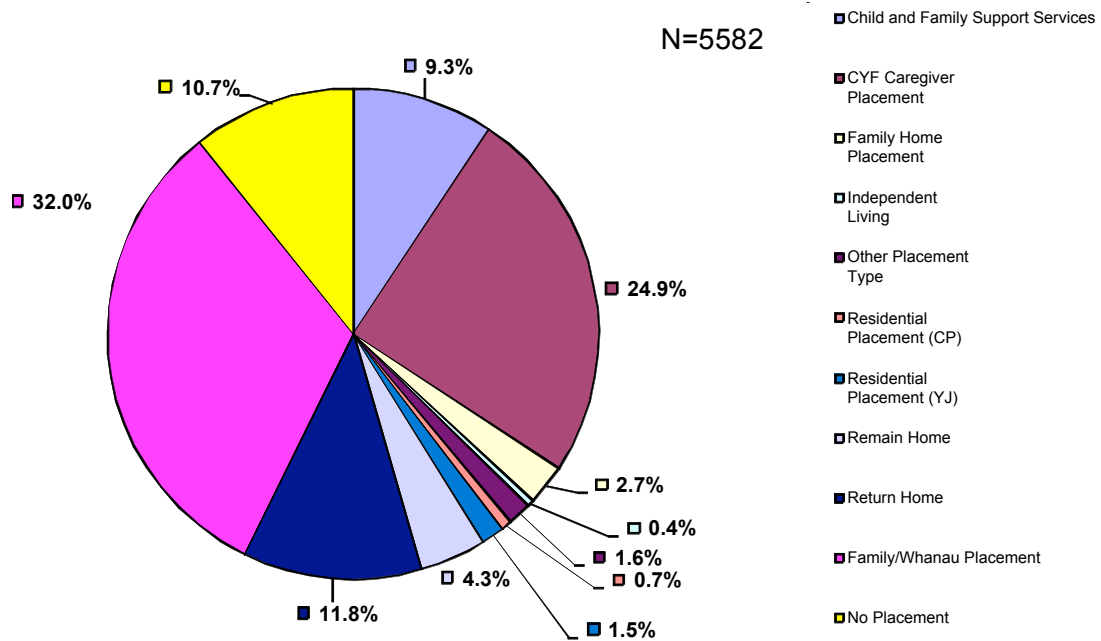
Figure 4. Number of children and young people by placement type⁵



It is of concern that one of the categories is no placement and that this applied to 600 children and young people. It is likely that some of this figure is accounted for by errors in data entry and may include children and young people who are living with family, but it may also include some young people who are missing from their placement. The pie chart over the page shows the percentages in different placement types, clearly demonstrating that the largest percentage is in family/whānau placements. This figure is considerably higher than reported in the international literature on kin care.

⁵ From left to right the placement types are: Child and Family Support Service; CYF caregiver; Independent Living; Other; Family Home; Care & Protection Residence; Youth Justice Residence; Remain Home; Return Home; Family/Whānau; No placement.

Figure 5. Percentage splits of placement types at December 2009

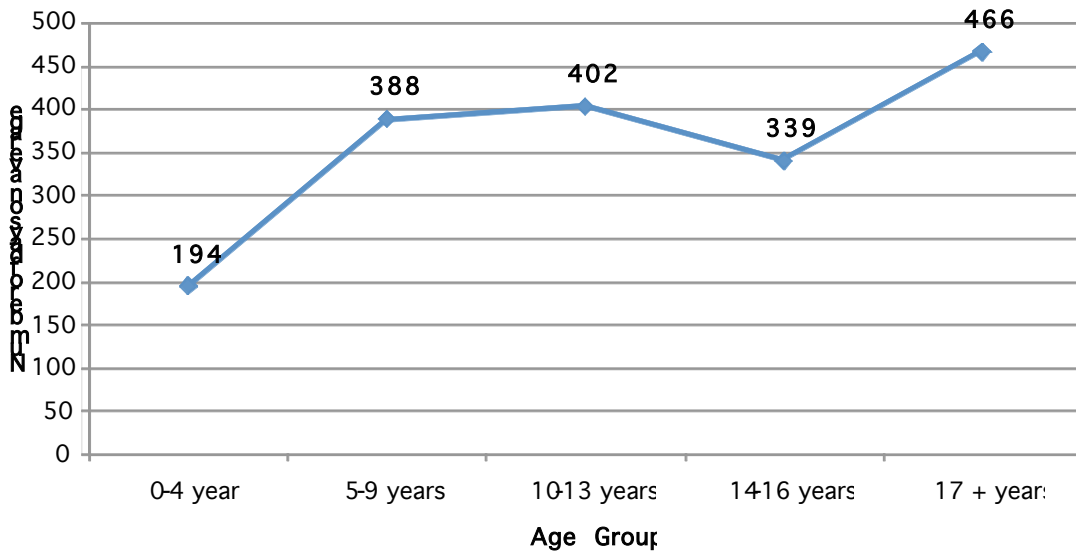


The percentages in different placement types have remained relatively stable over the past year. Family/whānau placement has increased slightly from 30.9 percent and Child, Youth and Family caregiver has increased by one percent. The largest decrease was in the no placement category, which fell from 15.2 percent in December 2008 to 10.7 percent in December 2009.

How long are they staying in care?

The graph over indicates that average duration in care increases with age, apart from a dip in the 14-16 age group, which may indicate that some young people are entering care for relatively short periods at this age. It is important to note that these are averages and the range is for 0-3,333 days (just over nine years).

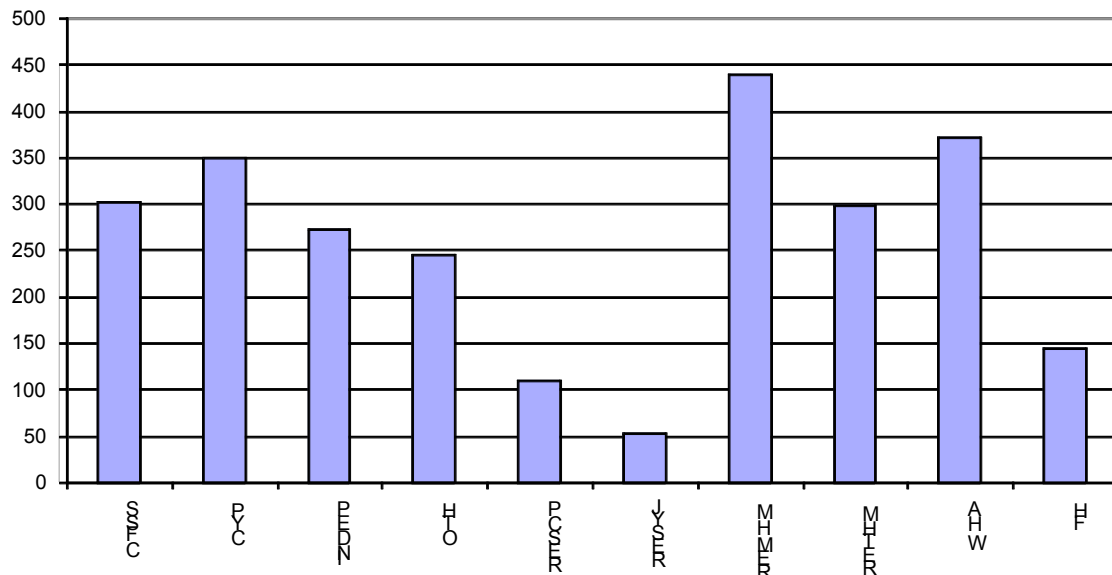
Figure 6. Average duration by age groups at December 2009



0-4 Max = 1563	5-9 Max = 3317	10-13 Max = 3333	14-16 Max = 3333	17+ Max = 3333
0-4 Min = 0	5-9 Min = 0	10-13 Min = 0	14-16 Min = 0	17+ Min = 10

When average duration is broken down by placement type (refer Figure 7 over), it becomes evident that the bulk of time in care is spent in family environments with the shortest duration being in Youth Justice residences. Time spent in Care and Protection residences is longer than Youth Justice residences but still significantly shorter than the next option, which is Family Homes. It is interesting to note the duration of remain home and return home placements and why Child, Youth and Family continue to have custody of children who are with family.

Figure 7. Average duration of children and young people in the different placement codes at December 2009

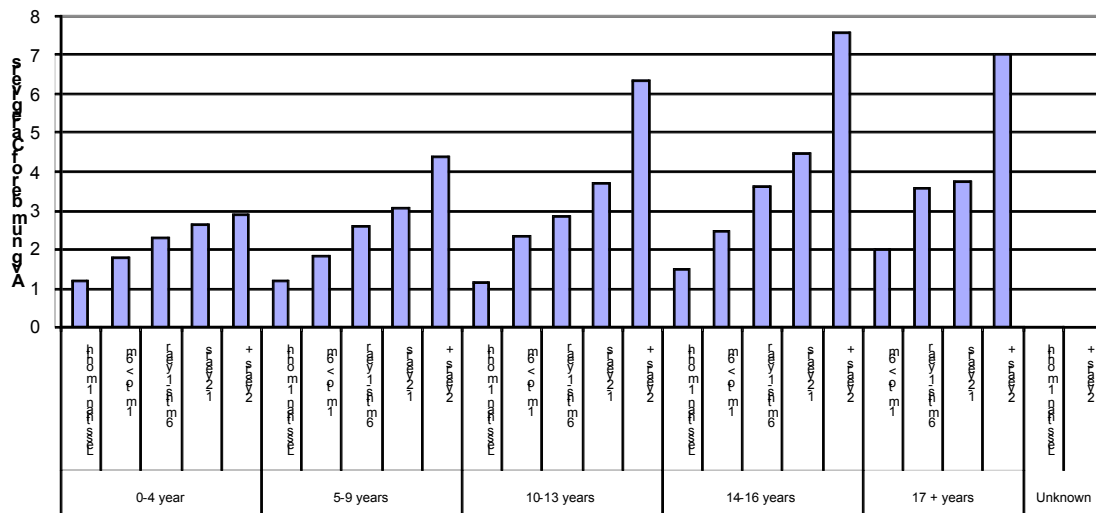


Number of Clients	% of Number of Clients	Average Duration	Max Duration	Min Duration	
519	9.3%	301.4	2421		Child and Family Support Services
1391	24.9%	349.7	3333		CYF Caregiver Placement
151	2.7%	144.5	1089		Family Home Placement
22	0.4%	271.7	993	57	Independent Living
89	1.6%	244.3	1424		Other Placement Type
40	0.7%	109.0	344		Residential Placement (CP)
83	1.5%	52.3	338		Residential Placement (YJ)
242	4.3%	438.2	3317		Remain Home
660	11.8%	297.0	2124		Return Home
1785	32.0%	370.4	3333		Family/Whanau Placement
600	10.7%				No placements
5582					Total

How many placements do children have?

I was interested to know how many children experienced unplanned breakdowns of placement. Unfortunately Child, Youth and Family's data system does not distinguish between planned and unplanned moves and the information below captures both. The graph below documents the average number of placements across the age groups by length of time in care and shows a clear trend in all age groups for the number of placements to increase the longer a child is in care. The Ministry of Social Development have advised that the rate of increase in the number of placements is the same for each age band.

Figure 8. Average placement by age and duration band at December 2009



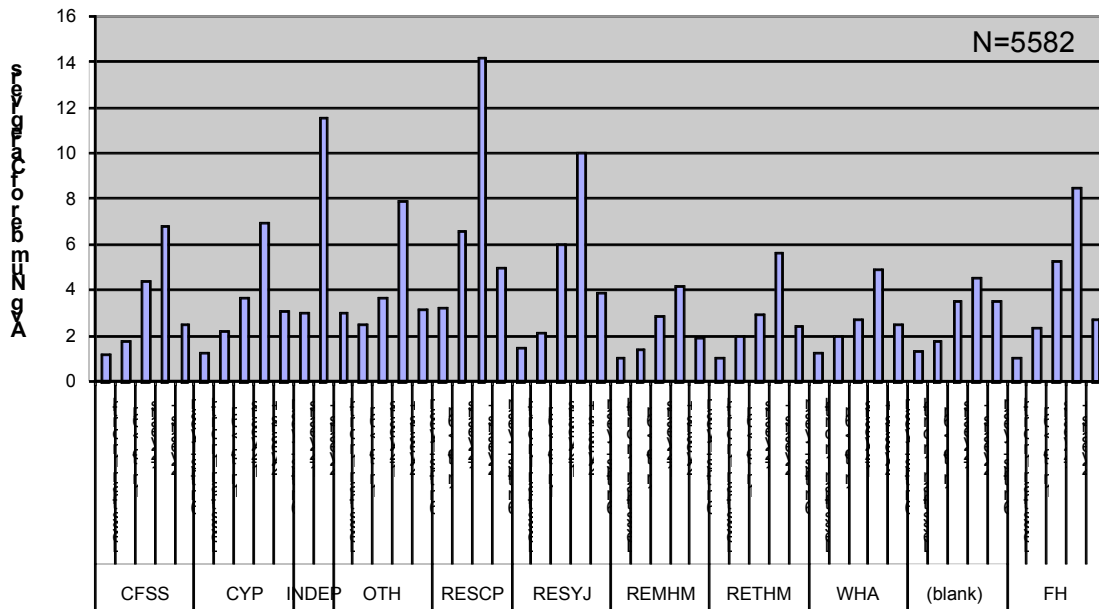
		0-4 Years	5-9 Years	10-13 Years	14-16 Years	17+ Years
N = 5582	Less than 1 month	Max = 3 Min = 1	Max = 2 Min = 1	Max = 2 Min = 1	Max = 3 Min = 1	Max = NA Min = NA
	1 m to < 6m	Max = 7 Min = 1	Max = 5 Min = 1	Max = 10 Min = 1	Max = 10 Min = 1	Max = 4 Min = 1
	6 mths-1 year	Max = 8 Min = 1	Max = 8 Min = 1	Max = 9 Min = 1	Max = 9 Min = 1	Max = 5 Min = 1
	1-2 years	Max = 8 Min = 1	Max = 10 Min = 1	Max = 12 Min = 1	Max = 13 Min = 1	Max = 7 Min = 1
	2 years +	Max = 9 Min = 1	Max = 20 Min = 1	Max = 38 Min = 1	Max = 39 Min = 1	Max = 26 Min = 1

Some caution is needed in relation to this data. The total number of placements includes respite care. Although placements with the same respite carer are only counted once, multiple placements with different respite carers are all counted. The ranges are very wide for older children who have been in care for more than a year and the number of children and young people experiencing the highest numbers of placements is small with 55 children and young people having 20 or more caregivers and of these only 11 had more than 30. This group is likely to include children and young people with extreme behavioural difficulties who are likely to have respite care placements as well as higher rates of placement breakdown.

As at 31 December 2009 52.4 percent of children had between one and three caregivers. 25.5% had four to six caregivers and 22.1% have had more than six caregivers. These figures provide an overview of the care population at a particular point in time. It is important to look in more depth at what is happening for individual children over time. For example it is concerning to note that children in the 0-4 age group who have been in care for more than two years have an average of just below three placements and the range is from 1-9. Of even more concern is that the range is 1-7 for children who have been in care less than six months rising to 1-8 for children in care for periods from six months to two years. Within this age group 130 children have had five or more caregivers. Stability is particularly important during this time and while one placement move is likely as children return home or move into permanent placements, it is evident from these figures that some children are experiencing considerable disruption. By the time children over the age of 10 have been in care for more than two years, the average number of placements has crept up to more than six.

The graph below breaks down rate of placement by placement type across age groups and provides some insight into placement patterns for children experiencing the highest number of placements.

Figure 9. Rate of placements for kin and non-kin placements at December 2009



There is a consistent trend across all placement types for the highest average number of placements to be in the 14-16 age group and this is likely to reflect children who have been in care for substantial periods. The highest average (14) is recorded for young people in Care and Protection residences, suggesting that entry to residential care is preceded by considerable instability. Averages for children in family/whānau placements are lower than for children with Child, Youth and Family caregivers and placed with Child and Family Support Services. This is consistent with international research findings, reported in the preceding section, that such placements tend to be more stable.

Our data request also sought information about the numbers of children attaining permanency placements. This proved difficult because this group of children have moved out of the custody of the Chief Executive and this information has only been collected since August 2008. Child, Youth and Family's database indicates that during the period from August 2008 to June 2009 728 children have attained permanency and are no longer in the care of the Chief Executive and 34 have attained permanency but are still in the care of the Chief Executive. The Ministry of Social Development advise that these figures are likely to be understated due to recording issues. Information was, however, available about children in care for more than two years who had not attained permanency. There were 902 children in this category in December 2008 (15 percent) and 600 in December 2009 (11 percent).

These figures provide a snapshot at a particular point in time. They indicate that despite being in care, a significant number of children are with immediate or extended family. The majority of the children not with family are in family environments and relatively small numbers are in residential facilities for care and protection reasons. It is clear that some children achieve stability in care and move beyond care but a significant number experience multiple placements and the risk of this increases with time spent in care.

In the next part of this section, the issues raised by callers to the Office of the Children's Commissioner's Child's Rights Line are outlined before moving into what those directly involved in care services have to say about the quality of those services.

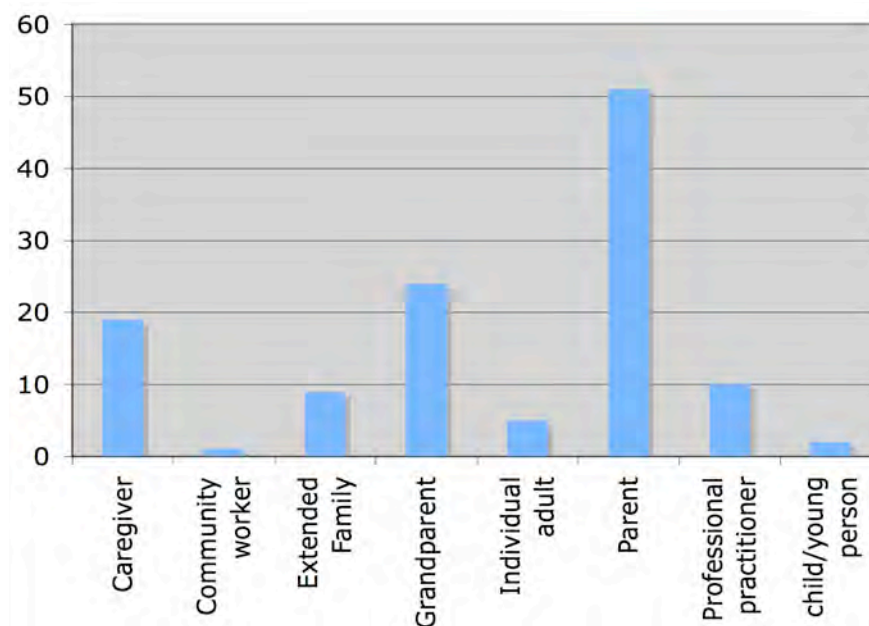
Analysis of calls to the Child Rights Line about children in care

The Office of the Children’s Commissioner has a Child Rights Line and a fulltime advisor who responds to all enquiries from the public. About 900 contacts by phone, letter, fax or email are received every year and for the past three years approximately 33 percent of those calls are related to Child, Youth and Family. The majority of callers are given advice only, with about 16 percent requiring some follow up. With the introduction of a formal complaints process, most enquiries about Child, Youth and Family related matters are referred to this process. In some cases, however the child’s rights advisor will seek information from Child, Youth and Family or bring concerns to their attention. As part of this project, the child rights advisor undertook an analysis of calls related to children and young people in Child, Youth and Family care over the period from 1 April 2009 to 31 March 2010.

Characteristics of callers

The bulk of enquiries about children and young people in care are received from parents (most of whom no longer have their children living with them). The graph below shows a range of people, including professional practitioners and a small number of children and young people, call the Child Rights Line.

Figure 10. Callers to the Child Rights Line



Themes

During this period, there were 313 enquiries relating to Child, Youth and Family and of those 121 were about children and young people in care. This number does not include repeat calls about the same matter and vexatious calls have been excluded. Seven themes were identified from the narrative provided by the caller in relation to the 121 calls about children and young people in care and each of these is outlined below.

Support for caregivers

These enquiries related to lack of support for caregivers from Child, Youth and Family social workers and complaints included issues related to both financial and emotional support. In some cases, calls were made after caregivers had terminated the placement because they felt unable to continue due to this lack of support. In one case, failure to complete a caregiver assessment for a whānau placement resulted in practical assistance with the purchase of bedding and furniture not being provided. Failure to respond to messages was a frequent complaint and this is addressed below.

Planning

This category included enquiries where there appeared to have been little or no planning for the child in care. This manifested in sudden removal from placements, run away children being returned to the placement they had run from without any support or working through of the issues, lack of transition from one placement to the next and children experiencing multiple placements. In one case, a baby had been moved three times since coming in to care. The caller believed that the child had been removed from her care because she had a disagreement with the social worker.

Access

Many calls in this category were received from parents unhappy about lack of access but some concerned changes to arrangements without appropriate notice or financial difficulties associated with access. Calls about access difficulties related to both kin and non-kin placements. Some calls were about siblings placed with different caregivers not having access with each other. Calls were also received from parents and extended family members who wanted to have contact with children and young people in care but did not know where they were.

Communication

This category included calls about perceived lack of communication by Child, Youth and Family in relation to family, children and young people, and caregivers. The major complaint was repeated failure to respond to messages.

Support for children

These calls covered a range of issues including failure to provide support for children and young people in the form of counselling, medical treatment, and clothing allowances. Also included in this category were calls about children not going to school while social workers were looking for a suitable placement and complaints about children and young people not feeling listened to by social workers and other adults in their lives. Calls were also received about lack of support for young people transitioning out of care.

Inappropriate placements

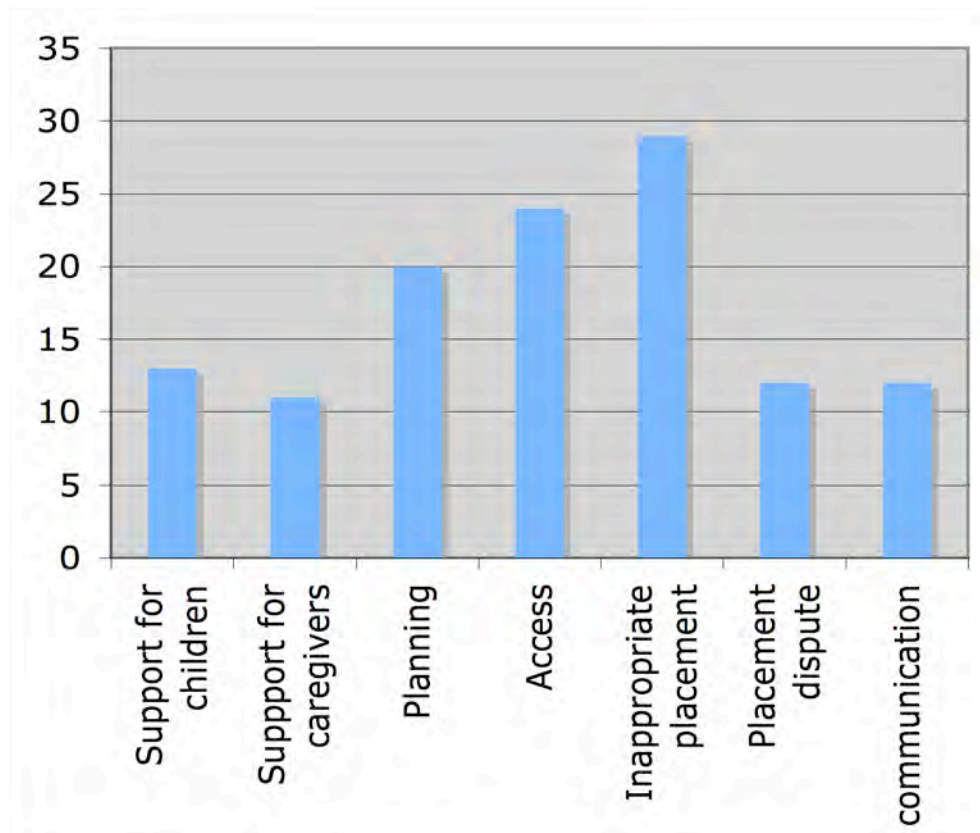
This category included complaints about children and young people in placements that were not considered appropriate for their needs or where they were being badly treated. All were referred to the Child, Youth and Family complaints process and callers making allegations of abuse were advised to make a notification to Child, Youth and Family. Fifty-two percent of the complaints in this category alleged abuse by caregivers.

Placement disputes

Some of the calls in this category came from parents who did not believe that their children should have been removed from their care or that their children could be returned to their care because they were now able to care for them. Calls were also received from caregivers concerned about children being moved from long-term non-kin placements to be placed with whānau. Other calls came from whānau unhappy that children were placed with non-kin and some calls were received from grandparents concerned about children being placed with or, returned to, their parent(s).

The distribution of calls across each of these themes is provided in the graph over the page.

Figure 11. Themes of calls to the Child Rights Line



The three themes related to support and communication (lack of support for caregivers, lack of support for children, communication) account for 29 percent of calls to the Office about children in care. This suggests that a key factor in satisfaction is the quality of the relationship with the social worker.

Calls requiring follow-up

Twenty-five (20 percent) of the 121 enquiries were followed-up with Child, Youth and Family. This included calls received from children and young people, complaints about multiple placements and disputes about permanency issues. Some calls relating to caregiver complaints about failure to provide resources are also taken up with Child, Youth and Family. In the majority of cases, a successful resolution was reached but some issues appear to remain unresolved for protracted periods. It is of concern that some of these related to planning and disputes about movement of children after lengthy time in placements where they have become attached.

Summary

This analysis is based on calls from individuals who are aggrieved or concerned enough to ring the Office of the Children's Commissioner. In responding to calls, the child rights advisor is always mindful that they are only hearing one side of the story and the Office is not in a position to comment on the accuracy of allegations made. They do, however, provide a window into issues of concern to parents, caregivers, and other adults in contact with children in care. These calls indicate that issues have not been resolved at the local level and whatever the truth of the matter, resolution is important. The vast majority of calls are received from people who are important to children and young people in care. If these people, whether they be caregivers or family members remain unhappy this is likely to impact directly or indirectly on the quality of the care experience.

It is also significant that the analysis of calls to the Child Rights Line has been undertaken by the child right's advisor, who has had no involvement in other aspects of this project, yet she has identified themes that are repeated in the material gathered in meetings with children and young people, caregivers, caregiver liaison social workers, managers and social workers discussed in the next part of this report.

The views of those directly involved in providing and receiving Child, Youth and Family Care Services in New Zealand

In this section, the views of the following groups of participants are presented:

- Children and young people in care
- Caregivers
- Caregiver social workers
- Managers, social workers and residential staff
- Lawyers for children.

Children's and young people's experience of care

The views of children and young people interviewed for this project open this part of the report. The discussion will cover:

- A description of the children and young people
- Their perceptions of family
- Their views of the support available to them including relationship with social workers and lawyers, school, and activities
- Their assessment of their current placement
- Their evaluation of their care experience
- Their view of changes needed
- Their hopes and dreams.

Characteristics of the children and young people

Forty-seven children and young people were interviewed in the course of this project. Individual interviews were completed with 25 children and young people. Of this group five were in foster care (two kin, two non-kin, one at home), four were in a Care and Protection residence, seven were in a Youth Justice residence, and nine were living under the auspices of an independent agency (two in foster homes, two at boarding

school and five in cottages). Ten children were interviewed in pairs and this included three sets of siblings (two pairs living together in a Family Home and one pair in a non-kin foster home), two children living in the same foster home (one kin, one non-kin) and two young people living in separate non-kin foster homes. Twelve young people participated in group interviews including five young people in a Family Home and a group comprising five siblings living in a Family Home and two other unrelated children in foster homes.

All children were asked the same questions and were also asked to complete a schedule of demographic data, a rating scale, three wishes and a drawing or list of who was in their family (refer appendices for copies). Notes were taken during the interview and later transcribed. All of the information was collated and analysed to identify common themes in the areas outlined above.

The group included 29 males and 18 females aged between seven and 18, with 16 being under 14 and 31 being 14 or over. Ethnicity was identified as: New Zealand European – 19 (40 percent); Māori – 16 (34 percent); Māori mixed with Pacific Island – five (10 percent); Māori mixed with other – two (four percent); South African – two (four percent); Cook Island Māori – one (two percent); Indian – one (two percent); and African – one (two percent). In total, 12 (25 percent) were living in non-kin foster homes; three were living with kin (six percent); one was at home (two percent); 13 (27 percent) were living in Child, Youth and Family Family Homes; five were living in a cottage environment (10 percent); two (four percent) were at boarding school (spending holidays in a cottage environment); and 11 (23 percent) were living in a residential facility.

Length of time in care ranged from less than six months to 15-16 years. Ten (21 percent) of the children had been in care less than two years and four in this group had only come into care very recently. Fourteen (28 percent) had been in care between two and five years, 12 (25 percent) between five and 10 years, and 11 (23 percent) more than 10 years. In some cases, these figures are estimates because many of the children and young people did not know exactly how long they had been in care, only that they had come into care at an early age. Age at entry to care showed considerable variation with 13 (27 percent) indicating that they had been less than five years old when they came into care and two in this group stated that they had been in care from birth.

Fifteen (32 percent) had come into care between five and 10 years of age and 19 (40 percent) had been between 10 and 16. Although I asked to interview only young people with care and protection histories, one of the young men in the Youth Justice facility indicated that this had been his only placement so it is likely that he had not previously been in care. All of the others in this group had come into care before they were 14 years old.

The number of placements ranged from one to “too many to count”.⁶ Nine children and young people (19 percent) indicated that they had only had one placement since coming into care and this included two of the children in kin care. Five children (10.5 percent) had been in two placements, seven (15 percent) in three, five (10.5 percent) in four, two (four percent) in five and five (10.5 percent) in six. One child/young person (two percent) each indicated having had seven, eight, nine, 10, 13-15, and 15-16 placements. Two young people (four percent) indicated that they had 16-17 placements and six young people (13 percent) said there had been lots or too many to count. Included in this group are young people who estimated the number of placements as more than 10, 54 and 91. Across the whole group, 59 percent had five or less placements and 39.5 percent had six or more.

A number of patterns emerged from the placement histories reported by the children and young people. There was a clear association between early entry to care and multiple placements for seven of the participants. Entry to care at adolescence was associated with placement instability for nine of the young people. Two of the kin placements had been very stable while the third was a more recent arrangement. Two large sibling groups were in Family Home placements. This was a continuing arrangement for one group but an interim measure while whānau placements are located for the other group. Placement in more structured environments appeared to have been precipitated by high levels of placement instability for 13 of the participants. This included one young person in a Family Home, six of the young people cared for by the independent agency, three of the young people in a Care and Protection residence, and three of the young people at the Youth Justice facility. The majority of the participants in more structured

⁶ This information was provided by the participants and there has been no attempt to seek validation by Child, Youth and Family. Although these are estimates by the children and young people this information provides an accurate indication of their subjective experience

environments were adolescents (25 of 31) and it is notable that many of the young people in residences reported more than one such placement. For some, this had been their only stable placement since coming into care. Only nine adolescent participants were living in family environments, six adolescents in foster placements, one at home, and two in kin care.

Running away was, understandably, associated with placement instability. Six young people talked about this and in two cases reported that the motivation was desire to be with family and both stipulated that they only ever ran to family. In one case the young person reported that of his many placements about half had been okay and half not. One boy ran from a Family Home placement that he did not like and stated that he preferred being in residential care. The breakdown of a placement with his father appeared to have precipitated a period of running from placements for one young man. He had moved some considerable distance to be with his father and when this placement ended he wanted to return to his home district and this goal was only achieved when he was bailed to his mother's care. Another young person's advice was to let young people who run away go home if their parents are "OK". One participant had been living with a family member but began running away after she moved back to her mother's care. She told me that she hated school and this appeared to be a factor. She indicated that she was the only one of her siblings in trouble and that they all liked school. Her running appeared to have been motivated by the desire to be with other young people.

Perceptions of and contact with family

Family structure

The drawings and lists provided by the children and young people showed huge variation in their perceptions of family. Six (13 percent) indicated that their birth families were very small comprising a sole parent and one sibling. Eighteen (38 percent) had very large families including a range of extended family members. The traditional nuclear family of mum, dad and siblings featured in 16 cases (34 percent) but it was clear that in many of these the parents were no longer together and one included a stepfather. A small number did not fit within these configurations, one (two percent) identified an aunt and siblings as her biological family, two (four percent) included only siblings and two (four percent) did not include any birth family members. Nine children

and young people (19 percent) included friends in their family and one (two percent) only included friends. Four young people (8.5 percent) included boyfriends and one young person (two percent) included his partner who was the mother of his child.

In addition to variation in birth family structure, perceptions of family differed in terms of whether they were inclusive of birth family and current carers or exclusive of one or the other. Nineteen family groups (40 percent) included caregivers and/or foster siblings and birth family. This group included one young man who included staff and other residents. Two different exclusive patterns emerged. Six young people (13 percent) identified only their current carers and any foster siblings and this group included two children in kin care. Twenty-one (44.5 percent) included only their birth family and this group included 10 of the young people in Child, Youth and Family residences; one young person in kin care; one young person living at home; three young people in a Family Home; four in foster homes; and one living in a cottage environment. One young person in this group was living in a Family Home with siblings but drew only one face. I took this to be his father because he indicated that one of his wishes was to live with his dad. Length of time in care was not a significant factor in these different configurations because many of the children who had been in care a long time included birth family members and some who had been in care for shorter periods excluded them.

Contact with family

The children and young people were asked whether they were having contact with family and if they were happy or not happy with the amount of contact they were having. In discussing this issue it became apparent that several children had no option in relation to contact. Four of the participants had a parent who had died (two mothers and two fathers). Four talked about parents in prison (one mother and three fathers) and only one mentioned visiting. One did not know the whereabouts of his mother and several appeared to have lost contact with their fathers or did not know who they were. One young person's mother had moved to Australia.

For those who were able to have contact there was considerable variation in both the arrangements and the participants' views of these. Perhaps surprisingly, the young people in residence, many of whom only received phone calls, were mostly happy with the amount of contact they were having. One young person noted that when placed in

the community she had not been able to find out where her mother was but when she came into residence her mother was located and she was now having phone contact. Some would have liked visits but understood that distance made this difficult. The Table below captures the range of responses.

Table 1. Satisfaction with birth family contact

	Having Contact	Minimal	No contact
Happy	18 Most having visits but some only receiving phone calls	2	8 Included one young person who said 'friends are family to me' and one who has contact with siblings
Not happy	13 Eight want more contact Three want visits (currently only phone calls and/or letters) Two want less contact One wants less contact with one parent and more with the other		3 One wants to see mother more One wants information and contact with siblings One ceased contact with both parents when very young and is in process of rebuilding relationship with father and possibly mother
Unsure	1 Sibling contact but not sure if she wants contact with parents		
Don't care	2		

Support

Children and young people were asked about their experience of the support systems normally available to them. Because not all young people provided individual answers in the group sessions the responses do not always total 47 and rather than assuming that all children agreed I have only included specific responses. All but two of the children and young people cared for by the independent agency had Child, Youth and Family social workers as well as agency social workers and I have only included their comments about the Child, Youth and Family social workers. One young person was 18 and no longer in Child, Youth and Family care but had remained living with her foster parents.

Social worker

Participants were asked if their social worker was someone they liked or didn't like, how often they saw their social worker and whether or not they listened to them. Twenty-eight children and young people (59.5 percent) indicated that they liked their current social worker. In this group one specified that she liked all of the social workers she had been involved with and one estimated that out of about 10 social workers he liked all but one of them. One young person said that he liked his Youth Justice social worker but not his Care and Protection social worker. Some gave qualified responses, for example four (8.5 percent) indicated that they did not really know their social worker so couldn't say whether they liked them or not. Of these three (six percent) said that this was because their social worker kept changing and another said that the social worker was "cool" when he first met her but didn't really know her. Two (four percent) responded to this question by saying half and half. Eleven (23 percent) indicated that they did not like their current social worker or had not liked previous social workers. One indicated that he had not liked his social worker when they first met but later he realised that the social worker was trying to do his best for him.

There was considerable variation in the frequency with which children and young people saw their social workers. Sixteen participants (34 percent) indicated that there was some regularity in their contact with their social worker. Seven (15 percent) were currently seeing their social workers weekly or more often. In this group four who had only recently come into care were seeing their social when they came to the office for access with their mother and one had recently changed placement. Another young person indicated that he had been seeing his social worker once a week before he came into residence. Five children in a Family Home said they saw their social worker heaps but could not be more specific. Two participants indicated that they were seeing their social worker every couple of weeks and another saw her social worker monthly when she took her for access with her parents. One participant reported seeing their social worker about every eight weeks and another said they had not seen their social worker for nearly two months.

Twelve participants (25.5 percent) indicated that their contact with their social worker was infrequent or variable. Five described the frequency of contact with the social

worker as “not very often” and two others said that it used to be every day but not that much now. One participant indicated that he saw his social worker sometimes more than others and another commented that he had a lot of contact when he was in trouble. One participant said that they saw their social worker once a year and another said they saw the social worker at meetings and called them if they needed to. One of the older participants said that she sometimes saw her social worker when she came into the office and it appeared that she initiated this contact.

Six participants (13 percent) indicated that they never saw their social worker or very rarely. Three indicated that they never saw their social worker and all of these young people were in residence. One of these also commented that he had been through heaps of social workers when he got into trouble. One young person said that she saw her two previous social workers once only and had not met her new social worker. Although this young person was with the independent agency, contact with her Child, Youth and Family social worker was important to her because she was approaching independence and was not happy about her intended placement. Another was not sure about the frequency of contact commenting that she had not seen her social worker for a while. One indicated that she had phone contact but had to keep trying.

It appeared that changes of social worker were frequent and participants’ difficulty with this is indicated in the following comments:

I’ve had five different ones in the last year. They get sick, they leave, they can’t speak English. (Girl aged 16 years)

They keep changing, I’ve had seven or eight in six years. (Boy, aged 16)

About 10 social workers (Girl, aged 12 years)

Every time I get a new one they leave. One lasted five months, another two weeks. I don’t get to know them, none of them stay that long. (Girl, aged 15)

Contact was high when they were in trouble or changing placements but few had regular and consistent contact with their social workers at other times. This was particularly frustrating for some of the young people in residence. Some indicated that they only had

phone contact when they initiated this. One young person was frustrated because her social worker rang the care leader but did not talk to her directly and another had been told that her social worker had other people to look after. One young person felt that the social worker was not doing anything to sort out a school or a place to live so that he could leave residence.

Despite this, 24 (51 percent) indicated that their social worker listened to them. Six indicated that their social worker listened to them most of the time, some of the time or “sort of”. One young person said that her social worker makes her cry but did not indicate whether she felt listened to or not and another said that he didn’t know because he kept getting new social workers. Five (10.5 percent) reported that their social workers did not listen to them and two said that their social workers didn’t really listen to them.

Lawyer

Eighteen participants (38 percent) indicated that they liked their lawyers. Ten (21 percent) gave qualified responses with three describing their lawyer as ‘alright’, five said they did not really see their lawyer now, one said she didn’t really know her lawyer and one had only seen their lawyer twice. Nine (19 percent) stated that they did not like their lawyer and three backed this up with additional comments. One said that his lawyer had not done his job; another described his lawyer as an idiot and another as an “arsehole”.

Only four participants (8.5 percent) reported any regularity in their contact with their lawyers. One reported seeing her lawyer once every two months and another once every three months and one reported seeing her lawyer about three or four times a year. One participant said he touches base when he needs to and last saw his lawyer “about two weeks ago” and another also said “whenever I need to”. One said that she didn’t see her lawyer “that often” and commented that she came to see her at school, which she did not like. Two couldn’t recall having seen their lawyer and five said they had only seen their lawyer once. Seven (15 percent) said that they only saw their lawyers at court, Family Group Conferences or reviews. One participant said she never sees her lawyer, another reported once in two years, and six reported not very often or not for a long time. One participant did not know if they had a lawyer at the moment.

Twenty-four (51 percent) indicated that their lawyer listened to them and one said that they listened sometimes. Fourteen (30 percent) indicated that their lawyer did not listen to them and of these one commented that his lawyer “says what he thinks without discussing with me”. Two said that it was hard to tell and another commented that he didn’t know because he hadn’t seen her for a while.

Care Plans

Given the lack of consistent contact with social workers or lawyers it is not surprising that 19 of the participants (40 percent) had never seen their Care Plan⁷ and some did not even know that there was such a thing. One had not seen their plan but knew what was in it and two were uncertain about whether they had seen it or not. Fifteen (32 percent) had seen their Care Plan and one had a copy of it. Of these seven agreed with what was in their plan and three disagreed. One indicated that he did not know whether he agreed or not. The remainder did not indicate one way or the other.

Children’s Charter

Each participant was asked if they had a copy of the Children’s Charter and whether or not it had been explained to them. Twenty-four (51 percent) confirmed that they had seen it and twelve (25.5 percent) said that it had been explained to them. Seventeen (36 percent) said they had never seen it and one thought they had probably seen it. None of the young people at one of the residences had seen it but they were all familiar with the grievance process. All of the young people at the other residence had a copy of the Charter but for some of them it was the first time they had seen it, despite having been in care for some time prior to arrival at the residence.

Many of the participants seemed indifferent to the concept of rights and there appeared to be a pragmatic acceptance of their circumstances whether they were good or bad. Those children who had been unhappy in placements or had been badly treated reported not having a lot of success in being heard. One ran away but was returned and told that the treatment he objected to, “being smashed”, was just discipline. This participant also said that he did not go to school for the year he was at this placement,

⁷ Children and young people were simply asked if they had seen their care plan. Of those who had some stipulated that this had been shown to them by their lawyer and in these cases it is likely that this was the Court plan rather than their Care Plan.

working on the caregivers' property instead. He was about 11 years old at the time. Another participant referred to "bad things" happening in two placements. On both occasions she was moved after she disclosed to her teacher but she did not appear to understand how this had come about. One young person only escaped an unhappy placement when a family member asked that she be moved closer to where she was living. She did not feel able to talk to the social worker because she visited at the foster home and always felt that she could be overheard.

School

Participants were engaged in a variety of educational settings. The 11 young people in Child, Youth and Family residences attend the school provided within residence. Two young people were at boarding school, one was attending a polytechnic and another was about to enrol at the beginning of the second semester. Two were enrolled in courses and one was about to start at Kura Kaupapa having been out of school for some time. The remaining 29 (61 percent) were in mainstream state schools.

Calculating the number of schools participants had been to proved a little challenging because some moves occur for all children at specific ages. Despite this several participants reported multiple changes of school at primary, intermediate and secondary levels. Five young people (10.5 percent) indicated that there had been too many to count and for this group disruption had occurred at all levels. One 12 year old, who had been in care from an early age, reported that she had been to three kindergartens and nine primary schools. Other young people indicated that some of the movement occurred before they came into care and was due to parents moving a lot. Being expelled or "kicked out" was a factor for seven participants (15 percent) and five (10.5 percent) mentioned truancy or simply not going to school for significant periods of time. As noted above, one young person did not attend school for a year while in one placement and another reported that he stopped going to primary school when his parents split up at the age of six or seven and did not start again until he was 11. One young man reported that he had been truant from his last year at primary school and never engaged at High School. One stated that he didn't like school and truanted and another 15 year old had been truant since term two of High School.

Nineteen participants (40 percent) indicated that they enjoy school. Six (13 percent) stated categorically that they did not enjoy it and nine (19 percent) indicated some ambivalence. There was some variation in the reasons for enjoying school. Three gave very positive responses indicating that they enjoyed all aspects of school. For five their enjoyment was related to one particular school and this included three of the young people in residence. Two stipulated that school was where you meet people and one noted that enjoyment or other wise was dependent on the people at the school (staff and pupils). Several of the young people mentioned being in alternative education or learning centres. Only one reported positively about this experience. In the group who disengaged early, vocational courses were preferable and some had found these very positive. All of the young people in Child, Youth and Family residential facilities were very positive about the education available to them in that environment. They appreciated the extra support offered and some said it was the only school they had liked. One said that he wished schools like this were available in the community.

Fifteen participants (32 percent) indicated that they found the work easy and twenty (42.5 percent) found it difficult. Ten (21 percent) indicated that it was somewhere in between or a mixture of both depending on the subject. A very small number were getting extra support. Four currently have teacher aide support in the classroom and one has a mentor. Some of the children and young people with the independent agency said that they have access to tutoring. Two younger participants indicated that they would like extra support. Unfortunately support provided is not necessarily experienced as supportive. Two of the young people in the Care and Protection residence reported that they had previously been assigned a teacher aide because of behavioural difficulties. They did not receive assistance with schoolwork but were accompanied by the aide in and outside of the classroom. Both resented this:

I had a teacher aide with me all the time in class and during breaks, kept an eye on me, sort of annoying, did talk to me but I felt watched, would report to teachers if I did something bad.

Teacher aide, always following me around. Supposed to keep me out of trouble, with me all the time, not helpful.

Another young man reported having two trackers at High School. He described one as 'cool as' but he left and the other one got sacked because he was "not so good".

Activities

Most of the participants indicated that they had the opportunity to participate in activities. Levels of participation in sport were high with 19 (40 percent) participants identifying one or more sports. Others were involved with cultural groups such as Kapa Haka, a Pacific group, Waka Ama (6) and Youth Groups (4). Seven were participating in music or dance lessons and two mentioned having a mentor who involved them in a range of activities. Several of the young people were engaged in more than one activity. For some, these seemed to be school-based indicating that those who disengage may be doubly disadvantaged. Seven of the participants mentioned informal activities such as watching television and PlayStation, skateboarding, bike riding, and going to the park. This serves as a reminder that these activities may be just as important as organised recreation. Only four (8.4 percent) stated that they were not currently involved in any activity and one young person indicated that this was his choice because he wanted to concentrate on study. Another young person said that his current placement was too far away to allow participation in sport.

The participants had a range of ideas of what they would like to do and most of these were achievable with the possible exception of one young person who wanted to learn to fly. This list was nowhere near as long, however, as the list of activities they were currently involved in. Five participants specifically said that they would ask their carer if there was anything they wanted to do and were confident that they would be supported,

Young people in residence talked about activities they were involved in within the residence and also in the community prior to admission. When asked about activities they would like to be involved in, many were future focused with three identifying specific goals such as going back to school, a supervision with residence programme that involved hunting, and an automotive course.

Current placement

All participants were asked what they liked and didn't like about their current placement. They were also asked about the expected duration of this placement and whether or not they had someone to talk to if they were not happy. Participants also rated how happy they are on a scale from 1-10, with 1 indicating extremely unhappy and 10 very happy. There was considerable variation in the responses but a number of themes emerged.

What children and young people liked about their current placement

Thirteen (27.5 percent) talked about the quality of the care-giving environment. In this group, two talked about the importance of being a member of the family, treated the same as others in the family and feeling loved. One of these young people had remained with her non-kin carers since leaving Child, Youth and Family care. One young man in a Family Home who had experienced multiple placements described the caregivers as “not dickheads” adding that this was home and he hoped they would adopt him. Two simply stated that the Family Home foster mother was the best thing about their current placement and three others commented specifically about their caregivers. Perhaps the most powerful statement came from five siblings in a Family Home who had previously been in a number of placements: “We’re family, not CYF kids”.

Ten (21 percent) commented on the material things available to them and the opportunities provided. For six participants (13 percent), being with family or having family close by was important. This group included the three in kin care, a young man at home, a younger participant who was with her sister and an older participant who had recently moved to a new placement with her younger sister. Five participants (10.5 percent) spoke positively about the support available to them and five of the older participants talked about the freedom and trust that they were given in their placement. Familiarity, being with others in the same situation and getting on with them was a positive feature for five participants. This group included participants in residence, in a Family Home and in the cottage environment provided by the independent agency. Three commented on the stability provided and having somewhere to return to in the holidays was particularly important for the two young people who were at boarding school. For three participants, routine was important and one valued the fact that these were age appropriate.

Eight of the young people in residence (72 percent) identified school as a positive aspect of their current placement. Other positive aspects of the residential environment included the programmes, activities and outings provided (four), the staff (three), the opportunity to stop taking drugs and alcohol (two), the life skills unit at one facility (one), and time to reflect and change (one).

What children and young people did not like about their current placement

When asked what they did not like about their current placement two participants said they didn't know and seven said there was nothing at the moment. By far the most dominant theme related to group dynamics with 12 participants (25.5 percent) mentioning some aspect of this. In one case it related to a lack of older young people and in another being the only girl in a group environment. The remaining 10 commented on difficult dynamics within the peer or sibling group ranging from niggles to physical fights. Two participants commented that sometimes it was too noisy and this also appeared to relate to dynamics within the home or residential environment. For five participants (10.5 percent), being away from family was what they did not like about their current placement. One young man had not been allowed to go to his grandfather's tangi and he found this particularly upsetting. Five participants did not like being told off, thought that the caregivers were too strict or did not like not being able to get what you want.

For five young people, lack of freedom and compulsion to participate were what they didn't like and another five mentioned the use of secure and time out. These comments were confined to those in residential facilities. Also in this environment four said there was not enough food and two complained about how uncomfortable the "suicide bedding" was. Both had been using this for some time and described it as scratchy and uncomfortable "like a dog blanket". Neither thought that this was necessary and they found it particularly uncomfortable not having a pillow.

Other issues included having no choice about their placement, the fact that it was temporary, insufficient financial support for caregivers and support stopping at 17. One 15 year old said that he did not like having to get his friends' parents police checked before he could stay overnight. He was not willing to do this because it meant disclosing that he was in care and he felt it was an unreasonable requirement. It was particularly restrictive for this young man because his placement was some distance from his friends.

Expected duration of placement

The children and young people were asked how long they thought they would be staying in their current placement and different themes emerged for the different types of

placement. Of the nine children and young people with the independent agency, five stated that they would remain there until they were independent and two mentioned being part of a programme to assist them into independence. Two said they would be there until they reached their 17th birthday. One was not sure what would happen when she finished school and one said she wants to go and live with a family member but is not sure if this will be possible.

The young people in the Youth Justice facility were all fairly clear about the duration of their stay although some were uncertain about what would happen at their next court hearing and some were not sure where they would go when they left the residence. The four young people in the Care and Protection residence all expressed considerable uncertainty about when they would be leaving. The most definite response was that she would be leaving the following month because they had found a caregiver for her. One was ready to leave as soon as a school was located but did not know how long this would be. One said she would be leaving in “another two months or so” but they were still trying to find a placement. The fourth young person, who had been in residences for the past 15 months, did not know when she would be leaving or where she would be going.

Of the children and young people in Family Homes, three had specific time frames, two indicated that they would be going home when they had sorted their lives out, and five did not know. Three young people indicated that they would be staying a long time, forever, or until independence. One young person said they would be staying until their parents “woke up their ideas and got a job and a house”.

Six of the children and young people living in family environments were confident that they would be staying in their current placement forever or until independence. This included the young person living at home and the three participants in kin care. Three of the young people in this group were older but three were younger and one of these was in a non-kin placement. Four participants did not know and their situations seemed very uncertain. Three (two siblings and one young person) had recently moved into non-kin placements following the breakdown of kin placements. One hoped he might be able to go and live with a family member in another area later in the year and the other two wanted to go home to their mother and if that was not possible to at least return to their

home district. The fourth young person in this group had recently moved and did not know how long she would be staying. One young person who had experienced multiple placements had recently moved into a shared care arrangement with two non-kin foster families and was hopeful that this would last.

Who children and young people talk to

Forty-four of the children and young people (93.5 percent) could identify one or more people that they could talk to. When they identified only one person this was most likely to be their caregiver. Eighteen (38 percent) identified their current caregiver as the person they would talk to. Nine (19 percent) identified family members and five (10.5 percent) said they could talk to friends. Five indicated they could talk to their counsellor and eight of the participants from the independent agency (89 percent) identified their agency social worker. Eight (17 percent) indicated they could talk to their Child, Youth and Family social worker, one their lawyer and one a youth worker. Seven of the young people in residences said they would talk to a favourite staff member. Three participants said they could talk to their teacher and one identified the dean at school as a person they could talk to.

One young person in a residence said that she did not have anyone in the community that she could talk to, only the police. One young person said that she used to talk to her aunty but she died and now there is nobody. Two young people stated that they did not talk to anybody. One said “you just have to suck it up” and another said that he preferred to be left alone and acts up so that he gets put into secure when he needs to be on his own.

Happiness rating

All of the children and young people were asked to identify how happy they were with their life right now on a scale from 0 (not happy) to 10 (very happy). Given some of the experiences this group of children and young people had been through they were surprisingly positive. Only 12 (25.5 percent) rated their happiness at 5 or below and of these eight (17 percent) were on 5. Thirty-five (74 percent) rated themselves as 6 or above. There was considerable variation across the different placement types and it is interesting to note that some in more restrictive environments rated themselves quite high. The ratings for each placement type are captured in the table below:

Table 2. Happiness ratings according to placement

Ranking	Home	Family-type placement	Family Home	Cottage	Boarding School	C & P Residence	YJ Residence
1							1
2							
3			1				
4		1	1				
5		2	1			2	2*
6		3 (1 kin)		1	1		1
7	1	2	1			1	
8			5	2			1
9		2 (1 kin)	1	1		1	1
10		2 (1 kin)	4	1	1		1

*Of the young people in the Youth Justice residence who rated themselves as 5, one said that he would only have given a rating of 1 when he first came in and one said that before his grandfather died and he missed his funeral he would have rated himself as 8.

Children and young people's overall experience of care

In addition to their current placement, I asked the children and young people what was good about being in care and what was not so good. Although there was considerable variation some consistent themes emerged. Ten participants (21 percent) specifically mentioned the financial support they receive as a result of being in care. Eight (17 percent) identified being well looked after as a positive aspect of being in care and eight (17 percent) said that people were there for them and helped them. As noted earlier, five siblings in a Family Home placed high value on the fact that they were now a family and the caregivers did not refer to them as "CYF kids". When I asked about this they said that in previous placements they had been referred to as "children who came from CYF" and this made them feel as though they were not part of the family they were living with. Four (8.5 percent) stated that being in care had helped them turn their life around and three indicated that it had helped them take responsibility for their actions. Sadly seven (15 percent) stated that there was nothing good about being in care.

On the other hand, when asked about what was not good about being in care seven (15 percent) reported that there was nothing bad. The most dominant theme, however, related to not being with family with 12 participants (25.5 percent) commenting on this. Nine participants (19 percent) talked about being treated unfairly, being stigmatised as “CYF kids”, and being reminded that they were an outsider. Another four participants (8.5 percent) described being abused or treated badly in some placements and one commented that she felt that some caregivers were in it for the money. Seven (15 percent) indicated that they did not like the restrictions and rules associated with being in care and two of the younger participants did not like being growled at. Included in this group is the young man who objected to having to get police checks done before he could stay overnight with friends. Seven participants (15 percent) found that moving was the most difficult part about being in care and one young person talked about feeling awkward and strange and not knowing if the other children in the home were also foster children. One young person said that moving around “mucked up” her education and that the gaps had made it really difficult at high school. She said she hated everything associated with moving, “meeting new people and wondering where the hell am I?” She also said that on one occasion she was sent to camp and never went back to the placement, “didn’t even say goodbye”. Another two had not been told the truth about where they were going, in one case ending up in residence after being told they were going back to the office to discuss his refusal to return to a placement. Four participants (8.5 percent) reported that not knowing their history and not understanding why they came into care or why they moved from placements was what they did not like about being in care.

Respite care

I asked all of the children and young people if they had ever been in respite care. Seventeen participants (36 percent) indicated that they had gone to placements for respite and 28 (59.5 percent) had not. Opinions were divided among those who had experienced this. Four (23.5 percent) had found it a positive experience and knowing the people they were going to stay with was identified as an important factor. Of those who didn’t like it this was the most difficult aspect. One commented that it was weird going to stay with random people and another simply said that it “sucked”. One young person who is currently enjoying respite because she gets to do “lots of stuff” said that it took her a long time to trust new people because she had been rejected so many times.

One participant commented that her caregiver had taken children on respite and she described it as a disaster.

Changes

The last question I asked each participant was what changes they would like to see. The responses can be grouped in six different domains: caregivers/placements; social workers; family; residential care; and treatment of children and young people in care. Before elaborating on the participants' recommendations in each of these areas it is appropriate to note that eight participants (17 percent) indicated that they think Child, Youth and Family do "pretty good" or "OK". One specifically mentioned that social workers and caregivers are "real nice" and do a good job.

Family

One of the most dominant themes related to the importance of contact with, and proximity to, family. For some of the older participants, contact with family had been lost and these young people stressed the need for more to be done to ensure that this did not happen. Several of the young people mentioned the importance of being allowed to return to their home district if a placement outside the district broke down. As noted earlier, running away was motivated by a desire to be with family, or at least have more contact, and one young man emphasised that it only made him "worsen" when he did not see his family. Several participants stressed the importance of keeping siblings together.

One participant commented on how sad and lonely she felt when she came into care and she thought it was important to avoid abrupt and unexpected intervention. She also thought that it was important to find out if there were other family members with whom children could live. Despite being placed with her siblings, this young person continues to hope for a placement with extended family. Others strongly recommended that children not be taken off parents with one commenting that this destroys children's lives. These participants felt that more should be done to help families and one participant noted that trackers and assistance with school uniforms were available in care but that none of this is provided to families.

Caregivers/placements

Several participants commented that families offering to foster needed to be checked out more carefully. One participant said that Child, Youth and Family needed “to interview them, train them and help caregivers understand what its like for kids”. Another said that social workers needed to make sure foster parents were treating children and young people in their care with respect and another said they should make sure that the clothing grant is being spent on the child. One participant said “that all children should be looked after the same” and being treated differently to others in the same home was commented on by several participants.

Other comments related to the selection of placements and one young person noted the importance of thinking through where “they’re gonna put you, right people, not just in it for the money”. One participant stressed that you shouldn’t move with the foster parents unless it is a home forever. Another suggested that Child, Youth and Family needed to advertise to ensure that there were more foster parents and Family Homes. One young person in a residential facility said that he had met “really nice kids who don’t belong here” and added that they need “special caregivers”.

Moving

Several participants recommended that the number of moves needed to be reduced. They acknowledged that sometimes moves were necessary and that it had been good to leave some placements but as one young person put it Child, Youth and Family “need to get it right so you don’t end up in places where bad stuff happens”. Several participants commented on how hard it is to go to a complete stranger. Participants were also concerned about losing possessions when they moved. One young person had left personal items, including clothing, jewellery and a cell phone, behind when she ran away from a Family Home and had been asking for eight months to have them returned to her. Another participant recalled only being allowed to take one suitcase when she left a long-term placement and this meant she had to leave behind a blanket that had been with her since she was a baby. This young person also had a photo album that disappeared. Another participant had most of her possessions claimed by the caregivers’ children when she left and felt powerless to do anything about this. All of these participants stressed the importance of making sure that children and young people did not lose things in the process of changing placements.

Social workers

Participants found the high turnover of social workers difficult and wanted to be told if they were leaving and to say goodbye rather than just handing them over to whoever replaced them. Participants wanted social workers to make regular visits, to listen to them, to respond to requests and to explain if what they ask for is not possible. They wanted social workers to check out how they were coping in their placement and at school to “build a bigger picture”. Time with the social worker away from the placement and spontaneous visits were considered important. Some participants were happy to see their social worker at school but others were not and they wanted social workers to check these things out with them. As one young person said:

CYF need to find out their situation, talk to them/tell them the truth, gain trust, talk to them about what they want, who they want to see, make sure they don't feel left out. (Girl, aged 15)

In order to achieve this, participants wanted a lot more interaction with their social workers and they also wanted the chance to get to know them. One young person had found it very difficult when a new social worker asked personal questions at a first meeting. All of the participants, including those with an independent agency were conscious of the role social workers played in their lives and wanted a relationship with them rather than them being people who moved in and out of their lives in a seemingly random way.

Listening and consultation

Several participants stressed the importance of listening to children and young people and involving them in planning. They wanted “more say about where you stay” and clear pathways with goals. Two participants wanted to know what they had to do in order to be able to return to their mother’s care and were uncertain about whether or not they would be attending a whānau hui that was to be held to discuss their situation. Another young person who did go to meetings said, however, that he sometimes wondered why he was there because others spoke for him and made decisions without him getting a chance to speak. Others noted the importance of direct communication and were frustrated by talking to people who talked to other people leaving the child or young person uncertain about what was happening. As one young person put it:

We want to be treated as a person that has significance to themselves. Younger kids aren't that stupid, they need a lot more attention, they need someone to give them direction, options rather than telling them what to do.
(Boy, aged 16)

Participants also wanted access to information. They wanted to know more about why they were in care and make sense of what had happened in their lives. One young person talked about it feeling like a big blank space and although she had been in care for many years and placed with siblings there were still unresolved issues for her.

Education

Many of the participants wanted changes in relation to education. Some wanted extra help at school and others wanted more choices to make sure they stay in education. As already noted it was suggested that education centres similar to the residential schools be available in the community. Others noted the need for transition back to school especially when they have been in a residential placement. One young man noted the importance of being given a chance and found it difficult that people who had never met him had refused him enrolment. It was also considered important to stay at the same school when moving placement and one participant noted that it makes it difficult at intermediate and high school if you go to lots of different primary schools. School friendships were important to participants and one commented that it gets hard to talk to people if there are lots of moves.

Residential care

There was a surprising amount of support for residential care and one young person living in the community noted that his time in residence had helped him change. Others preferred residence to other placements because there was more to do. In line with this, it was recommended that more money be provided to residences for activities. Other changes recommended included:

- More and better food
- Be allowed hot drinks
- Improve the reward system
- Later bedtimes
- More phone calls

- Access to the courtyard (one unit at a time)
- Open access to toilets.

One participant suggested that it should be harsher in residence so that young people did not want to come back. Some of these recommendations apply to one residence only. The four participants in the Care and Protection residence appeared to like the points system and particularly liked the fact that they could gain access to a privileges room if they earned enough points. They also appreciated being able to spend time outside.

Making changes themselves

Some of the participants identified changes that they could make noting the importance of not going back to how they were, staying away from drugs and alcohol, and listening to parents more. One participant said that he could do a programme and sort things out and another wanted to make sure his younger sisters did not follow in his footsteps.

Earlier intervention and other services

A number of children identified changes that were needed to protect children. One group of children and young people noted the importance of making sure that “children aren’t beaten”. Another participant said that earlier intervention was important noting that it had been left up to his mother and he was too young to have a say. Another participant who had lived on the streets wanted support for people who provided places for children and young people in this situation to go. She wanted to build a home for runaways.

Hopes and dreams

All participants were asked what they would choose if they were given three wishes. Their responses provide some insight into what is important to them. Two participants did not respond to this question and one said that there was “nothing a magic fairy could give me that I couldn’t give myself”. Five children had one wish only and four identified two wishes. The remaining 35 participants (74 percent) came up with three wishes and some added extra wishes to their list. A number of themes emerged.

More wishes

Ten participants (21 percent) chose to have more or unlimited wishes. For one in this group it was his only wish.

Material possessions/money

Thirty-seven participants (78 percent) included money or material items such as toys, computers, or cars in their list and one young man's only wish was to become a "rich chief". Some children also included lollies and chocolate cake and one young person wanted "a good feed in here". Also included in this group are three participants who each wanted a puppy, a holiday and a personal trainer.

Care-related

Seven participants (15 percent) identified care-related wishes. Five participants wanted to be discharged from care or to not be in care. Another wanted the independent agency to be Child, Youth and Family and one participant wanted to know why she was put in care.

Family-related

Thirty-four participants (72 percent) identified wishes that had to do with birth family and within this group their wishes were around specific issues. Four participants (8.5 percent) had wishes related to people who had died. One wanted to talk to his grandfather and tell him how he felt and two wished that children who had died could come back (one younger brother and one foster sibling). One wished that his mother would come back. One wanted his mother to be out of jail and this was his only wish. Another wanted his mother who was suffering from a mental illness to get better.

Four participants (8.5 percent) had wishes related to contact with family. Three were specific: "Dad to come for my 16th birthday"; a family reunion to meet "heaps of family I don't know"; "to be able to set a time and place to talk with family members". One was a more general wish "to have fun with my family and going out to a lot of fun places with my family".

Twenty-four participants (51 percent) had wishes that related to going home, being with family or being with specific family members. This was the only wish for one participant

in this group. One other participant wanted to be able to know more about what goes around family things.

Future-oriented

Eighteen participants (38 percent) had future-oriented wishes. Some were specific including getting a job (three); getting an education (one); becoming a social worker or youth worker (one); travel (two); getting a drivers licence (two); and to have a house on a farm (one). Five had more general wishes related to having a good or positive life, a long life and finding love. Two other participants had altruistic wishes related to others: “that there was no poverty”; and “lots of money to help other kids in care, home like [Independent agency] for younger children”.

Eight participants’ wishes (17 percent) related to personal change or emotional wellbeing. One young person wanted “to be a normal child, to be happy when I return home and find different ways of dealing with stress”. Another wanted to keep her best friend, one simply wanted a happy life and another wished for fairy godparents. One boy wanted to be stronger and to have a good sleep. Four participants wishes related to making change: “change in my life”; “to try and change my ways”; “stop doing crime”; and “to make good choices”.

Personal goals

Over and above their wishes, a number of personal goals emerged during the interviews. These show that despite the difficulties they experienced these young people had aspirations. Their goals included:

- To be a youth worker or social worker
- To work with younger or disabled children
- To complete a business studies qualification at a polytechnic
- To complete a hospitality qualification at a polytechnic
- To take a gap year after finishing high school and then go to university
- To be a paramedic
- To be a flight attendant

- To join the army
- To complete NCEA levels 1-3 and go to police college
- to work part-time as a hairdresser and study at university, then be a caregiver in a residence.

Summary

Although this is only a small sample of the total population of children and young people in care, their accounts capture the diversity of their experiences, the different pathways into care and the different journeys once in care. Nevertheless, some common themes emerge. Separation from family has a profound impact and not all children had found a stable and caring environment. It is immediately apparent from these accounts that there is no one size fits all solution. Some young people appeared to have never come to terms with separation from family and in some cases this contributed to their not being able to achieve stability in care. Family, however, remained important even for children and young people who were happy in settled placements. Both kin and non-kin placements had not always worked out and placement breakdown was a significant factor in periods of high instability, which sometimes precipitated running away and ended in residential placement. Placement out of what the young people considered to be their home district appeared to be particularly problematic when placements disrupted. This was also difficult for young people in residence, making it difficult to maintain contact with family and social workers. Some young people had found good placements where they had a sense of belonging after unhappy placements or protracted periods of instability. For some children, stability and good care had been found in more structured environments such as Family Homes and cottages. A small number of young people appeared to have never achieved stability in the community and their future seemed uncertain.

Considering what they have been through, these young people are remarkably positive about their lives and the changes they wanted are not unreasonable. Education was clearly an area of difficulty and disengagement or failure in this environment was associated with negative outcomes. The overwhelmingly positive response to the education offered in residential environments suggests that the potential for re-engagement exists and the young people's request for a wider range of choices in the

community seems worth pursuing. What the participants wanted from social workers is consistent with research findings about what makes a difference for children in care. It is not unreasonable given the power social workers exercise in their lives and increased engagement has the potential to make a positive contribution to planning and decision-making.

There is ample evidence that greater attention needs to be focused on the placement process. It would appear from the participant's accounts that more care is needed to ensure that placements are appropriate and matched to the child or young person's particular needs. Given what the participants have said, support when children and young people are moving into new placements may be a critical factor in achieving good outcomes. Their request for social workers to check on how they are doing in their placement and at school also seems reasonable and critical to early identification of any difficulties.

The participants accounts highlight the need for individualised planning, attention to the importance of family and what children and young people want in relation to contact, higher levels of engagement with social workers, more careful selection of placements, and support to remain engaged with their education and other recreational activities. The focus now shifts to what caregivers have to say about their experience of providing care.

Caregivers' perspectives

As we have seen children and young people have a lot to contribute to our understanding of the quality of their care experience. The focus now shifts to the people at the front-line of service delivery, the people with whom children and young people in care live. The discussion will cover:

- Caregiver characteristics and experience
- What they considered to be good and not so good about caregiving
- The challenges they face as caregivers
- The challenges faced by children and young people in care
- The support available to them and to the children and young people in their care
- Their perception of changes needed.

Caregiver characteristics

I met with a total of 66 caregivers in the course of this project. Most of the interviews were completed with groups of caregivers but I met with three caregivers and one couple separately. Interviews were undertaken in Kaikohe (eight); Whangarei (two groups with a total of eight participants; Dargaville (six); Blenheim (four); Orewa (five); Takapuna (six); Dunedin (11); Hastings (four) and Porirua (14). Six couples and 54 individuals participated and there were 56 women and 10 men. Ethnic representation included New Zealand European (33); Māori (16); Māori/European (two); Māori/Rarotongan (one); Cook Island Māori (one); Samoan (two); and English (one). Ten did not provide information about ethnicity.

Participants ranged in age from 30 to 69 with the smallest number, five (7.5 percent) being in the 30-39 age bracket. Twenty-eight participants (42 percent) were in the 40-49 age bracket and the remaining 33 (50 percent) were over 50. The least experienced caregiver had just started and had not yet had any children placed with her and the most experienced had been caregiving for 35 years. The largest group, 30 (45 percent) had been caregivers for less than five years. Ten participants (15 percent) had been caregivers for 5-9 years, eight (12 percent) for 10-14 years, three (4.5 percent) for 15-19 years and nine (13.5 percent) for 20+ years.

Given this range of experience it is not surprising that there is also a wide range in the number of children cared for. One person had not yet had any children placed with them and 21 participants (32 percent) had cared for 1-4 children. Ten participants (15 percent) had cared for 5-9 children, six (nine percent) 10-14, and four (six percent) 20 or more. Apart from three who did not respond to this question, the remaining 12 (18 percent) had each cared for more than 35 children and young people. Four said they could not recall how many but others were able to be very specific and responses included 35, 40, 50, 70 or 80, 73 in the last four years (had been caregiving for 26 years), 89, over 100, and 120-150. This is an enormous contribution by a very small group of people. Many in this group only took short-term placements but others accepted both short and long term.

Eight of the participants (12 percent) offered short-term only and in this group four specialised in babies (one couple and two individuals). Thirteen (19.5 percent) offered long-term only and 41 (62 percent) accepted both short and long term placements. Ten (15 percent) were providing kin care, 25 (38 percent) non-kin care and eight (12 percent) had both kin and non-kin children living with them. Most were providing care in their own homes but seven were in Family Homes and one ran a Group Home. One caregiver was providing a placement for a High and Complex Needs (HCN) child. One older couple now only offering short-term placements had raised two children of their own as well as three they fostered and later adopted. The majority of the participants indicated that they had their own children although many of these were now independent and in some cases were also involved in caregiving.

What's good about caregiving?

This question provided insight into what motivates people to open their homes to children and young people in need of a family placement. Six themes emerged.

"The kids"

There were a number of variations on this theme but all expressed enthusiasm for the children they had cared for and were currently caring for. One expressed admiration for how switched on and smart the children are despite what has happened to them. Others stressed the importance of loving the children.

Development/healing of children

This theme was closely related to the first one but captured how rewarding it was for caregivers to see children grow, develop, and blossom. Caregivers enjoyed watching children “become their own little person”. They were also motivated by the opportunity to give children a good start in life and to help break negative cycles. One couple felt that children were able to learn from watching them work as a team. One little boy had expressed surprise that the male caregiver cooked and played with children. Others enjoyed teaching children new things and helping them overcome barriers such as being illiterate. Supporting children through transitions was also considered important.

Being there for the child/advocacy

Part of the motivation for some caregivers was the opportunity to parent. An important aspect of this was making children and young people feel safe and secure, and giving them hope. Loving them “for as long as they are with you” was considered very important. Some participants also identified fighting for the rights and needs of children as a positive aspect of caregiving and one noted that having “someone to be there” was a basic human right. Another described caregiving as a social necessity.

Contact with others

Some caregivers appreciated the opportunity to meet others that came with caregiving. One caregiver was providing respite for a child living with her grandparents and she enjoyed the contact she had with them as well as the child. Some valued meeting with other caregivers and one kin carer had found the Grandparents Raising Grandchildren Association very helpful. Another non-kin caregiver commented that she enjoyed the engagement with children’s whānau and helping them to know their whakapapa.

Long-term rewards

In addition to enjoying watching children grow and develop several caregivers commented on the long-term reward of seeing young people become settled. Several had ongoing relationships with young people as they developed into young adults and took pride in their achievements. Some caregivers still hear from young people who stayed with them for relatively short periods of time and others have enduring relationships and regarded their former foster children as members of their extended family.

Keeping children in the family

For kin carers this was the primary motivation. One grandmother said that the best thing about caregiving was “being able to give my grandson a home, so he didn’t have to go to strangers not related”.

What’s not good about caregiving?

Unfortunately the drawbacks of caregiving appeared to outweigh the benefits and ten themes emerged in response to this question.

Birth families and access issues

Dealing with difficult families was a major stressor especially when they were violent or threatening toward the caregivers and some reported that they were not always protected from this. Access could also be a source of tension and this is discussed in more depth below.

Social workers

Caregivers were very careful to distinguish between good social workers and those with whom they had difficulty. In every office participants were able to identify social workers in both categories. Continuity can be a problem and one caregiver reported having three social workers in four months. Lack of contact was another common complaint. In one case, the social worker had been away for six months and the caregiver had not been told, another caregiver had not seen the child’s social worker since the previous October and in another case the social worker had visited twice in nine months. Social workers were reported to be very hard to contact and frequently did not respond to messages. Caregivers wanted to be trusted by social workers and treated as equals. Many reported that they felt discounted and had been told, “you’re just a caregiver”.

Lack of information about the child

Several participants reported that insufficient information was provided at the time of placement. They often had no idea what the child had been through and sometimes only learned this from other caregivers or people in the community. It was felt that social workers hold back for fear of putting prospective caregivers off. Although Care Plans were usually provided these were often inadequate, especially in emergency placements. Caregivers reported being asked to take children for short periods and

receiving plans based on this goal but months later the child is still with them and this is the only plan they have received.

Decision-making

Participants had very strong views about the lack of focus on the child in decision-making processes. Many agreed that the line between parental rights and children's rights is not clearly defined and that too often parental rights take precedence. Numerous examples were given including multiple court hearings to revisit access, delays getting custody transferred to caregivers for fear of upsetting parents, and children forced to go to access despite considerable anxiety and distress. A particular concern related to the frequency of access even after accepting permanency and this is discussed below. Caregivers also expressed concern that some changes of placement did not appear to be very well thought through and children were moved even though they were settled. Many caregivers felt frustrated that their knowledge based on living with the child was discounted or considered irrelevant.

Permanency

A diverse range of views emerged in relation to permanency. Some caregivers felt forced to go on to the Unsupported Child Benefit and worried about financial and less tangible support in the future when children might need counselling or other assistance. Some reported feeling blackmailed by being told that if they did not accept permanency the child would be moved. Others were keen to provide a secure home for the children in their care but worried about parents continuing to seek changes through the Family Court. Some caregivers indicated that they would prefer the security of adoption for themselves and for the child.

Inappropriate placements

Participants questioned the motivation of some caregivers and felt that assessments were not always conducted in enough depth. They questioned the placement of children with families who had limited resources to cope with children's needs and behaviours. They felt there was a need for more specialised caregivers for the most challenging children. Some expressed concern that there appeared to be different standards of care for kin and non-kin placements and that some kin placements were not safe.

Child, Youth and Family processes

Many participants reported that it was not the children that were the problem and that the greatest stress came from “dealing with the system”. They reported that many new caregivers feel frustrated and let down and during meetings it was clear that some caregivers were learning about entitlements for the first time. Accessing the nappy allowance, having to get prior approval in order to get reimbursement, and ensuring children had adequate clothing when first placed were all identified as areas of difficulty. Others were frustrated by lengthy delays in getting reimbursement. Failure to transfer cases to the district where the child is living was also a concern because these difficulties were amplified when they had no point of contact in the local office.

Lack of support

One kin carer reported feeling “ripped off” because she was not informed of her entitlements when she took custody. This has been resolved but she remains concerned that support will be withdrawn and that other kin carers may find themselves in the same position. Another source of stress was children arriving at night with no personal possessions. One specialist short-term caregiver had found that having to rush around sorting out basic items such as toothbrushes, hair brushes, etc. detracted from helping the child settle into her home, particularly given the level of distress felt by children in these circumstances.

Respite care was described as “a joke” and very few had access to this. Some organised it for themselves using their own networks and others simply never got a break. Others managed to get respite but it was set up in such a way that it was not viable. For example, in one case a caregiver had to transport the child a considerable distance at a time of day when she had other commitments and in another case respite was organised for a behaviourally challenged child on the same weekend as access, and this was felt to be too unsettling for the child and not reasonable for the respite carers.

Behavioural problems/teenagers

Caregivers commented on the level of behavioural difficulties presented by many of the children coming into their care and teenagers were identified as particularly challenging.

Caregivers also noted the complexity of their backgrounds and the prevalence of parental problems with violence, drugs and alcohol.

Dynamics of fostering

Participants identified a number of issues that are unavoidable including when children want to stay but can't, when parents come to take them back, and some children's negativity toward their parents. Caregivers also reported that they have to consider the needs of their own children and sometimes this is a difficult balancing act.

Despite these difficulties, caregivers remained committed and most were philosophical about the inevitability of there being ups and downs. The key factor was being able to get hold of the social worker so that any issues could be worked through and resolved in a timely fashion.

Challenges for caregivers

There was some overlap with the preceding question and issues related to contact and support are addressed in more detail later, so key points that emerged from the discussions with caregivers are summarised:

- Complete change of lifestyle
- Continuing influence of child's birth family
- Access
- Teenagers, especially if coming straight from family
- The extent of the damage to children
- Extreme behaviour
- Lawyers for child are not always impartial
- Lack of respite care
- Lack of Child, Youth and Family support
- Lack of information
- Advocating for the child
- Multiple placements in one home, co-ordinating activities

- Providing children with a normal life
- Attitudes toward caregivers, “just a caregiver”
- Emergency placements
- Managing family dynamics
- Inappropriate placements, especially when child has been sexually abused and/or is a sexual offender
- Failure to match children and caregivers leading to multiple placements.

Challenges for children and young people

In responding to this question, some caregivers noted that lack of support for caregivers impacts on children and young people but they also demonstrated considerable understanding of the challenges faced by children and young people. A number of related themes emerged.

Dynamics of care

Caregivers noted the difficulty for children having to be away from their parents and the loss of familiarity. Several commented on the neglect and rejection experienced by some children prior to coming into care. Caregivers also reflected on how it is the parents who have the problems but it is the children that have to cope with the consequences of this. It was also noted that there are no happy endings when children and young people are separated from their parents. Others commented on how sad it was to see children build dreams about their parents and then watch them crumble. Caregivers said that separation from siblings and lack of contact was difficult for children and young people. They also noted that sibling rivalry could be a challenge when siblings were placed together.

Being with strangers was identified as a challenge and issues of belonging and knowing where they fit was associated with this. Caregivers noted how difficult it is for children and young people in care when their friends ask why they don't live with their mother. They reported that children and young people feel labelled, stigmatised, and are acutely aware of being different.

The age at which children and young people came into care was also considered to make a difference. Caregivers noted that due to the issues above many of the older children run away. Some felt that it was easier for babies because they are less aware and tend to respond to the care offered. Others expressed concern about infants who slept all night and seemed very passive. Several caregivers expressed concern that social workers did not have a good understanding of the developmental needs of very young children and this was sometimes reflected in the absence of any transition when infants returned home or moved to a new placement. Older children often had no routines, poor eating habits, and lacked basic self-care skills. This increased the unfamiliarity and meant that there was a lot to learn at a time when relationship building was very important. Caregivers also commented that even if they did have some of these skills every household has different rules and children have to find out how things work in this house.

Lack of information/not knowing

Many caregivers felt that the greatest challenge for children and young people was not understanding what was going on and their need for explanations about why they could not be at home. This was particularly difficult if caregivers did not have the information to help them understand. Most children and young people missed their mum and wanted to know when they would see her and again this was more difficult if caregivers did not have the information to respond to their questions.

Moving

Moving was identified as one of the biggest challenges. Caregivers reported that all of the difficulties associated with entry to care re-emerge each time they move and it does not get any easier. These difficulties were compounded when departures were abrupt and in some cases children and young people had been made to feel responsible for placement breakdowns. In other cases the move was planned but very sudden and this did not allow for a farewell process. Sometimes promises were made about future contact and children and young people found it very difficult when these were not honoured.

Lack of consistency and continuity was considered very challenging and led to a lot of uncertainty for children and young people. In particular, short-term placements that get

longer and longer are very difficult for children because of the uncertainty associated with this. Caregivers reported that behaviour only improves when children and young know they are going to stay. Some caregivers reported that respite does not always work for children and that this may feel like rejection or is simply another change that they have difficulty coping with.

Behaviour

Caregivers commented that while they found the behaviour of some children very challenging this was also a challenge for the children. Accessing appropriate support was reported to be difficult and for many children their extreme behaviour led to multiple placements and had an adverse impact on their education. Many caregivers were concerned that intervention was too little and too late compounding the challenge for children with difficult behaviour. The lack of specialist or treatment foster care placements was considered to compound the difficulties faced by this group of children and young people.

Contact

Caregivers reported that arrangements for contact were usually made by the social worker. In some cases, the caregivers were expected to make it happen and some were happy to do this. There was considerable variation in caregivers' experience with some reporting flexibility and room to negotiate, others being told what would happen, and others managing very loose arrangements that made planning difficult. Caregivers indicated that a wide range of different forms of contact is occurring. A small number of children have no contact, some only have it sporadically when requested by parents, some only have sibling contact but the majority have regular contact both supervised and unsupervised.

Considerable variation in the type and quality of supervision was reported. Most reported favourably about the supervised access services provided by non-government agencies but some reported dissatisfaction. In some sites, these services were no longer available due to cost. In a number of cases, the supervision was provided by caregivers and in some cases, social workers or resource workers. Family members also provide supervision. Supervision was considered vital for newborns and very young children, especially if the mother was angry or distressed. Caregivers also felt strongly

about the need for supervision when parents have mental health issues that are not well managed or a history of violence and threatening behaviour. Caregivers also noted the need for supervisors to be trained because some did not seem to understand their role or intervene appropriately during visits.

Issues

Caregivers strongly supported children and young people maintaining contact with their families. They considered it important that children know about their roots and agreed that contact is very important when children and young people first come in to care. They also noted that it works best when caregivers and birth parents have good relationships and organise themselves. They did, however, raise a number of issues about frequency, length of time and potential risk. Age was identified as a significant factor with different risks associated with different age groups.

The potential for children to be abused or placed at risk was noted by a number of caregivers. One child was so frightened of her mother that she wanted a protection order but because the mother could not be located the order did not eventuate. Children who had been sexually abused were considered particularly vulnerable and caregivers did not always feel that this was taken into account. Caregivers also talked about older children who were allowed to consume alcohol and drugs and watch pornography during visits. Some children were having visits for most of the day and not being fed during this time. Contact with parents in prison was also considered problematic. Some children wanted this but others did not and were sometimes forced to visit.

The frequency of court ordered access in some permanent placements was questioned. One child was reported to be having fortnightly access plus Mother's Day and Christmas Eve. One couple accepted the permanent placement of brothers aged four and three and only later found out that the oldest child had been in 14 placements and the younger child 12. Both have been diagnosed with severe attachment disorder but continue to have monthly contact with family. Two caregivers each providing a long-term placement for siblings are expected to take the children to access monthly and have been subjected to violent and threatening behaviour. Both were new caregivers and did not know that they could request that transport be provided. In another case, a judge ordered access against a child's wishes for three years. Access only stopped when the

lawyer for child challenged this. The frequency of court ordered access in a recent placement was also questioned. A three-month-old child was having three mornings with the mother and three mornings with the father and the caregiver reported that the child was unable to settle and feeding was disrupted.

A major concern was the inflexibility of arrangements and the difficulties this created for children as they got older and wanted to participate in sport and spend time with friends at weekends. Inflexibility also meant that sometimes children and young people in care missed out on caregiver family trips at the weekend or participation in family events and this was not considered to be in children's best interests.

Consultation about contact

Considerable variation was reported with some caregivers being consulted and involved in decision-making about access and others having no say at all. Caregivers reported that the extent of consultation varied depending on the social worker and the site. Decision-making was reported to be driven by the Court and lawyers and caregivers commented that sometimes the "social workers hands are tied". In one case a kin carer (friend of child's family) received a letter from an agency setting out the arrangements as ordered by the Court. There had been no consultation and the carer found the letter offensive. Some caregivers reported that they had not been allowed to be at court hearings and felt very powerless, especially when arrangements were against the child's wishes or a source of ongoing difficulty.

Changes were sometimes made without consultation. In one case, a child in care from two days old had access increased at the age of 18 months even though access was very distressing for the child. In another case, a child was described as settled in their placement, access commenced, their behaviour deteriorated and despite this access was increased. Caregivers' greatest concern was lack of consultation about the impact of access on the child. They understood the importance of contact but reported that it was often parent-driven and not child-focused. They also appeared to understand that emotional reactions were inevitable and were willing to support children in managing this but found it frustrating when the child's wishes were not taken into account or when their perceptions about the negative impact were discounted.

Caregivers were asked to rank how stressful contact was for them on a scale from 0 (not at all stressful) to 10 (extremely stressful). Fifteen participants (24 percent) gave rankings between 0 and 2 with four opting for ranges up to 4, 8 and 10. Some of the caregivers who gave a ranking of 0 said there was currently no contact and the others who provided ranges said that this depended on the family and on the frequency. Sixteen participants (26 percent) gave rankings between 3 and 5 with three providing ranges up to 7 and 8 stating that this depended on the social worker and varied from one placement to another. Eight caregivers (13 percent) gave ratings between 6 and 7 and one kin carer stated that she had chosen this score because they had to travel to visit the child's father in prison. Twenty-three participants (37 percent) gave rankings between 8 and 10 indicating that contact with family can be highly stressful. It is likely that when caregivers find it this stressful it is also difficult for the child. Of the 62 participants who provided scores, half were below 5 and half above.

Support

When caregivers were asked about the support that they and the children and young people in their care received the responses ranged from "little more than board payments" to positive accounts of a range of supports. I have attempted to capture the diversity of their responses.

Support for caregivers

The level of support from Child, Youth and Family varied considerably and appeared to be dependent on social worker, and to some extent, site. Some caregivers dealt with only one site but those in larger urban areas dealt with multiple sites on a regular basis. Some caregivers reported basing their decision as to whether to accept a placement or not on the basis of the social worker, and in some cases, the site. There was universal support for caregiver social workers and in some cases they were the only person caregivers could get a response from. Some caregivers described the caregiver social worker as their backstop especially when they needed an immediate response. Caregivers were, however, very aware of their workloads. Some social workers were reported to be very good but others were not available. The minimum eight-weekly visiting was not being maintained in some sites and caregivers reported long periods without contact. Failure to respond to messages as noted earlier was a frequently

reported frustration. Caregivers also reported that some social workers appeared more knowledgeable and had greater access to resources.

Financial support

Opinions varied with some caregivers reporting that the financial support is adequate and that fostering should not be a paid job. Others felt that there should be higher levels of payment for the more challenging children, especially teenagers, and that there was a place for salaried intensive foster care. Many caregivers reported high levels of frustration with delays in getting reimbursement and having to bear the cost of damage done by children and young people. Caregivers felt that more flexibility with clothing grants was required. Some children did not need the full amount whereas others needed more. They wanted to be able to use the grant for bedding and sports equipment as well as clothing. Caregivers were affronted by the docking of board payments when children went to camp.

Education

Access to schooling was a difficulty in some areas and for some children, particularly sexual offenders. Several caregivers were home schooling and felt that support was lacking. Caregivers reported having to be proactive to ensure children and young people were at school and in some cases the responsibility was left with them. Some caregivers were expected to spend time with the child at school and some children were only allowed at school for part of the day. Recognition of these additional pressures was felt to be lacking.

Care Plans

Most caregivers reported that they had a copy of the Care Plan for the child or young person in their care. Some did not including one kin carer and a caregiver who had a child returned to their care eight weeks previously. Others reported going as long as five or six months without one.

Caregiver support ratings

When asked to rate the support they received on a scale from 0 (no support) to 10 (a great deal of support) 14 participants (22.5 percent) gave ratings of 2 or below with three choosing 0. Within this group three participants provided ranges with the lowest score

being under 2 and the highest score being 8, 9 or 10. Eighteen caregivers (29 percent) gave ratings between 3 and 5 with two opting for ranges with an upper score of 7 and 9. Nine caregivers (14.5 percent) chose ratings of 6 or 7 with two opting for a range up to 8 and 10. Twenty caregivers (32 percent) provided ratings of 8 or more with eight (13 percent) choosing 10. All caregivers who provided ranges stipulated that the variation was due to the quality of social work support. Of the 62 caregivers who provided rankings 29 (46.5 percent) chose scores over 5 and 33 (53 percent) gave rankings of 5 or below.

Support for children and young people in care

Many caregivers reported that there was no support for the child outside of the caregiver environment. Some reported that children know they can talk to their social worker or lawyer but because they do not have relationships with these people this is unlikely to happen. As noted earlier, bi-monthly visiting was not being maintained in some sites and some children were reported to have gone long periods without seeing their social worker. Continuity was also a difficulty with some children experiencing frequent changes of social worker. Some caregivers felt that children were rewarded for bad behaviour, not only getting more attention but also being provided with bikes and art equipment. Settled kids did not get any rewards.

The quality of service provided by children's lawyers was also reported to be variable. Some children and young people knew who their lawyers were and saw them prior to reviews. In other cases lawyers were reported to be going to court without speaking with either the child or the caregiver. In one case, a lawyer refused to talk to the caregiver even though the child concerned was only two and a half. In another case the caregiver drove a considerable distance to take a child to see the lawyer and was in the office less than five minutes.

Children's access to services was reported to be dependent on caregivers advocating for them. Some social workers were proactive and responsive to requests for assessments or counselling but others were not. Availability of services varied from one area to another. Access to services was partly determined by what was available and whether they were free. Some caregivers felt that children's need for counselling and therapy needed to be more widely acknowledged.

Most children were reported to have access to one or more recreational activities but there was some inconsistency across sites. Some caregivers had no difficulty accessing financial support but this was an obstacle for others. Caregivers also noted that some children need adult support and supervision to maintain appropriate behaviour and that this could be difficult if they had a number of children in their home.

As noted above, access to education is not always easy and some children need caregivers and/or social workers to advocate on their behalf to ensure their needs are appropriately met. Caregivers noted that there was some resistance to accepting children who are on medication.

The most positive comments about the level of support available to a child in care came from a caregiver with a child in an HCN placement. Not only had access to education been negotiated but support was available for the hours that the child could not be at school and the caregiver felt part of a team supporting a particularly challenging child. Her only anxiety was what would happen in three years time when the HCN contract came to an end.

Care Plans

Most caregivers reported that children had neither seen their Care Plans nor been involved in developing them. Some children were too young and in one case the caregiver felt that the child was too anxious but that as she became more settled would want to involve her more. When children did have some involvement the caregivers usually instigated this. One kin caregiver reported that they sit down with the children and everything is open.

Children's Charter

Some children had received a copy of the Charter but others had not. Some caregivers had never seen it and did not know that it existed. Some social workers had gone through it with children to make sure they understood it but others had not. The importance of children having the Charter explained was highlighted by caregivers who had experienced children using it against them. One had received good support from the social worker when this happened but another who had four extremely challenging children said that caregivers had to put things in place to protect themselves.

Ratings of support for children and young people

When participants were asked to rank the level of support provided to children and young people in care on a scale from 0 (no support at all) to 10 (a great deal of support) 15 (24 percent) opted for 2 or less with one choosing a range up to 6. Nineteen (30 percent) gave scores between 3 and 5 with three choosing ranges up to 7, 8 and 9. Eight (12.5 percent) gave scores between 6 and 7 and 21 (33 percent) gave scores between 8 and 10. Participants providing ranges stipulated that the level of support varied depending on the social worker. Of the 63 caregivers who provided ratings 29 (46 percent) were above 5, and 34 (54 percent) chose 5 or below.

Changes

Given the feedback provided by caregivers and the rankings they gave it is not surprising that when asked about changes they produced large lists and from these, seven themes emerged. Caregivers wanted changes not only for themselves but also for social workers and the children and young people in their care.

Support for kin and non-kin caregivers

Communication was considered very important and caregivers wanted to be listened to and wanted timely responses when they needed to talk to social workers. They wanted more information and consistency in the information provided. Some grandparents wanted more support; they wanted to be asked what they needed and access to resources to meet those needs. Caregivers also wanted back-up and access to support after hours, especially when they were caring for teenagers.

Caregivers wanted more support when attacked by birth family and when there were serious incidents involving threats and/or violence by young people or family members. Caregivers also wanted support when children choose to call them Mum and Dad and family object to this. Caregivers also wanted access to support for their own children if this was needed as a result of incidents in the home or if they were having difficulty coping with the impact of fostering.

Respite care was an important element of support for some caregivers and they wanted this built in from the beginning of the placement. To work, respite needed to be with the same family so that the child felt comfortable and the caregiver had confidence in where

they were going. It was also acknowledged that respite does not work for all children and they wanted any arrangements to be negotiated and tailored to the individual child.

As noted previously, there was some disagreement about the level of financial support wanted but for some caregivers it was a reflection of how much value was placed on the work they did. Making sure that reimbursements were dealt with promptly and that requests for additional costs were responded to in a timely fashion was reported to be an area that needed to be addressed. Caregivers recommended that any changes to administrative procedures be clearly communicated and where possible they would like to be consulted about proposed changes.

Support for social workers

Caregivers were mindful of how busy social workers are and they recommended reducing caseloads and splitting care and investigation work. Caregivers reported that sometimes they did not see social workers for lengthy periods due to the amount of crisis and more urgent work they were managing. It was also suggested that more resource workers would help reduce the load on social workers because they provide good back-up and support with practical issues like transport. Caregivers also suggested that social workers need more positive reinforcement when they are doing a good job. The need for training was noted and some caregivers felt that social workers lacked the confidence to stand up to birth parents and young people who are behaving badly.

Relationship between caregivers and social workers

Caregivers indicated that they want to be part of a team as promised in the training they receive. Some are treated this way but many are not. They want to be consulted and invited to share the information they have about the child or young person in their care. They want to be treated with respect and not be told, "you're just a caregiver". They want to be part of decision-making and did not want to be penalised if they stood up for a child or young person or raised issues. Caregivers also wanted better co-ordination of services so that different agencies involved with a child or young person were sharing information and connecting.

Recruitment and training for caregivers

Caregivers wanted a more proactive recruitment programme and rigorous assessment to ensure that people were doing it for the right reasons. There was strong support for the involvement of experienced caregivers in the training of new caregivers. Caregivers also expressed frustration at the delay in producing up-to-date handbooks. Some also wanted access to relevant legislation. There was strong support for kin caregivers to receive the same level of training and support as non-kin caregivers.

Permanency

Caregivers expressed concern about the timeliness of permanency decision-making and felt this was particularly important for children under five years. All caregivers agreed that decision-making needs to be child-focused and many supported the curtailing of parental rights in situations where parents have demonstrated that they are unable to keep their children safe. They also recommended that permanency caregivers be given more information about what might arise in future and where they could access support if needed. Despite some caregivers' reluctance to accept the withdrawal of Child, Youth and Family support as part of permanency, there was overwhelming support for children having a place to belong where they feel loved and secure.

Placement decisions

There was strong support for the need for social workers to make sure that the first long-term placement is the right placement. Caregivers reported social workers describing themselves as "really desperate" to find a placement for a particular child or young person. Sometimes caregivers felt pressured to accept a placement against their better judgement and this had led to placement breakdown in some cases. Particular concern was expressed about the need for care when placing children with sexual abuse histories. Greater attention to matching the child with caregivers who could meet their particular needs was wanted. Caregivers also expressed concern about children and young people who have multiple placements, noting the link between this and recidivist offending. Equally placement of multiple children in one home was cause for concern.

Caregivers also wanted clarification of Child, Youth and Family policy in relation to cultural issues. Some caregivers were willing to accept any children in their home and were not happy about being overlooked because they were not Māori. One site was

reported to have a policy of not placing Māori children with Pākehā but some children were placed with Pākehā while whānau placement was sought and this sometimes took a very long time. In the meantime the child has settled in the home and started to form secure attachment with the caregivers. These difficulties were said to be compounded if the placement was not in the same district, making it difficult to manage transition in a child-focused way.

A number of issues were raised in relation to whānau placements. It was felt that sometimes social workers did not look widely enough and as already noted sometimes there were unacceptable delays locating placements. There were questions about the quality of some placements and some were not considered safe. Some caregivers were concerned that the emphasis on whānau placement sometimes appeared to take precedence over the needs of the child, especially when babies were likely to have high needs due to drug and alcohol exposure during pregnancy.

Transitions from one placement to another and out of care were identified as areas needing closer attention and development. Some caregivers reported very positive experiences demonstrating that good transition is possible. Others, however, raised a number of concerns. It was reported that some decisions seemed to be motivated by a desire to save money rather than necessarily being in children's best interests. Some caregivers raised concerns about children returning home after achieving stability while in care only to re-enter care having lost all of the gains made. One kin caregiver was very worried about the return of her grandchildren to their mother. She felt that her concerns had been discounted and queried how the social worker could think that she knew her daughter better than she did.

It was recommended that the timing of transition out of care take account of young people's education and that beginning transition back to family when children were still at school was not a good idea. There was support for the transition support offered by one agency and it was recommended that this be available to all young people leaving care.

Support for children and young people

More support was wanted for children and young people in care, especially teenagers. Mentors were considered to have an important role to play, especially for boys needing positive role models. Training and making sure that mentors genuinely like the children and young people they are working with was also considered important. Caregivers also considered that priority needed to be given to funding counselling and access to recreational activity. Counselling was considered particularly important for children who have been sexually abused.

Caregivers wanted better communication with schools to ensure that children's needs were understood and any behavioural difficulties were appropriately addressed. They recommended that support packages be developed for the more challenging children to ensure that school was a positive experience. It was also suggested that the education system needed to adapt to the needs of the children and young people within it and that a wider range of options was required for those who did not fit easily into mainstream education.

Caregivers reported that children in care have huge issues about identity and that this is compounded for some by lack of information about their fathers. Many father's names do not appear on birth certificates and some children have no information about their fathers. Caregivers felt that more work needed to be done to support children and ensure that they have a good understanding of why they are in care. If children are placed apart from siblings, contact was considered very important.

Some caregivers expressed concern about children arriving at a new placement with nothing. This was considered to be detrimental to their self-esteem and they wanted more effort put into ensuring that where possible some possessions were brought with them or obtained shortly after placement. One caregiver suggested that they should reintroduce the backpacks for children placed in emergency situations and make sure that they include practical items like a toothbrush, a hairbrush and a change of underwear. Ready access to nit treatment was also recommended for caregivers providing emergency placements.

Summary

The caregivers I met were highly committed to the children and young people in their care and wanted the very best for them. Some described themselves as “stroppy” and willing to fight for the children and young people in their care. They did not always feel that their motivation was understood and were aware that sometimes they were considered difficult. For the most part they were unapologetic about this because their focus was getting the best for children and young people who were often not able to stand up for themselves. The changes they want are consistent with what the research identifies as good practice. The focus now shifts to the perspectives of those working for Child, Youth and Family.

Caregiver social workers' perspectives

In the course of this project, I met with seven caregiver social workers, interviewing four of them and gathering written responses from three. Their views are reported separately from other Child, Youth and Family staff members because their focus on caregivers gives them a unique perspective and also because I asked them about the impact of recent organisational changes on their role. This section will cover:

- Caregiver social worker characteristics and experience
- What they considered to be good and not so good about their role
- The impact of recent changes
- The challenges experienced by caregivers, children and young people in care and themselves
- Their perceptions of issues related to contact with birth family
- Their perceptions of the relationships between children and young people in care and their social workers
- Their perceptions of changes needed.

Caregiver social worker characteristics and experience

The youngest caregiver social worker was in the 25-29 age group and the oldest was in the 65-69 with the remainder spread between. There was diverse ethnic representation with three identifying as New Zealand European, one Māori, one New Zealand European/Māori, one Dutch and one Polish. Length of time working for Child, Youth and Family ranged from 10 months to 11 years with four having more than five years experience and three less. Length of time in their current role ranged from 10 months to six years but most had been in the role less than three years. Social work experience outside Child, Youth and Family ranged from 0 to 15 years. Five had social work qualifications, one is in the process of completing and one response was not clear. Four were registered, one was not and two were in the process of getting registered.

Caseload numbers provided by five caregiver social workers ranged from 40-45 for two, 56, 60 and 68. The person whose caseload was 60 had been carrying 100 until some redistribution two weeks previously. Some covered quite large geographic areas and one was covering more than one site. One person was only working part-time.

Positive aspects of caregiver social worker role

Three themes emerged from responses to the question what's good about your job and these related to different aspects of their role.

The caregivers

All of the caregiver social workers were enthusiastic about the people aspect of their job. They enjoyed meeting new people and hearing their stories in the course of completing assessments. They liked working with motivated people, many of whom had made positive changes in their lives. Another mentioned the challenge of working with whānau caregivers and the different dynamic because they have not necessarily thought through the issues.

Caregiver social workers also enjoyed working with caregivers and being part of a team working together to achieve the best outcome for children in care. They gained satisfaction from supporting caregivers and helping them to be stronger and more resilient. They also liked being in a position where they could give advice.

Making placements

Even though they were not directly involved with the children, caregiver social workers gained satisfaction from making successful placements, especially permanency placements. They enjoyed seeing the changes in the children when they visited and felt they were able to make a difference by working to prevent children in care drifting.

Personal development

Some caregiver social workers appreciated the opportunity to work in an area that was new for them. One said that the role allowed her to develop her analytical skills and improve her communication skills. Another noted the role allowed some flexibility in managing her diary.

Negative aspects of the role

Systemic issues dominated the response to the question what's not good about your job. Within this, three themes emerged.

Workload

All caregiver social workers reported not having enough time to cover all aspects of their role. In particular, they were concerned about not being able to visit caregivers as often as they would wish and that caregivers did not always get the level of support to which they were entitled.

Structural issues

Some caregiver social workers said that they did not fit in the site office situation because they are not working directly with children. They reported that their role was not seen as professional or as demanding as front-line work. In some cases it was regarded as a role you take on if you are stressed or “burnt out”. Some felt isolated because they were on their own. Some caregiver social workers also reported that there was lack of clarity around responsibility for paper work and lack of clear policies in some areas.

Introduction of new policies

One caregiver social worker described the way in which new processes are introduced as “appalling”. Many felt swamped with one new process after another and frustrated that new processes were being rolled out while they were still waiting for an updated Caregiver Handbook, which has been promised for the past six years. Some expressed concern that requirements in relation to police checks did not allow any discretion and that inflexibility was likely to reduce the pool of people available to offer kin and non-kin care.

Recent changes

Caregiver social workers were interviewed over a period of months so some were closer to the restructuring than others. Positives and negatives were identified with the positives including being closer to social workers and increased ability to address any issues directly with them. There were also more opportunities to be involved in decision-making and some were considering the possibility of joint visits with the children’s social worker. The positives, however, appeared to be outweighed by the negatives.

Isolation was a critical negative factor for some. Only one caregiver social worker was a member of a specialist care team. With the exception of two located at one site the rest of the group commented on their isolation and the loss of supervision from a person with

relevant expertise. One mentioned previously having a resource assistant who had provided invaluable support.

Since the restructuring some caregiver social workers were expected to go on the roster to assist with case related after-hours work. In one case a caregiver social worker had no previous care and protection experience, making this particularly challenging. There appears to be potential for a conflict of interests when social workers whose primary responsibility is to support caregivers are asked to undertake this role. Some are also offering training outside of working hours.

Some caregiver social workers are in Care and Protection teams and reported that this could be difficult if there was conflict between a caregiver social worker and a social worker about the management of a case. This situation arose when social workers did not meet statutory requirements or failed to provide Care Plans. Caregiver social workers are very conscious that decision-making rests with the social worker and some had been told, "you're just a caregiver social worker" when they attempted to address concerns. In another site there was no practice leader and the manager chaired Care Clinics. The caregiver social worker felt that this created the potential for conflict of interest because the manager is responsible for financial control and there was no independent person to resolve conflict.

In one region, recruitment and assessment were centralised and caregiver social workers only did whānau and permanency assessments. This meant that the first time they met caregivers was when a placement was being made and one caregiver social worker expressed concern that this potentially reduced the possibility for making the most appropriate placement because they did not have the knowledge that is built up during the assessment process. Caregiver social workers in this situation also had no prior relationship and this impacted on the amount of support they could offer at the beginning of a new placement.

Some caregiver social workers had previously been able to put energy into networking caregivers, providing a newsletter, and organising activities on Children's Day. This had been possible because they were part of a care team and now they were on their own there was not enough time for such activities. This may also be linked to the size of

caseloads. In one site I did not interview the caregiver social worker but she had arranged for me to meet with caregivers at a regular monthly networking meeting which was very well attended. This site had the lowest number of children in care of any site I visited.

Challenges for caregivers

Six themes emerged from caregiver social workers responses to a question about the major sources of stress for caregivers.

Children's behaviour

All caregiver social workers commented on the complexity and difficulty of the behaviour of children and young people in care and coming into care for the first time. Most caregivers have not been trained to manage this degree of complexity and some feel they are failing when they can't manage. Caregiver social workers felt that not enough was done to develop packages of support at the time of placement.

Contact

Contact with children's birth families was identified as a source of stress. Caregiver social workers commented that sometimes arrangements are made by the child's social worker with little or no consultation and caregivers are simply told what the arrangements are.

Lack of information

Caregiver social workers reported that some Care Plans are of poor quality and contain insufficient information. Some social workers were reported to withhold Care Plans from caregivers because they gossip. Some caregivers do not know what the plan is and when key events such as court hearings are taking place. Care Plans are not always updated and sometimes the end date for the placement arrives and the caregiver has not heard from the social worker.

Not being able to contact the social worker

Nearly all of the caregiver social workers reported this as an area of difficulty. Caregivers often had to chase social workers and the failure to respond to messages was reported to be a major stressor. Sometimes caregivers use the caregiver social worker as a conduit to the social worker and this could put caregiver social workers in a difficult position. In some cases, situations were described as escalating to crisis level due to lack of response from social workers.

Interface between caregivers and the child's social worker

Caregiver social workers commented that many caregivers reported this to be an area of difficulty. In training, caregivers are told that they are part of the professional team that surrounds a child but most caregiver social workers reported that in reality caregivers are not treated like that. Lack of recognition and acknowledgement of the important contribution they make to the children and young people in their care was reported by caregiver social workers. Often caregivers were not asked what they needed in relation to a particular child and caregiver social workers felt that caregivers did not always get a lot of support.

Financial pressure

Caregiver social workers noted that board payments are not always paid properly, especially at the beginning of a placement. They noted that this is particularly important because this is a stressful time and may get the placement off to a bad start increasing the risk of breakdown. Timely reimbursement was also noted to be a big issue.

Caregiver social workers' rating of the support provided for caregivers

When asked to rate the level of support provided for caregivers on a scale from 0 (no support) to 10 (a great deal of support), two chose 4; two chose 5; two chose 6; and one chose 7.

Challenges for children and young people in care

Three major themes emerged from caregiver social workers' responses to a question about challenges for children and young people in care.

Their situation

One caregiver social worker responded, “everything” and all commented on the enormity of the challenge facing children who have to leave their parents and all that is familiar to them including friends, pets, and school. Many were reported to arrive with nothing but themselves. Caregiver social workers acknowledged that children miss parents even when they have been abused. Children and young people are also faced with the challenges of accepting that they cannot live with their parents and making sense of why they are in care. All children and young people coming into care were described as unsettled regardless of the situation they have come from.

Caregiver social workers reported that placements are made on the basis of who is available and this means that children and young people are not as well matched to their caregivers as they could be. As a consequence, entry to care often means that children move a lot exacerbating attachment difficulties arising from their experiences prior to coming into care and as a result of separation from parents. Caregiver social workers commented on the challenge of adjusting to a new living situation and the trauma and stress associated with this. They also noted that adapting to rules and boundaries may be very challenging, especially for children who have been running the household they have come from.

Support for children in care

Caregiver social workers commented on delays in organising counselling and recreation activities and reported that caregivers were often not heard when they attempted to advocate on the child’s behalf. Caregiver social workers felt that children and young people in care were not given priority by social workers and that court work, paper work and CYRAS were often the focus. As a result, children did not get quality time with their social workers and this could impact on safety if they had never had the opportunity to build a rapport with their social worker. Caregiver social workers also noted that children are not adequately supported during their transition out of care. When asked to rank the level of support for children and young people in care on a scale from 0 (no support) to 10 (a great deal of support), one chose 3; one chose 4, two chose 5, two chose 7; and one chose 8. This suggests considerable variation across sites and also indicates room for improvement.

Moving through the system

Caregiver social workers expressed a number of concerns about delays in achieving permanency for children and young people in care. One commented that Child, Youth and Family policies seem to be at odds with the court system and another was worried that the goal of a home for life seemed to be unattainable. Another was concerned that the level of support for whānau carers was less than that for non-kin and the greater obligation to financially provide for the children they took into their homes was not always reasonable. Insufficient support for children returned home was also a concern. One caregiver social worker commented that while she accepted that “financial constraints and budgets must play a part in our systems I feel that these considerations over-ride what is best for our children and young people”.

Challenges for caregiver social workers

Five themes emerged in response to a question about the major challenges caregiver social workers face in doing their job. Some of these overlap with issues identified in the preceding discussion and will be acknowledged but not elaborated on.

Recruitment

Caregiver social workers reported that a major challenge for them was having enough caregivers, especially for teenagers and children and young people with challenging behaviours, sexualised behaviour or learning difficulties. The pool was not large enough to allow matching, especially for the more difficult children and young people. Other agencies were identified as offering more specialist services, but financial cost could sometimes be a barrier. Recruiting sufficient numbers for respite care, especially for teenagers, was also identified as a challenge.

Workload

Caregiver social workers identified a major challenge was getting everything done within required timeframes. Difficulty maintaining bi-monthly visiting was a challenge especially when caregivers were some distance away from the office. Having time to complete good quality reviews was also a challenge. Some caregiver social workers found that priorities were continually shifting when emergency placements were needed and timeframes for reviews were changed. Many expressed frustration that there was so much more they could be doing.

Relationship with social workers

The potential for tension when caregiver social workers have to advocate on behalf of caregivers has already been noted. Some caregiver social workers reported good relationships with social workers and were updated about any changes in plan but others were not updated and there were times when this caused embarrassment. Caregiver social workers were not always advised if there were difficulties in a placement and found this frustrating because they could do more to support caregivers if they were aware of problems. One caregiver social worker sends a note to the social worker when she has visited and thought it would be good if this were reciprocated.

Permanency

As noted above, some caregiver social workers were concerned that permanency principles sometimes got left behind. Some were also concerned about the expectation that they complete permanency assessments and felt that the previous system of having these completed by a specialist worker was preferable. Others identified a need for training in this area.

Emergency placements

One of the major challenges for caregiver social workers relates to assessments for emergency placements completed by social workers. Sometimes these are not sufficiently complete to approve the placement and when a full assessment is done by the caregiver social worker they may not be able to approve placement. Caregiver social workers noted that unpacking the reasons for this with the family can be challenging and time consuming.

Contact

Caregiver social workers were asked for their views on the management of contact between children and their families and whether or not this was a source of stress for caregivers. Some arrangements were reported to work well with caregivers being well informed and having regular contact with the social worker to address any issues or be informed of changes. It was also noted that using an independent person to provide transport was beneficial in some cases and ensured greater consistency.

Most, however, reported difficulties in this area. Sometimes it was a constant battle with polarisation of caregivers and parents and in other cases the onus was placed on caregivers, which was considered an unfair burden. In some cases the arrangements were constantly changing and caregivers were left to explain this to children. Reduced visits were considered appropriate in permanency placements but lawyers were reported to be resistant to this. Concern was also expressed that sometimes children's best interests were overlooked when the focus was on what their parents wanted.

Caregiver social workers noted that when there were difficulties this impacted on the children, generating anxiety and uncertainty. One of the difficulties reported by caregiver social workers is that children unsettled by access tend to take this out on the caregiver who may have to cope with difficult behaviour in the lead up to, and after, visits. Some children regress after each visit and this can be frustrating for caregivers who feel that any progress is undermined. Parental failure to turn up for scheduled visits was identified by caregiver social workers as a major stressor for children.

Children's relationships with their social workers

In some sites, social workers were reported to be achieving the bi-monthly minimum visiting requirement but in other sites this was not achieved. Variation from one social worker to another was reported and some caregiver social workers reported lengthy periods without visits. Attention was focused on placements that were in difficulty and whānau placements were reported to be less likely to be visited.

Most of the caregiver social workers had given copies of the Children's Charter to caregivers and thought that most children had been given copies. They were unsure, however, whether there had been any explanation.

Changes

When asked to rank Child, Youth and Family success in meeting the needs of children and young people in care on a scale from 0 (completely unsuccessful) to 10 (highly successful) caregiver social workers chose 4, 5, 5.5, 7 (two) and 8. It is not, therefore, surprising that when asked what changes they would recommend to better support caregivers and children and young people in care they had a number of ideas.

Changes to better support caregivers

More time to allow better balancing of priorities and meeting all of their responsibilities was identified as important to allow caregiver social workers to better support caregivers. Time to link caregivers and provide support and information was also needed. Caregiver social workers want to be more involved in care planning and considered that better provision of information to caregivers about the children and young people in their care would assist them in providing quality care. They also recommended that social workers pay more attention to what caregivers had to say about the children and young people in their care.

A clearer distinction between permanent and short-term placements was recommended. There was also support for a tiered system with a more professional approach with a study requirement and payment for those caring for more difficult children and young people. More training for caregivers and themselves was identified as important along with updated handbooks and clearer policies. Caregiver social workers also recommended that supervision, mentoring, counselling and therapeutic support be provided for caregivers when needed.

Changes to better support children and young people in care

Caregiver social workers believe that the key to good outcomes for children and young people in care is supporting caregivers so that they are better able to provide safe, secure, nurturing and loving placements. Some felt that working in specialist care teams allowed them to develop good practice and that some of this was lost when these teams were disestablished. There was considerable support for dedicated care teams, including a specialist permanency social worker, on site.

Good processes when children are entering care were considered crucial in achieving positive outcomes. Caregiver social workers noted that sometimes entry-into-care meetings are held before anyone has met the child. Contact with their social worker was considered to be very important, especially at the beginning of a new placement. It was also felt that social workers need more training in how to communicate with traumatised children. Life Story work was also considered important to ensure that children know their identity and background. Some caregiver social workers felt that caregivers could be supported to engage in this work with children.

Caregiver social workers maintain that priority has to be placed on avoiding systemic abuse in the form of placement breakdowns, multiple placements, and short-term placements that drift into long-term only to be disrupted when the child has begun to form attachments. More support for families was recommended to reduce the risk of re-entry to care for children who are returned home.

Permanency is considered by caregiver social workers to be an area needing development. Timeliness is critical and it was felt that some children are left in limbo for too long before moving into permanency, reducing the chances of success. More attention to concurrent planning and better management of transitions were recommended. Some whānau placements were not considered suitable for children needing permanent care and matching children and young people with carers who have the resources to manage their behaviour and meet their needs was considered critical. Support packages for children moving into permanent placements were also recommended to reduce the risk of breakdown as a result of children's challenging behaviour. Better transition to independence was also identified as important in ensuring good outcomes for children in care.

Summary

Much of what the caregiver social workers had to say was consistent with what caregivers reported. Many of the same themes have emerged with both groups reinforcing the need for good working relationships; support for caregivers and the children and young people in their care; avoiding multiple placements; providing children with stable, nurturing environments in which they can develop; and supporting them as they transition to independence. The focus now shifts to managers and social workers and their perspective of what is important for children and young people in care.

Managers', social workers', and residential staff perspectives

During site visits I met with managers, social workers and residential staff when the opportunity arose. Individual interviews were completed with three managers and one practice leader and some material has been incorporated from conversations with other managers. I also conducted a joint interview with two case leaders at a Care and Protection residence. I met with 31 social workers, mostly in group interviews but also completed two individual interviews at one site and three social workers and one supervisor provided written responses. Some material from meetings with social workers where the formal interview was not completed due to shortage of time has been included. I also met with four members of a Case team at the Care and Protection residence. In this section I have collated the information obtained and will cover:

- Characteristics and experience of participants
- Different organisational structures
- Participants' perceptions of the challenges experienced by caregivers, children and young people in care, and themselves
- Participants' perceptions of the needs of children and young people in care
- Participants' perceptions of what is needed to achieve positive outcomes for children in care
- Participants perceptions of changes needed.

Participants' characteristics and experience

The managers and practice leader were aged between 45 and 59 years. Three identified as New Zealand European, one Māori and one Māori/Tongan/Fijian. This group included two men and three women. Four had worked for Child, Youth and Family for between 20 and 23 years and one had 36 years experience. Two had been in their current role for two years, one six years and one nine years. All five held social work qualifications, four were registered and one was in the process of registering. Managers were asked to identify the number of children in care at their site and this revealed wide variation⁸. The lowest number was estimated at less than 25 and the highest 157. Other sites provided numbers of 41, 52, 59, 63, and 150. These figures

⁸ Although some variation is to be expected as sites differed in size and geographic coverage, these factors did not appear to account for all of the variation.

included children and young people currently at home but still in Child, Youth and Family's custody.

The care leaders were younger with one being in the 20-24 age bracket and the other 35-39. Both were New Zealand European and female. One had worked for Child, Youth and Family for five years and the other ten. Both had been in their current role for six months. Both held social work qualifications and were registered. The residence population was eight.

Social workers were aged between the 25-29 age group through to 65-67 with 16 aged below 50 and 13 above. Of those who provided information about ethnicity, twelve identified as New Zealand European/Pākehā; 10 Māori; one New Zealand European/Dutch/Māori; and one English. The length of time they had been working for Child, Youth and Family ranged from six weeks to 20 years with 13 having less than five years experience, 12 having between five and nine years experience and five having more than 10 years. The length of time in their current role ranged from six weeks to 20 years but there was evidence of movement across different roles within the organisation with most having been in current role less than the time they had spent with Child, Youth and Family. A number also had social work experience outside of Child, Youth and Family. Twenty-five (80.5 percent) had social work qualifications and one was due to graduate. Three did not have a social work qualification (9.5 percent) and two were yet to complete. Twenty-two (71 percent) had social work registration, one had provisional registration, four were yet to complete the process and three (9.5 percent) were not registered. Numbers of children and young people on their caseload varied from 0 to 39. Fifteen (48 percent) had less than 10, eight (26 percent) had between 10 and 20, and four (13 percent) had 20 or more.

The residential care team included two men and two women, three of whom were aged between 20 and 29 and one in the 55-59 age bracket. Three identified as New Zealand European and one Māori. Three had less than five years experience and one had worked for Child, Youth and Family for 22 years. Time in their current roles ranged from 3 months to 20 years. Two had social work qualifications and two did not. None of them were registered. Two had casework responsibility for individual residents but two did not.

Organisational structures

One of the difficulties in collating and analysing the information provided in these interviews is the considerable variation in site structure. One site has a specialist HCN worker who manages all HCN cases and supports other social workers applying for this funding. All other children and young people in care are distributed among the social workers in the office who have generic caseloads including intake, assessment and intervention work. Another site is also based on generic caseloads and the social workers at this site felt that the primary advantage was continuity. They found it difficult to conceptualise how specialised teams would work. Both of these sites have smaller numbers of children in care.

One manager reported that different models had been considered when Differential Response was introduced. At one stage they had three care social workers and the rest were assigned to intake work but they went back to generic caseloads. At the time of the interview, all social workers had children and young people in care on their caseloads but it was thought that this would diminish over time as specialism developed within teams.

Some sites do not have generic teams, but there is considerable variation in team structure. One site has an Intake team with two social workers who complete the initial child and family assessments. The Intervention teams take turns to do duty and while on duty co-work complex cases with the Intake team. The team on duty pick up all new cases during that week and allocation is done in a consistency meeting. This site also has a Care team, which includes two caregiver social workers, the adoption workers and a supervisor.

One smaller site has a duty team and an Intervention team with six monthly rotation of social workers. At the time of the interview supervisors were carrying caseloads, mostly young people due for discharge. The caregiver social worker is located in the Intervention team.

A larger site has three Intervention teams and one duty team. This site had restructured when the number of social workers and supervisors was reduced as part of an organisational restructure. This site has a dedicated HCN worker and one staff member

has a caseload of 46 children and young people in care. This site has a high number of children in care and the rest were distributed across the Intervention teams. At the time of my visit there were a number of vacancies and members of the duty team were holding some intervention cases.

One site has recently introduced a model based on age groups. Three teams have generic caseloads but one specialises in under fives, one on primary school aged children and one on adolescents. A recent review indicated that staff are enjoying the new arrangement and had identified some benefits. The Under-5 team was under the greatest pressure with an increasing amount of work with mothers of children not yet born. There were less teenagers but the work was more intensive. Youth Justice had recently moved back to the site and this was allowing a more co-ordinated response to care and protection needs. Balancing new work with ongoing work has been identified as a difficulty and consideration is being given to allowing a worker within each team to focus on Intake to reduce the pressure on other team members. The caregiver social worker in this office is based in a team with other workers with specific roles.

Local variation appeared to be an appropriate way to manage the different characteristics of each site and there appeared to be advantages and disadvantages in each model. Some of these will be reflected in the following material.

The residential environment is different again. Care is provided on a twenty-four hour basis. The unit has two care leaders and care teams made up of youth workers and social workers who supervise and interact with the children and young people throughout the day in two shifts. Night staff provide oversight after the children have gone to bed. Site social workers remain responsible for care planning while children and young people are in residence. This is a national facility and some residents lived a considerable distance from the residence.

Challenges

Major challenges for caregivers

Managers, practice leaders and social workers agreed that one of the major challenges for caregivers is the complexity of the children and young people needing care. Their lists of challenges included behavioural difficulties; ADHD; mental health issues;

backgrounds of violence; alcohol and drug issues for the older children; and being drug and alcohol affected for the younger children. Children with severe disabilities were particularly challenging. Many kin and non-kin caregivers were considered to be unprepared for the reality of caregiving.

Both managers and social workers identified contact with birth family as a challenge for caregivers. Non-kin carers faced particular challenges if the plan was to return children home because there were likely to be high levels of contact. They were, however, considered to be better protected than kin carers who could be put under pressure by family members wanting overnight visits despite safety concerns.

Managers and social workers noted the frustrations caregivers experienced when dealing with a bureaucratic system. They reported that difficulty with contacting social workers was a source of stress for some caregivers and both groups acknowledged caregiver frustration at not always being included in planning and decision-making. Social workers also noted that lack of information, especially when emergency placements are being made is difficult for caregivers. Access to practical resources such as transport and specialist services was also acknowledged as an area of difficulty.

Many of the social workers felt that current levels of payment are insufficient given what is required of caregivers opening their homes to emotionally damaged and neglected children. Particular concern was expressed about whānau carers who were in some cases struggling with poverty and isolation. Nevertheless it was acknowledged that financial support could be a barrier to permanency.

Social workers identified permanency as a challenging area for caregivers. Some were reported to feel pressured and anxious about loss of support. Others, especially kin carers, were described as worrying about alienating birth family and generating conflict. On the other hand one of the managers noted the danger of children remaining “welfare kids” if permanency is not achieved.

Residential staff focused on the particular challenges for caregivers when children and young people return to them, or are placed with them for the first time, having spent time in a residence. The importance of transition was emphasised including an opportunity

for caregivers, or family if the child is returning home, to understand the residential environment and the routines, boundaries and structure provided. The Care team also noted that when children are returning to family or caregivers they may only remember what the child or young person was like before they came to residence. They felt it was very important that caregivers and parents have the chance to understand what changes the young person had made and what support they would need to maintain these changes. Geographical distance was identified as a major challenge in achieving this. Care leaders expressed concern that placement on leaving residence was often not the best fit but the only fit. Residential staff also said that caregivers need to be strong people and need more training to understand where this group of young people have come from and the trauma, neglect and chaos that they have experienced.

All participants were asked to rate the level of support provided by Child, Youth and Family to caregivers on a scale from 0 (no support) to 10 (a great deal of support). Managers and Practice Leaders gave scores of 4, 5, 7 (two), and 8-9. Social worker scores ranged from 2 through to 9, with 14 (45 percent) below 5; 14 (45 percent) between 5 and 7; and 3 (9.5 percent) giving a score of 8 or 9. Three who chose lower rankings provided ranges that extended to 8, 9 and 10. Residential staff rankings ranged from 4 to 7 with three choosing 5 or below and three 6 or 7. Although there is evidence of considerable variation in these rankings, 17 participants (39.5 percent) rated support as less than 5 suggesting that there is room for improvement.

Major challenges for children and young people

Managers and social workers reiterated what caregivers and caregiver social workers have said, identifying major challenges as including being apart from family; having to move into a new environment; negotiating relationships with families and caregivers; understanding what is happening; achieving a sense of belonging; and feeling different.

Social workers acknowledged that these difficulties are exacerbated when children and young people do not feel heard, are not treated with respect, or involved in decision-making. Lack of action on their plans and lack of quality time with their social worker were also identified as challenges for children and young people in care. Challenges were reported to vary with age with older children wanting more involvement and younger children having difficulty understanding what is happening.

Managers considered that limited placement options were a challenge because children and young people could not always be placed in an environment most appropriate to their needs. It was noted that older children often coped better with a more neutral environment such as a Family or Group Home. Larger pools of caregivers to allow matching and more time and resources to locate whānau were said to be needed.

Residential staff commented on the need for early intervention (“four years of age rather than fourteen”) and the need to put supports in place early in the child’s life. Lack of resources to work with families and lack of appropriate alternative education in the community were also seen to be challenges for children and young people. The Residential Care team noted that there is almost too much protection in residence and that children and young people can be fearful when moving from a secure facility where all their needs are met to an unrestricted and sometimes unknown environment. The care team also considered that being able to move on from their past and believe that change was possible was a particular challenge for children and young people in care.

All participants were asked to rank the current level of support provided by Child, Youth and Family to children and young people in care on a scale from 0 (no support) to 10 (a great deal of support). Two managers chose 5, two chose 7, and the Practice Leader chose 7-8. Social workers scores ranged from 2 to 9, with nine (29 percent) being below 5, 16 (51.5 percent) being between 5 and 7, and four (13 percent) 8 or over. Four providing lower scores chose a range extending up to 7 or higher. Residential staff all chose scores of 8 or more while young people were in residence, but two indicated that they would only rate the level of support in the community as 4 and 6. Although the range suggests that some children and young people are receiving an appropriate level of support the number of low scores suggests room for improvement.

Challenges in relation to own responsibility for children and young people in care

Managers

There was widespread acknowledgement that work with children and young people in care was an aspect of practice that had been neglected and most sites had plans in place to address this. Managers felt that one of the challenges was to champion work with children in care so that it was woven into everyday work. Managers wanted to encourage social workers to engage in direct work with children and young people,

especially those with high needs. Ensuring that all children are visited and have a relationship with their social worker was also identified as a challenge. Supporting care teams and caregiver social workers was also considered important.

Permanency was a challenging aspect of practice and some managers noted the importance of changing the mindset of social workers to ensure that “Child, Youth and Family care is a train station not a destination”. One manager talked about engaging in roundtable discussion with her counterpart at Work and Income to discuss support packages on a case-by-case basis.

Some sites were planning to review all children and young people in care to ensure that plans with clear goals and timeframes were in place. Other challenges included ensuring that sufficient numbers of caregivers are recruited, more intervention option meetings prior to children coming into care, training and support for staff, ensuring that approval processes are respectful, and making sure that other agencies fulfil their responsibilities in relation to children with disabilities.

Social workers

Having enough time and balancing priorities to ensure that lower priorities still get attention was identified as a major challenge by social workers. It was acknowledged that children and young people in care, especially those who are settled, get overlooked and that this can happen in both generic and specialist teams. Social workers reported that proactive work could produce positive results but that often this was not possible due to other commitments.

Challenges in relation to recruitment and assessment were a particular concern at one site because interpretation of the policy in relation to prior convictions was having a significant impact on current caregivers as well as new ones. It was felt that social workers’ professional judgements were not being respected. An expectation that police checks were needed for young people staying overnight with friends was also considered unnecessarily restrictive.

Residential staff

A major challenge for residential staff is getting sites to work with them to ensure timely transition back to the community for children and young people in residence. Many children and young people were reported to be staying longer than necessary because there was nowhere for them to go. Access to resources in the community to support young people in their transition out of residential care was also identified as a challenge. Lack of step-down facilities also made transition more difficult. Geographic distance was identified as another challenge making contact with birth families difficult and transition expensive.

Residential staff also talked about the challenge inherent in negotiating relationships and boundaries with children and young people in a residential environment. Although mindful of the risks they wanted to be able to form relationships with the young people and sometimes this was challenging. Concern was also expressed that the environment was almost too protective and that when preparing young people for transition back to the community they needed to be able to extend the boundaries and provide opportunities to demonstrate trust.

Needs of children and young people in care

The challenges facing children and young people in care have already been discussed. In this section the focus will be on specific aspects of the care experience and how needs are addressed.

Social worker visiting

As already noted, managers and social workers acknowledge that contact with social workers is important for children in care but is not always maintained. Responses from managers demonstrated considerable variation within sites and across sites. In some sites, the minimum bi-monthly visiting requirement is being met and in other sites some social workers achieved this but others did not. Managers reported that some sites have plans in place to emphasise the importance of visiting and direct work with children and young people together with mechanisms to monitor visiting frequency.

Social workers in several sites acknowledged that they do not always meet the minimum requirement for visiting. Some social workers are managing to meet the minimum

requirement and in one site with low numbers, visits are made every six weeks. All social workers agreed that frequency is sometimes much higher than the minimum requirement, especially when a child or young person moves into a new placement, is unsettled, or the placement is in danger of breaking down.

Residential staff noted that frequency of visiting is very much a factor of workload, distance, and site restrictions around cost. Phone calls are the most common form of contact and some residents speak with their social worker weekly or more often. Other residents “are lucky if it is once every three weeks”.

Care Plans

Social workers were asked if Care Plans are always made available to caregivers. All agreed that Care Plans are usually provided but it was acknowledged that sometimes they do not contain enough information. Some delays were reported in relation to emergency placements. Provision of a Care Plan is a requirement for entry into residence but residential staff noted that some are very general or have been disrupted by placement breakdown. Plans are renegotiated with the social worker and case leaders noted the importance of individualised plans to capitalise on the motivation of the child or young person. They also noted that some children and young people are in residence a long time and plans need to be reviewed to ensure a balance between leaving too soon and staying too long.

Social workers and residential staff were asked if plans are discussed with children and young people in care. Some indicated that they discuss plans with older children, especially teenagers but many did not. Only two social workers talked about actively involving children and young people in the development of their plans and talked about using tools such as Three Houses to open up feelings, hopes and dreams.

The care leaders reported that some young people are very clear about their plan but others have no idea. The Care team said that they go through the objectives in the plan with the young people and give them an opportunity to add their own goals.

Children's Charter

Social workers and residential staff were asked about whether all children and young people had a copy of the Children's Charter and whether this had been discussed with them. Responses were variable with the highest levels of consistency reported in the residential facility and in one Youth Justice Family Home. Age was one factor in this variability and younger children (those under five in one case and under eight in another) were not given copies. Some indicated that they had spent time explaining the Charter but others reported that they had simply given it to the child or young person.

Health and education assessments

None of the sites visited were pilot sites for the new health and education assessments. Managers and social workers indicated that GP checks are organised as soon as possible when a child or young person enters care but detailed assessments are not routinely completed. Some sites reported good relationships with District Health Board paediatricians and good responses to requests for assessments. One site was using the Child, Youth and Family social worker based at the hospital to build up networks within health and the paediatrician sets aside one day a week for Child, Youth and Family consultations. One manager noted that some difficulties had been encountered when children had to be seen by the GP where they were enrolled and this was different from the caregiver's GP. Access to Child and Family Mental Health Services was also variable with some sites having good relationships and getting prompt responses and others encountering great difficulty.

Residential staff reported that children and young people often arrived at residence with health needs including nits, eczema, scabies, obesity, and hearing and vision problems. One 11 year old was found to have a congenital defect that had not previously been picked up. All young people have GP assessments within seven days. Gaining access to mental health services was particularly challenging with children from outside the local area. Sometimes residents were caught in Catch-22 situations when a placement was located but the child or young person would not be accepted until an assessment was completed. The local service refuses an assessment because the child is from outside the district. In one case a child was admitted having recently had medication increased. Staff felt that this needed to be reviewed as the need for such high dosage might reduce when the young person was more settled. The local mental health service said that this

had to do be done by the service in the area the young person had come from (more than 200 kilometres away). One young person needing long-term work was discharged by a mental health service when they came into residence.

Relationships with the education sector were reported to be more difficult. Some social workers indicated that they work closely with schools but sometimes conflict arose about responsibility for additional funding. There did not appear to be any focus on assessing the educational needs of children and young people on entry to care and only those with identified needs were likely to receive attention.

All young people coming into residence are assessed by the on-site school and have individual programmes. Residential staff reported that many cannot read or spell and most are significantly behind their age group. Their needs are met while in residential care and many make excellent progress; the difficulty is when they have to go back to the community and are still not at a level where they can cope with mainstream education.

Significant others

All participants were asked whom they thought the most important people in the lives of children and young people in care were. The list included: family/whānau; siblings; grandparents; extended family members; friends; caregivers; social workers; teachers; support people; lawyers; and any person the child identifies as important.

Contact with birth family

There was universal agreement that contact with birth family, siblings and other significant family members is important for the majority of children and young people in care. Knowing their origins and maintaining connections was considered important but participants warned against formulaic responses. The importance of safe, individualised, and child-focused arrangements was emphasised. Participants were also in agreement that contact served different purposes depending on the nature of the child or young person's placement. Residential staff noted that often family relationships were very conflicted and some parents were no longer actively involved with their children. It could be particularly difficult at Christmas when some children received "truckloads of stuff" and others didn't even get a phone call. One manager reported that contact is

often a focus during the period immediately after entry to care but did not always receive such close attention as time went on. Maintaining sibling contact was considered important if children were not placed together.

Access to education

As noted above, this was identified as an area of difficulty. Negotiating access to school for more challenging children was particularly difficult and often very costly because enrolment was only accepted with the proviso that Child, Youth and Family fund additional support. One site worked closely with a Ministry of Education staff member to gain access to secondary schools. Others had good relationships with Group Special Education or Educational Psychologists that were useful in negotiating access to education. In some sites, however, lack of clarity about education funding was a barrier to accessing support. Some social workers had found it difficult to engage the Ministry of Education in planning for children and young people in residence. Some social workers also noted that their first priority was securing a placement and dealing with immediate safety needs. Education was often not a priority and sometimes it was left to caregivers to organise.

Social workers reported that children and young people in care are often stigmatised and exclusion is far more likely. Examples were given of children and young people being blacklisted from all schools in the area. It took seven months to gain access to education for a 15 year old and eventually he was accepted on trial by a Kura Kaupapa. Social workers reported that disengagement can start as young as primary school when there are no alternative education facilities. Some sites appeared to be more proactive than others in accessing resources such as HCN funding and there appeared to be higher take-up in those sites with social workers specialising in this area of work.

Access to counselling/therapy

Managers in some areas reported that they are isolated from specialist services and this makes access more difficult. District Health Boards were very proactive in some areas but not others. Some communities were reported to have a better network of services, including those free of charge, than others. Social workers noted that access was often dependent on funding and that this had become more difficult with the Accident Compensation Corporation tightening their criteria. Access to counselling while in

residence was not a problem but some providers are resistant to engage with children and young people needing long-term work if they are not in their home district. Social workers felt that more children and young people would benefit from counselling or therapy than currently had access to it.

Access to sport and cultural activities

In some communities there were lots of opportunities and access was not a problem. Managers reported being willing to fund such activities but in one case the budget was under spent. Some areas did not have good community provision and opportunities were more limited. Most social workers reported that although this was dependent on funding it was not generally a problem. Sometimes transport could be an issue, especially for children in Family Homes. Social workers at one site reported that such activities were perceived to be luxuries and cost restrictions sometimes limited what could be accessed for children and young people.

Access to respite care

Managers noted the need for this to be planned and some were happy to fund this. The major obstacle identified by managers and social workers was availability of caregivers willing to offer this, especially given that the children and young people most likely to need this were high needs children with difficult behaviour. Some sites had access to independent providers and used these services.

Overall rating

All participants were asked to rate Child, Youth and Family's success in meeting the needs of children and young people in care on a scale from 0 (not successful) to 10 (highly successful). Managers' scores ranged from 4 (one), 5 (one), 7 (two) to 7-8 (one). Social worker ratings ranged from 1-2 to 8 with eleven (35 percent) giving rankings below 5, sixteen (51.5 percent) between 5 and 7, and four (13 percent) choosing 8. Two residential staff chose 5 service-wide and 9 while in residence. The other four chose rankings between 7 and 9. These scores suggest considerable room for improvement. Of the 42 interviewed, 12 (28.5 percent) gave rankings below 5, 23 (54.5 percent) rated the service between 5 and 7, and only 7 (16.5 percent) gave scores higher than 7. It is also possible that participants' ratings reflect differences in the level of support they expected children and young people in care to receive.

Achieving positive outcomes for children and young people in care

Managers and practice and case leaders identified the following as important in achieving positive outcomes:

- Support from the community
- Ownership from the whole office
- Clear goals with child, family and caregiver involved in setting these
- Time to build relationships
- Life Story books
- Facilitate access with family and provide supports for this
- Supports for children and young people in the community
- Not setting expectations too low
- More direct social work with children and young people
- Quality social work
- Improved placement planning and support
- Carefully planned transitions between placements
- Team approach with additional resources to avert crises.

Social workers and residential care staff highlighted a number of themes:

Placement

- Good stable placements with trained caregivers who understand the children and young people in their care
- Larger pool of caregivers including specialist caregivers
- Salaried, qualified caregivers
- Consistent assessment criteria for caregivers

Whānau involvement

- Ensuring whānau remain involved

- Extended timeframes to allow whānau to be located
- Funding to enable marae-based hui.

Improved relationship between Child, Youth and Family and the community

To ensure access to:

- Education
- Health services
- Needs Assessment and Service Coordination and disability services.

Support for children and young people in care

- More security
- Ensure they are not stigmatised
- Place of belonging
- Ensure their voices are heard
- More time with social workers
- Increased funding for recreation and transport to facilitate access
- Realistic opportunities
- Not returning children and young people to families when it has not worked in the past
- Better preparation for independence and transition planning.

Organisational support

- Lower caseloads and more social workers
- Less bureaucracy
- Better communication and dialogue between front-line workers and management
- Retention of social workers to ensure consistency
- Increased availability of resource assistants.

Changes

All participants were asked what changes were needed to achieve positive outcomes and these are reported in the final part of this section. Some changes related to better support for caregivers and others were focused on direct support for children and young people in care. A number of themes emerged in each area.

Changes to better support caregivers

- Increased capacity to provide care

More caregiver social workers were wanted to reduce their caseloads and take account of the geographic area being covered. It was suggested that this would allow more time to develop support networks for caregivers and closer contact to identify any stressors that may be impacting on the quality of care provided. Caregiver access to professional advice and support was also recommended.

Specialised pools of caregivers willing to focus on particular age groups were recommended to allow more focused training and development of support networks among caregivers. More intensive training targeted to particular issues such as attachment and behavioural difficulties was also recommended.

- Caregiver assessment processes

Managers and social workers wanted caregiver assessment processes to be flexible allowing for risk assessment and the use of safety plans where appropriate rather than being governed by rigid and inflexible criteria. Timeliness of assessments was identified as an issue and increased capacity was recommended to achieve improvement in this area.

- Practice improvements

Managers and social workers acknowledged that communication between caregivers and children's social workers needed to be improved and that caregivers should have increased involvement in decision-making. Consistency was identified as an important factor in improving support for caregivers. Slippage around short-term placements drifting into long-term was identified as an area of practice that needed to be addressed to avoid conflict with caregivers when children were moved after

they had been in placements for many months. Residential staff recommended better practice in relation to transition. Consultation with caregivers and caregiver social workers prior to policy changes being made was also recommended.

- Permanency

A number of concerns were raised about the financial aspect of permanency and there was agreement that families providing placements for the most difficult children and young people should not be expected to do this with fewer resources. More support for whānau and kin placements was recommended including financial support and assistance managing inappropriate pressure for contact from family members. A middle step between Care of Children Act orders and adoption was recommended to provide greater certainty for caregivers while allowing family connection to be maintained.

- Out of district placements

This appeared to be more of a problem in some areas than others. In large metropolitan areas this often involved non-kin placements, which was difficult for the receiving site as they had no involvement in the planning and usually no prior relationship with the caregivers. In addition these placements sometimes involved independent agencies providing services for the most difficult children. Improved internal communication and joint planning was recommended to address these issues. In other areas, the problem related to kin placements from out of district. Similar issues were encountered in these situations and the changes needed were the same.

- Practical support

The reintroduction of the backpacks was recommended to ensure that children and young people did not arrive at new placements with nothing. Reimbursement processes were identified as problematic and in need of streamlining. Financial support was considered an important element in recognising the value of what caregivers provide and there was strong support for increased payment and some wanted caregivers to be paid salaries matched to their experience and competency.

Changes needed to support children and young people in care

- Practice Issues

A number of practice issues were identified and these included:

- Timeliness of decision-making especially for children under five
- It was felt that some parents are given too long to address their issues and that a maximum of 6-12 months would result in more child-focused practice
- Better communication with social workers and at an organisational level
- One manager was planning to introduce quarterly meetings with children and young people in care to find out what is working for them and what is not
- Increased involvement of children and young people in decision-making, including participation in Care and Protection Family Group Conferences
- More time with social workers and more social workers to allow this
- Good handover when there is a change of social worker including a consistent approach to case management and direction
- Greater use of technology to facilitate communication with family and siblings
- Time to embed newly introduced practice tools before any further changes are rolled out
- Ensure that every child has a place of belonging and continuity
- Availability of expertise to assist with whānau searches.

- Access to education and health services

- There was strong support for Health and Education Assessments to facilitate information sharing and a collective, professional approach
- Access to appropriate education was strongly supported and as one social worker put it, “we need schools for our kids”.

- Residential care

Residential staff strongly supported step-down facilities for young people leaving residential care to allow a better transition back to the community. They also recommended that young people in Care and Protection residences be allowed to participate in community based activities and when appropriate attend an outside school. Residential staff considered that an important part of transition was being trusted and learning to make appropriate choices in a less restricted environment.

Residential staff also felt they could deliver a better quality service if residences were regional rather than national facilities. This would allow better access to services and assist with transition back to the community. They also thought that more attention was needed to the quality of people employed and the training available to those completing social work qualifications.

- Meeting the cultural needs of children and young people in care
Some expressed a preference for permanency to be with whānau and one manager recommended the employment of a specialist worker to do the research necessary to ensure timely identification of whānau and facilitate whānau placements. Ensuring culturally appropriate practice was clearly a challenge and another manager had contracted with a local provider to work with 20 children and young people, do whānau searches, support placements and ensure access to health services.

More Māori and Pasifika caregivers were needed to meet the cultural needs of children who could not be placed with whānau. One manager noted that some whānau are resistant to Child, Youth and Family involvement and reluctant to participate in training. He recommended closer involvement with iwi organisations to ensure support for whānau and noted that this could also benefit large numbers of whāngai who have been placed with no Child, Youth and Family involvement.

- Access to a range of activities
Although there was some variation across sites, it was agreed that money should not be a barrier to children and young people in care participating in a range of activities. It was also recommended that more thought be put into a wider range of activities, not just sport. Greater use of mentors was also recommended.
- Social work training
Some social workers felt that there was insufficient focus on children and young people in their professional training and that this needs to be addressed.

- Community change

To make a difference for children and young people who come into care, wider issues need to be addressed. In some areas, the challenges were considered to be so great that a community wide approach is needed to make a difference.

Summary

The themes emerging from discussion with managers, social workers and residential staff resonate with those coming from a caregiver perspective. There is more agreement than disagreement about what makes a difference for children and young people in care and aspects of practice that need to change. There is also remarkable consistency with what children and young people wanted. Before moving into a discussion of these themes in relation to the research literature the perspective of lawyers for children is outlined.

Perspective of Lawyers for Children

When the Children's Commissioner is undertaking monitoring visits to Child, Youth and Family sites, staff members meet with a range of stakeholders including lawyers for child. While I was undertaking this project I attended those meetings and distributed questionnaires for lawyers to complete. Only four were returned but the material provided is consistent with feedback we have received in meetings and is, therefore, included. Some material discussed in meetings has also been included. This section begins with an outline of the characteristics of the participants before discussing the themes that emerged from the material they provided. Lawyers for child were asked to comment on challenges for caregivers, children and young people and themselves, contact arrangements, what they considered necessary to achieve positive outcomes for children in care and any changes they thought were needed to ensure positive outcomes.

Background

The lawyers for child were all female and ranges aged from 35-39 (one) to 50-54 (two) and 60-64 (one). One identified as Māori, one Māori/New Zealand European and two New Zealand European. They were all experienced in this role ranging from at least six years to more than twenty years. All had completed the training for lawyers for child and some had engaged in ongoing training. One participant indicated that she had represented between 20 and 30 children and young people and the other three said there had been too many to count.

Challenges

Challenges for caregivers

All participants identified the behaviour of children raised in abusive and dysfunctional homes as a major challenge for caregivers. When caregivers were not able to cope, children moved from one home to another exacerbating their problems. Inadequate funding for specialists to support caregivers managing the most difficult children was considered to be a further difficulty.

One lawyer considered that part of the challenge for caregivers was not to get so attached to children that they could not allow them to move on to whānau placements.

She cited two cases where non Māori caregivers were opposing a change of placement after six months.

Participants also expressed concern about the extent to which whānau caregivers access training and funding to support children with additional needs. One lawyer noted that in some cases she had stepped in to get services and/or support orders.

Challenges for children and young people in care

Being apart from family was identified as the major challenge for children and young people. Feeling unloved and unwanted was an issue for children when whānau did not step in or when they were not approved as caregivers. Uncertainty about how long they would be with caregivers was considered to be a challenge making it difficult for children to know how much to invest in relationships. Some children were described as having difficulty trusting people because they had been let down so many times. Lack of resources to ensure appropriate placement for more troubled children was also considered a problem.

Challenges for lawyers

Ensuring children's future wellbeing was identified as a significant challenge. One lawyer reported difficulty with "the current doctrine that lawyer for child must talk to little children and get their opinion". She did not think it was fair that children should have to choose and that these were adult decisions to be dealt with by adults. Another lawyer commented that trying not to get frustrated with people involved could be a challenge.

One lawyer noted the difficulty Child, Youth and Family have finding appropriate placements for troubled teenagers and reported sometimes feeling powerless to assist. She commented that it sometimes felt as if everyone was waiting for the child to turn 14 so they can be moved into Youth Justice even though the major issues are Care and Protection.

Lawyers were asked to comment on the frequency of their contact with children and young people. One participant responded, "not often" because most of the children are very young and she considered that regular visiting by Child, Youth and Family was more important. Another had contact with children whenever their instructions were

required indicating that this was usually three to four times across the life of a file. Another described her contact as taking place when necessary in accordance with the appointment. One lawyer reported that she makes contact with the children she represents during each review period and this almost always includes a visit with them.

Contact

All participants were asked who they considered the important people in the lives of children and young people in care to be. Two emphasised parents and/or whānau and one stated that not allowing children to visit unless there were safety issues was punishing the child. Two participants included caregivers as important people and one of these also included those to whom they have a strong attachment including family friends and caregivers and in some cases their social work, counsellors etc.

All considered contact important but there were differences in the emphasis placed on contact. Two considered contact “extremely” important with one qualifying this in cases where it is not in the child’s best interests or the child is at risk. One noted that there was a difference between a young person who wants to make a choice and a little child. She considered “the current four times a year Child, Youth and Family doctrine inhumane”⁹ and stated that she fights it each time in court. The fourth participant considered contact very important but stipulated that it needs to be assessed on a case-by-case basis.

These different emphases were reflected in perceptions about frequency of contact. One stated “as often as possible” and another as often as possible with parents as long as it was safe and as often as can be managed with wider whānau to maintain a child’s connection. One indicated that it should be regular and dependent on age. The fourth participant commented that there is “no rule, one fits all” but noted that more frequent contact is preferable with younger children and babies.

Three participants reported that the management of contact is variable and could be better in some cases. Supervised contact was considered necessary in some cases and

⁹ Child, Youth and Family policy does not stipulate frequency of contact and this is determined on a case-by-case basis. There is, however, a shared perception among lawyers for child that contact is significantly reduced when children achieve permanency.

one lawyer noted that this could work well. Another lawyer reported that there were no supervised contact centres in their area. Supervision was provided by whānau or the social worker. This lawyer was critical of Child, Youth and Family noting that they sometimes failed to organise contact in difficult situations or yielded to caregiver pressure to stop or reduce contact. This lawyer also noted, however, that some social workers get “suckered by pleading parents and can’t step back and properly assess the safety factors for the child”.

Ensuring positive outcomes

Better trained social workers was identified as a factor in achieving positive outcomes and one lawyer commented that social workers needed to do their job. This lawyer noted that “Child, Youth and Family have sufficient guidelines and policies to get the job done, they just don’t”.

Delays in moving cases through court sometimes contributed to negative outcomes. In one case it had taken six months to get a psychiatric report on a parent and the children experienced further upheaval during this time.

Two participants noted that ensuring appropriate levels of support in the home and at school was an important factor in achieving positive outcomes. One commented that more money was needed to ensure access to counselling and special education. The importance of maintaining contact with family, friends and support people was also noted.

Changes

A number of themes emerged in response to a question about what changes are needed. There was strong support for keeping children with family and exploring family options. The importance of parenting education for teenagers was noted, and considered particularly important for children and young people raised in care. The major focus for change, however, related to aspects of Child, Youth and Family policy and practice.

Child, Youth and Family

One lawyer considered that a change in culture was needed within Child, Youth and Family. It was suggested that Child, Youth and Family staff needed better training and considerable variation in social work performance was noted, especially in relation to keeping lawyer for child informed. Some social workers were described as overloaded and burnt out resulting in a high rate of attrition. New social workers were described as not knowing what they were doing and some did not last more than 18 months. The high turnover was reported to result in a lack of continuity.

One lawyer wanted to see greater use of the secure facilities at a Care and Protection residence for Youth Justice clients on remand to ensure that they did not have to be in police cells.

Permanency

Lawyers for child who completed questionnaires and those in meetings expressed considerable concern that permanency policy was fiscally driven and designed to get long-standing cases “off the books”. Lawyers are worried that foster parents will be left “high and dry” with children with very specific needs such as foetal alcohol syndrome. Several described getting support and services orders and financial resources from site managers as like “pulling teeth”, especially in cases where Care of Children Act orders were in place. Concern was also expressed about the speed at which Child, Youth and Family withdrew when family members step in, especially when grandparents take responsibility for children who have been exposed to methamphetamine during pregnancy. Questions were raised about how well caregivers are being prepared for challenges they may encounter in the future and what support would be available to them. Lawyers felt that caregivers were being pressured to take permanency but then felt like failures when they were unable to cope.

Support for caregivers and children and young people in care

Lawyers commented on Child, Youth and Family’s increasing involvement with very young children who are so damaged that highly specialised intervention is needed. They noted the importance of long-term investment and questioned whether there was a commitment to provide this. Lawyers also noted the importance of spending money on recreation activities to ensure that children and young people were kept on track and to

avoid the escalation of difficulties that cause placement breakdown. Support in the form of respite care was also considered important. Difficulties finding suitable placements for teenagers were also noted.

Lawyers for child were asked to rank the level of support provided for caregivers and for children and young people in care on a scale from 0 (no support) to 10 (a great deal of support). Support ratings for caregivers ranged from 3 to 5, with one participant being unsure. Support ratings for children and young people ranged from 3 to 6 with the lawyer giving the highest ranking stipulating that this varied from case to case. Lawyers' rating of Child, Youth and Family success in meeting the needs of children on a scale from 0 (unsuccessful) to 10 (highly successful) ranged from 3 to 7 with the lawyer giving the highest rating stipulating that this was overall but varied from case to case.

Summary

Lawyers for child placed considerable emphasis on the importance of keeping children with family and maintaining contact when this was not possible. It is apparent that some lawyers regard caregivers' primary function as the provision of interim care while whānau placements are located. Given the drift from short-term to long-term noted by caregivers and social workers, there is evidence of potential for conflicting views of the child's best interests when this happens, especially if there is any uncertainty about placement goals as time passes. The practice of not visiting very young children reported by one lawyer may also serve to increase the potential for conflict and almost certainly contributes to caregiver frustration that they are not consulted and are viewed as "just a caregiver".

Both lawyers and social workers have expressed reservations about permanency on the basis of reduced access to support. There is, however, widespread acknowledgement from all participants of children's need for continuity in care and for multiple placements to be avoided. It would appear that more work is needed to ensure that resource issues are resolved so that they do not become an obstacle to children and young people having a primary place of belonging and escaping the label of being "CYF kids".

In the final section I return to the legislative and policy framework and the findings from the literature to review and evaluate the quality of services provided to children and young people in the custody of the Chief Executive.

SECTION 4: CONCLUSIONS AND RECOMMENDATIONS

There have been three components to this exploration of the quality of services delivered to children in care in New Zealand: analysis of the policy, legislative and rights framework for the provision of care; review of the international literature; and exploration of care provision in New Zealand. In this final section of the report these strands are brought together before concluding with recommendations. At the end of the first section of the report I noted that the legislative and policy framework for the provision of care is for the most part consistent with the United Nations Guidelines on Alternative Care, which provide a comprehensive rights-based framework against which care services can be evaluated.

What remained in question was whether the gap between policy and implementation, which gave rise to these guidelines, is evident in New Zealand. In order to answer this question, the key points from the literature review, which include all of the principles in the UN Guidelines, will be used to provide a framework for an evaluation of current practice.

Evaluation of quality of services delivered to children in care

The key points from the literature review include aspects of policy and practice that need to be in place to ensure good outcomes for children in care. These cover different aspects of care including factors directly related to children and young people, those related to caregivers, implications for social work practice, systemic and organisational factors and the wider policy context within which care services are located.

Child-focused aspects of care

Early and comprehensive assessment with particular attention to culture, education, and health (including mental health) based on recognition of culture as integral to all aspects of well being and a potential protective factor

There was little evidence of systematic assessment of cultural needs and some staff expressed concern that the needs of Māori and Pasifika children are not always appropriately addressed. Māori children continue to be over-represented in the care

population making up nearly half of the children in care. Although beyond the scope of this project, attention needs to be focused on the reasons behind so many Māori children entering the care system and what would be needed to enable whānau to provide a safe environment. Once in care, rates of kin placement are higher than for other groups but approximately half are not currently living with whānau. This raises questions about the extent to which policy and legislation is guiding practice given the very strong emphasis on whānau, hapū, iwi connection. There appears to be considerable confusion about expectations among caregivers and social workers. For many social workers, the solution appeared to be kin placement and the extent to which this possibility was investigated varied considerably. When kin placements are not investigated or do not eventuate, some Māori and Pasifika children continue to be placed with Pākehā foster parents. This is a source of tension, especially when short-term placements drift into long-term.

The introduction of the Health and Education Assessments in the four DHB and 14 Child, Youth and Family pilot sites has produced evidence of high levels of unmet need (Jakob-Hoff et al., 2009; Rankin, 2010¹⁰) and there is evidence of failure to identify and meet the health needs of children and young people who end up in the residential care population (McKay & Bagshaw, 2009). Feedback from caregivers and social workers indicates that the extent to which comprehensive assessments are carried out varies considerably and outside the pilot sites is limited to those children in the greatest difficulty and even then it may be difficult to obtain these. Access to mental health services was reported to be particularly difficult with considerable regional variation. There was widespread support for the introduction of Health and Education assessments for all children on entry to care.

There did not appear to be any evidence of systematic assessment of the level of support kin and whānau carers may need in order to ensure that children and young people in their care have access to health and education services. Given the research evidence that these families do not always have access to resources and high levels of

¹⁰ This is a draft report and has not yet been signed out by the Ministry of Social Development.

underachievement for Māori in the education system, comprehensive assessment is also needed in these situations.

A clear and unwavering focus on the importance of close relationships sustained over time and children's need for a home for life

Despite a strong policy commitment, this remains elusive for many children and young people in care. The data provided by the Ministry of Social Development demonstrates that the longer children remain in care the higher the number of placements. Although this will reflect children and young people who came into care at a time when this emphasis was not so strong, the increase in the number of placements for children under five years of age who have been in care for more than two years indicates that it is not proving possible to maintain a clear and unwavering focus on the importance of relationships sustained over time. There was evidence of the potential for conflict between caregivers, social workers and lawyers for child in relation to permanency. It is possible that Child Youth and Family's new policy emphasis on a home for life will ensure that this becomes the focus rather than availability of support being perceived to depend on Child, Youth and Family retaining custody. Participants' responses reflect an understanding of the importance of enduring relationships and a sense of belonging for children and young people in care and it will be important to examine why this is not being achieved.

An equally clear and unwavering focus on the need to promote opportunities for children to grow and change

All participants, including the children and young people, acknowledged the importance of this and it was a significant factor in caregivers' motivation. Despite this there was evidence of considerable disruption for many children and this often included disruption of their education. Access to education was reported to be difficult by caregivers, social workers and managers and there was evidence of some lack of clarity about whose responsibility it was to ensure that children and young people were engaged in education appropriate to their level of ability. Although some caregivers reported high levels of satisfaction with the support they received, there was little evidence of a co-ordinated team approach to children and young people in care to ensure that opportunities for children to grow and change were promoted.

An important aspect of growth and development is having a coherent Life Story, which develops and evolves as children mature. Many of the children and young people interviewed for this project had significant gaps in their understanding of why they were in care and did not have complete recall or understanding of the things that had happened since they came into care. Life Story work is one way in which children can have access to a coherent account of their life. It is important that social workers and caregivers are supported to undertake this work with children and to involve birth families where possible. In some cases, it may be necessary for a counsellor or therapist to begin this work to ensure that children receive an appropriate level of support as they begin to understand the reasons why they have come into care. This may be particularly important if children have been rejected by family or have experienced severe trauma at the hands of family members. This is not, however, a one-off activity and needs to be on going. Responsibility for ensuring that Life Story work continues throughout the time a child or young person is in care should be allocated to a designated person who is identified in the Care Plan.

It is also important that cultural differences are taken into account when undertaking this work. The Life Story of Māori children is inextricably interwoven with whakapapa and such work needs to be undertaken by a person with the appropriate expertise to engage with whānau, hapū and iwi and develop this resource in a culturally appropriate way. Culture is an integral part of any child's Life Story and Pasifika children and those from other ethnic minority groups are entitled to have this taken into account.

Thorough investigation of placement options (including return home and kin care) at an early stage and the development of contingency plans in the event of the primary goal not being achieved

Although there is evidence of some good practice there is also evidence of lack of planning and drift in some cases. New Zealand has high rates of kin placement in comparison with other countries and it is clear that this option is explored for many children and young people. There was, however, evidence that sometimes this took a long time and some sites identified a need for additional resources to assist with whānau searches. Drift from short- to long-term placement, reported by caregivers and

acknowledged by caregiver social workers and children's social workers, often without any change in goal, indicates a lack of contingency planning.

There was also some evidence of ambivalence in relation to changing the goal from return home to alternative long-term placement when parents struggled to make necessary changes. Some caregivers and social workers considered that the option of return home was held open longer than was in children's best interests and that some access arrangements stipulated by the Family Court during this time were detrimental to children. These cases were also vulnerable to drift due to ongoing conflict and failure to resolve differences in a way that ensured the focus on the child's right to a home for life was not lost. In some cases, protracted delay and unsuccessful attempts to return children resulted in further damage to the child, reducing the possibility of attaining a secure place of belonging.

Planning and review based on assessment information taking account not only of the child's need for placement but their need for a network of support including access to appropriate education and health services, cultural connection, access to recreational activity, and any other services, such as counselling or therapy

In a comprehensive exploration of New Zealand's compliance with UNCROC, Robert Ludbrook (2006) concludes that there is wide acceptance that the principles that underpin the CYPF Act provide an excellent framework for child protection but that there is a need for review. In particular he notes that:

The requirements of the Acts and Regulations in relation to the preparation and review of Care Plans for children have not been strictly observed with the result that children continue to drift in care (p.6).

Furthermore, Care Plans did not appear to be achieving the purpose of ensuring a clear focus on meeting the needs of children and young people in care. Information provided by caregivers and social workers indicated that the focus is primarily on placement with less attention to access to other services. Although access to recreation, cultural support, and services such as counselling or therapy were acknowledged as important there was little evidence of systematic or proactive planning to ensure access to these services and in some sites financial support was cited as an obstacle. There was little

evidence of cultural connection being at the forefront of planning and review. When children were not in kin placements there was little evidence of sustained attention to the needs that might arise from this or the potential for cultural connection to be a protective factor.

Many caregivers reported not being involved in reviews and decision-making as did many of the children and young people, some of whom were not aware that they had a Care Plan. Even short-term caregivers have valuable information about the children and young people in their care and it seems short-sighted not to take advantage of this. It would appear that considerable practice development is needed to ensure that plans become a vehicle for involving relevant parties including children, young people, their families and their caregivers in a proactive process of planning and review that addresses the developmental needs of children and young people in care.

Attention to child-centred timeframes to ensure that children do not drift in care

Difficulties in this area have already been referred to. Caregivers and social workers reported problems in relation to maintaining child-centred timeframes and tension between parental rights and children's rights was identified as a significant factor in this. There was also some evidence that the developmental needs of very young children were not always well understood. Child, Youth and Family has a vulnerable infants policy drawing attention to this area of practice but it appears to be an area in which further development of practice is needed. The site which had moved to age-based teams had found that this worked particularly well for the under fives.

Difficulties were also evident for children and young people in Care and Protection residences when they were ready to leave but could not because there were problems finding a suitable placement and access to education. In these situations delay undermined the gains made and reinforced young people's feelings of not being wanted.

Involvement of the child or young person in age appropriate ways by making sure they are kept informed and given opportunities to participate in decision-making

Ludbrook (2006) identified this as one of the key areas for review in terms of New Zealand compliance with UNCROC:

Questions have been raised as to the extent to which children and young people have a real voice in care and protection decision-making and, in particular, in relation to placement in alternative care and contact with parents, family members and other significant persons in their lives.

In his analysis of the policy contained in manuals and handbooks he reiterates the absence of specific reference to children's right to express their views freely and to have those views given due weight. He emphasises the importance of this in relation to placement changes. The Practice Centre has since replaced the manual and as outlined in Section 1 there is a clearer statement about children's participation in decision-making but this is not explicitly highlighted in the policy pertaining to care.

There was considerable evidence from the children and young people's responses that this is an area of practice in urgent need of attention and development. In many cases participants did not have a working relationship with their social workers and without this information transfer and involvement in decision-making is unlikely to occur. Children and young people who participated in this project identified this as one of the changes they would like to see and it was a source of frustration for many. Failure to involve children and young people contravenes Article 12 of UNCROC and is likely to enhance feelings of powerlessness. At the very least, it is a missed opportunity to enhance their sense of self-efficacy and resilience. Caregivers and social workers also identified this as an important aspect of practice that needed to be further developed.

Ensuring that children and young people in care have access to people they trust and can talk to

Nearly all of the children and young people identified people they could talk to and many could identify more than one. Caregivers featured strongly but this avenue of support is less likely to be available to children and young people who are not in stable placements or who are not happy in their placement. Children and young people's responses to this question indicated that they take the initiative in deciding who they talk to and this increases the vulnerability of those not in settled placements. For example, two young people in a residence said that they did not have anybody in the community to talk to and two others preferred not to talk to anyone. This suggests that a more proactive approach by social workers is needed to ensure that all young people have access to trusted people. This is particularly critical for adolescents who are not in settled

placements. It is possible that the relatively high happiness rating chosen by young people in residential facilities is due to the security of the environment and the availability of adults with whom they could form relationships. It is important that these needs are not overlooked when they transition back to the community.

Planning that offers a clear connection between what happens in foster care and what happens after it

Many caregivers and social workers highlighted this as an area of concern. A number of the young people also expressed anxiety about what would happen when they reached their 17th birthday. The most positive responses came from young people in an independent agency, which offers a transition to independence service. The potential for ongoing support was also evident in the responses of one 18 year old who is continuing to live with foster parents since her discharge from care. It was clear, however, that such arrangements depend on the willingness of caregivers to make this commitment and that young people, especially those who have been unsettled during their adolescent years, may not have any support. This was reinforced by a teenager in a Family Home, with a history of multiple placements, whose wish is to be adopted by the caregivers.

This is an area of practice requiring considerable development. Although Child, Youth and Family's home for life policy has potential to ensure continuity beyond formal care arrangements, it is clear from Ministry of Social Development data that currently there are significant numbers of young people aging out of care with no supports in place.

Caregiver/Placement Factors

A pool of suitably trained and supported caregivers is available to provide short-term care to reduce the risk of rushed placements in emergency situations

There was evidence of the use of short-term caregivers and those who specialised in offering this form of care to very young children reported some success in settling infants and young children into good daily routines and supporting transition when the children returned home or moved to long-term placements. In some cases, they had also been available when placements broke down providing a familiar environment at a difficult time.

The availability of specialist short-term placements also creates the space needed to research the possibility of kin placement and reduces the risk of emergency placements with kin that do not meet the requirements for approval for longer-term care. Although the rate of kin placement is high by international standards, calls to the Child Rights Line indicate that extensive consultation with extended family does not always take place and some opportunities may be missed if wider family/whānau do not know that children have been taken into care.

The availability of short-term placements should not, however, minimise the importance of timeframes and child-focused decision-making. One of the difficulties in maintaining a pool of short-term caregivers is that drift from short-term into long-term reduces the number of placements available. It is also important that flexibility is retained because the research literature indicates that long-term stability can be achieved when a short-term placement becomes a home for life. The key is to make this a planned transition rather than something that simply happens through passage of time with no formal acknowledgement of change.

A range of placement options including therapeutic foster care and residential programmes

There is a range of placement options in New Zealand and Child, Youth and Family have plans to increase the number of Family and Group homes, which will further expand this range. The feedback from residential staff, however, suggests that the quality of care in this environment would be enhanced if these were regional rather than national facilities. This would assist with access to services, especially mental health services, while young people are in residence and would assist with transition from residence back to the community. It would also reduce the risk of young people in residence being “out of sight, out of mind” for social workers. The availability of step-down facilities such as Group homes would also allow for a graduated transition.

The largest gap is in the area of therapeutic foster care. Independent agencies such as Youth Horizons are currently offering this type of care in some areas but access depends on geography and the availability of funding to contract these services. Caregivers, social workers and managers identified emotional and behavioural difficulties as one of the major challenges for caregivers and the international literature

identifies this as a key contributor to placement breakdown and multiple placements. A proactive approach is needed to clearly identify those children and young people needing more specialised placements before they embark on this pathway. Availability of suitable placements at an early point in the child or young person's care career is critical to success.

All placement options are carefully considered, including the possibility of return home with appropriate supports, kin placement, non-kin care and the possible need for a specialist placement

I have already identified issues in relation to kin and specialist placements but it is important that return home is not overlooked as a placement option requiring support. There was clear evidence in the children and young people's responses that family remain important and for some children and young people the tie was so strong that they repeatedly ran to be with family. There is also a pattern of young people returning home when placements break down during adolescence or when they age out of care (Atwool, 2008) and the data provided by the Ministry of Social Development indicate that a significant proportion of the care population are at home. This may, however, be the least resourced option of all. When allocating resources, such as payment for counselling, access to mentoring, and assistance with education-related costs, there appears to be a very black and white distinction between home and non-kin care with kin care falling somewhere in between. The current system is based on placement type and reflects an assumption that family/whānau should not receive state funding. Given that the children and young people are likely to present the same challenges regardless of placement type it may be more appropriate to view the different placement types as points on a continuum with support based on need rather than status.

If permanency is to be achieved by way of return home, some families may need intensive intervention and support in order to be able to make and sustain the changes needed to ensure children are safe and have opportunities to develop. As already noted, this may also be important for kin carers who are likely to come into this role with no previous experience and very little preparation. This appears to be an area of practice that could be further developed. It is not necessarily appropriate for Child, Youth and Family as the statutory agency to undertake this work and partnerships with

community agencies and iwi social services may be the most appropriate means of achieving this.

Sufficient numbers of caregivers willing to offer a home for life are recruited to facilitate appropriate and planned placement of children and young people

Social workers and caregiver social workers provided ample evidence that shortage of suitable caregivers is a significant source of pressure and that most often it is a matter of finding a placement rather than the most appropriate placement. Caregivers also indicated that they sometimes felt pressured to take a child or young person and research identifies this as a risk factor for placement breakdown. Child, Youth and Family is introducing a *Ways to Care* policy to ensure that all people interested in having a child placed with them whether by way of fostering or adoption are informed about the full range of options available. Social workers and caregivers have identified the uncertainty and risk of future litigation associated with Care of Children Act orders as an obstacle to this form of permanency. It is possible that the pool of people offering a home for life could be increased if there was a legal step between custody and adoption that offered greater certainty than is currently available.

Research indicates that one of the most effective means of recruitment is by word of mouth and there was evidence that prior exposure had influenced some of the caregivers participating in this project to get involved. Unfortunately the widely reported dissatisfaction with the lack of support available is likely to work against recruitment. Addressing this aspect of practice could enhance both recruitment and retention.

Recognition that in order to achieve a home for life ongoing financial and practical support may be needed by both kin and non-kin carers

This has been acknowledged by Child, Youth and Family but practice appears to be variable and doubt about the availability of support has led to considerable resistance from lawyers for child. It is possible that a clearer focus on assessment and intensive intervention in the early stages of placement could result in better understanding of what support may be needed on an ongoing basis. It is also possible that some of these needs could be met in the community and that if wrap around plans were in place caregivers may feel more confident about offering a home for life.

Appropriate levels of support and training for kin and non-kin caregivers tailored to their particular needs and recognising the unique challenges faced by kin carers

Caregivers, caregiver social workers, and social workers all commented on the need for training over and above the introductory training offered by Child, Youth and Family. In Hastings, a Child, Adolescent and Family Services psychologist offers a ten-week Fostering Security training programme in partnership with Child Youth and Family. Feedback indicates that this is very well received and that caregivers who complete the training are able to implement strategies to manage the challenging behaviour of the children in their care. Such training programmes are essential to support caregivers and the children in their care and may also be an important factor in reducing the risk of placement breakdown and ensuring retention of caregivers.

It is important that any training opportunities are extended to kin carers but consideration also needs to be given to their unique needs. Their motivation is to keep a child within the family/whānau and they may come to this role totally unprepared. Some of the challenges they face are different and the dynamics of care are not the same as those experienced in non-kin care. Training also provides opportunities to meet others in the same situation and develop networks of support. Grandparents, in particular, may welcome this opportunity because their child rearing responsibilities may isolate them from peers and their child rearing practices may need to be adapted to the challenges of the children in their care.

Ensure that levels of remuneration are adequate to retain caregivers and that consideration is given to additional payment for those providing more intensive care (including both kin and non-kin carers)

Opinion was divided among caregivers as to whether they should be paid or not. Some felt that it was important that caring was not treated as a paid occupation and there appeared to be widespread agreement among caregivers and the children and young people that being “in it for the money” was inappropriate. Some caregivers felt strongly that recognition in the form of payment was important. Social workers tended to support the idea of improved remuneration and felt that it could increase the pool of available caregivers. A tiered system of payment with increasing levels of support depending on training completed and level of support required has the potential to provide flexibility and ensure a range of support is available. It is important that any tiered system of

reimbursement is inclusive of those providing kin care and that the training required to receive higher rates is tailored to their needs.

Availability of therapeutic support for kin and non-kin caregivers and other family members if needed

Caregivers acknowledged that sometimes they did not have the resources to manage the more challenging behaviours of children in their care and wanted more support, including access to specialist services to assist them. Many children in care have attachment issues, which underlie their challenging behaviours and joint therapeutic work with caregivers may be more appropriate than individual work with children. Caregivers were also mindful of the impact on their own children and wanted access to support if needed. Availability of support has the potential to reduce the risk of placement breakdown and may also contribute to retention. It is important that support offered is culturally appropriate and that a range of options is available.

Sensitive support and debriefing following crises, including placement breakdown, allegations of abuse, or threatening behaviour by a child or young person or member of their birth family

Caregiver reports of being left to cope with the aftermath of critical incidents with no support indicate that this is an area of practice needing further development. Social workers are likely to be very focused on the child or young person in these situations but it is important that caregivers are not overlooked in the process. Good communication between social workers and caregiver social workers was evident at some sites but in others this was not the case. Good communication is likely to be critical to ensuring appropriate levels of support in these situations.

This support also needs to be extended to kin carers and may need to involve the wider whānau. Failure to achieve resolution and closure following crises can have ripple effects that result in the child or young person's alienation from family networks and damage whānau and kin networks reducing the possibility of other members offering placements in the future.

Social work factors

Sound knowledge of child development, attachment, and resilience theories

Social workers indicated that their social work qualification did not adequately prepare them for work with children and young people. Caregivers provided evidence of limited knowledge of child development and some decision-making ran counter to practice informed by attachment and resilience theories. Practice appeared to be reactive and there was little evidence of social workers proactively engaging with children in care to ensure secure attachment and the additional community supports associated with resilience.

Good understanding of the importance of cultural connection as integral to the well being of Māori, Pasifika, and children of other ethnic minorities

Social workers need to be able to integrate their knowledge of child development, attachment and resilience within frameworks that recognise culture as integral to well being. Currently there appears to be a tension between theoretical knowledge and cultural considerations with a tendency for the two to be polarised. The best interests of children and young people cannot be determined by static formulaic propositions. Each decision needs to be based on thorough and comprehensive assessment of all aspects of the child or young person's life. There is evidence of the need for considerable practice development in this area.

Available and willing to engage in direct work with children, their birth families and their caregivers

There was little evidence of this in the accounts of children and young people despite the fact that many of them wanted more contact with their social workers. The absence of engagement was acknowledged by social workers who admitted that they do not always meet the minimum visiting requirement. In some sites, engagement appeared to be limited to periods of instability or when children and young people first came into care. Caregivers reported that lack of engagement with them and with the children in their care was a source of frustration. Families were not interviewed as part of this project but calls to the Childs Rights Line indicate that they may be in a similar position.

It is likely that lack of engagement is a major factor in those situations where children and young people drift from short-term to long-term and when negative spirals of serial placement breakdown are not managed effectively. This is perhaps the single most important practice issue needing to be addressed. Some children, young people and caregivers reported examples of effective engagement and it may be important to look more closely at these situations to ascertain what enables some social workers to achieve this while others do not.

Be supported by agencies that place priority on the delivery of quality services to children and provide the necessary support and supervision

Across the sites visited for this project social work morale and perceptions of their workload varied. At some sites, there was an overwhelming sense of low morale and battle fatigue. Social workers at these sites seemed disillusioned and overburdened by compliance requirements. Regular supervision was not always available and some appeared to feel very unsupported. Even in those sites with a more positive attitude, caseload size was identified as a barrier to more effective engagement with care responsibilities. Most social workers acknowledged that children and young people were accorded lower priority when other demands were high. Crisis work appeared to dominate even in offices where there was separation of intake and intervention work. It seems likely that lack of engagement with children and young people in care may have created a situation where cases only receive attention when they reach crisis level. Managers acknowledged that care practice was in need of attention and site plans had been developed to address this. The situation will need to be closely monitored to ensure that a significant shift in organisational culture occurs to give more priority to work with children and young people in care.

Be in a position to build relationships with education and health providers to ensure comprehensive assessments are completed

Social workers acknowledged that finding a placement often dominated their care practice and that concerns related to health and education did not always get priority. This is perhaps not surprising given the lack of effective and ongoing engagement with children in care but it creates a void into which some children and young people fall. Children and young people talked about being out of school for significant periods and

the young people in residence were doubtful that their education needs could be met when they returned to the community.

Caregivers and social workers reported difficulties with engagement with health and education services at most sites. Both systems appeared to gate-keep in ways that disadvantaged children and young people in care. Access was often reported to be dependent on Child, Youth and Family providing additional funding. Although social worker engagement is needed at the individual case level, the primary barriers appeared to be at a systemic level. There were examples of good practice and these had been led by managers and willing partners in health and education.

Policy Factors

Ideological differences

The provision of care is a value-laden activity and a number of parties are involved including the child or young person, their family, their extended family/whānau, caregivers, social workers, and lawyers representing children and their parents. Different ideological positions were evident in the meetings I had during this project. In particular, lawyers for child and some caregivers appeared to view permanency as primarily driven by a desire to reduce financial output. Managers and some social workers, on the other hand, viewed care as “a train station not a destination” and were committed to children having a permanent place of belonging that enabled them to escape the label of being a “CYF kid”.

There also appeared to be different views of the relative importance of attachment formed over time and whānau placement with some social workers placing emphasis on attachment to the exclusion of cultural considerations and other social workers maintaining a staunch commitment to whānau placement with little regard for the impact of lengthy delays while a suitable placement was located. There appeared to be a tendency to operate from one position or the other with little recognition that both factors need to be taken into account in planning and decision-making.

Such differences have the potential to impact on the quality of services delivered to children in care. Shared understanding among the professionals involved is important to ensure that children’s entitlement to a home for life is not lost. International research

and the views of participants in this project provide clear evidence that no one option fits all children and that decision-making needs to be tailored to the individual child or young person.

Shared responsibility for children in care

Currently agencies providing care (statutory and non-government) are often left “holding the baby” as other services apply entry criteria to determine whether or not a child or young person is eligible. Despite the universal entitlement to education up to the age of 16, there is evidence of reluctance to accommodate the needs of more challenging children and young people and Child, Youth and Family may be expected to deploy their limited financial resources to ensure children and young people are enrolled in school. Such issues are difficult to negotiate on a case by case basis and social workers are more likely to be in a position to deliver quality services if they are supported by policy that emphasises the responsibility of the health and education sectors to participate in the corporate parenting of children in care. Access to well co-ordinated services is a prerequisite for achieving positive outcomes. Disputes about who will meet the cost of services lead to our most vulnerable children and young people bearing the brunt of systemic failure and jeopardise their chances of success in life. In the long-term this increases the potential for the state to incur substantial negative costs associated with poor physical and mental health outcomes, alcohol and drug abuse, welfare dependency, offending and imprisonment.

Pathways forward

A number of issues and areas where practice development could be improved have been identified in this comparison of the New Zealand situation with international research about what is needed to achieve positive outcomes for children and young people in care. These challenges are not unique to New Zealand and developments in other countries may offer possible pathways forward. Three possibilities will be considered: National Standards, independent advocacy for children, and New Zealand based research.

National standards

In the United Kingdom, National Standards for Foster Care were produced in 1999 along with a Code of Practice for the recruitment, assessment, approval, training, management and support of foster carers. In 2002, these were supplemented by National Minimum Standards for Fostering Services, which covered all aspects of the life of the foster child, not only the service provided by the fostering agencies. There are 32 standards focusing on achievable outcomes for children and young people. These are grouped around key topics including: management of fostering services; securing and promoting welfare; recruiting, checking, managing, supporting, and training of foster carers; records; fitness of premises; and financial requirements. These are outcomes focused and the standards covered in the “securing and promoting welfare” category include: providing suitable foster carers; valuing diversity; matching; protecting from abuse and neglect; promoting contact; consultation; promoting development and health; promoting educational achievement; and preparing for adulthood. South Australia has taken a similar approach introducing Practice Standards against which service delivery is audited as part of a restructuring of care services, which involved outsourcing the provision of care to the non-government sector.

Given the infrastructure required to administer national standards, it is important to evaluate whether or not they result in improved service delivery. Stuart and Baines (2004), reporting on progress on safeguards for children living away from home in Wales, identify areas where progress has been made but also note that further work is needed to ensure that children in care receive good quality care, support and opportunities for growth and development.

Gilbertson and Barber (2009) undertook a survey and reviewed audit data to determine whether or not the introduction of standards was having a positive impact on service delivery in South Australia. They concluded that there was little evidence of improvement and that progress was being undermined by continued failure to address systemic issues such as workload, social worker turnover, and the training and experience of social workers. They conclude:

Departmental publications ... evidence a commitment to child-focused, sensitive and inclusive practice, and to a partnership model of working with young people, carers and birth families. On the other hand, repeated reviews

over many years evidence a bureaucratic enthusiasm for enquiring into the system, formulating plans and restating honourable objectives, but demonstrably less enthusiasm for implementing changes that might redress the disadvantage of children and young people in care. (Gilbertson & Barber, 2009, p.44)

The New Zealand Family Foster Care Federation supports the introduction of standards and there is certainly room for improvement. The question remains, however, as to whether this is the most appropriate response to the challenge of improving service delivery for children in care. A standards based approach is likely to be resource intensive and compliance driven. Managers and social workers participating in this project raised concerns that an emphasis on compliance has the potential to restrict the availability of kin and non-kin caregivers and can detract from a professional approach to assessment and decision-making. There were also indications that compliance requirements were getting in the way of actually doing the work. Furthermore, managers, caregiver social workers and social workers indicated that they were feeling somewhat overwhelmed with the number of changes introduced in recent months and wanted the opportunity to consolidate and embed these.

New Zealand is a small country, which nevertheless has a diverse population. Rather than introducing national standards, it may be more appropriate to develop a practice framework for the delivery of care that provides both guidelines for good practice and a framework for the evaluation of care delivery. In Western Australia, for example, the Department for Child Protection adopted a Foster Care Partnership policy with accompanying guidelines in April 2009. Although tied to national standards, some of the material developed by the Children's Workforce Development Council (2007) may also be useful in developing such a framework.

Independent advocacy for children and young people in care

As we have seen, children and young people do not have high levels of participation in decision-making and although most could identify someone to talk to if they were not happy there was evidence that this may not be available to children who were not in settled placements. Child, Youth and Family does not have a complaints process specifically tailored to the needs of children and young people and, with the exception

of young people in residence, there is no readily accessible avenue for making a complaint. This may leave children in unsatisfactory placements very vulnerable. One of the ways of addressing this is by way of independent lay advocates for children in care.

In Queensland children in care are assigned a Community Visitor under the auspices of the Commission for Children and Young People and Child Guardian. In 2006 and 2007, the Commission sought the views of children and young people in care (Commission for Children and Young People and Child Guardian, 2008). They reported high levels of satisfaction with their Community Visitors. Most saw their visitors once a month and reported that they were able to contact them if they needed to. The majority reported that their Visitor listened to them and cared about what was best for them. About three-quarters of children and a slightly lower percentage of young people reported that their Visitor had been able to help them with something specific.

In England and Wales, Care Plans are reviewed by an Independent Reviewing Officer who chairs review meetings, ensures children's involvement and challenges poor practice and any drift (Harnott & Humphreys, 2004). Cases must be reviewed within four weeks of entering care, three months after this review and six-monthly thereafter. Although not a child advocate, this role ensures that there is a clear focus on the child and their active involvement.

Both of these provisions have the potential to increase children's active involvement in care planning and provide a means by which issues could be raised by them or on their behalf. Attendance at meetings does not guarantee active participation (Cashmore, 2002; Sinclair, 2005), and given that currently children and young people are not always regular participants in decision-making forums it would appear that additional support is needed to ensure that their voices are heard.

The involvement of children and young people in providing input at an organisational level also has the potential to ensure that policy and practice is focused on the people it is designed to serve. In the United Kingdom and Australia, associations have been developed for children and young people in care. No organisations of this type exist

in New Zealand, but a first step in this direction has been taken with the setting up of the Care Café website to provide information and networking opportunities for children in care. It will be important that this initiative receives ongoing support and is developed in a way that provides an avenue for consultation on a range of issues and policies impacting on children and young people in care.

Further Research

One of the most notable aspects of the literature review undertaken for this project is the absence of New Zealand research. This is most evident in the area of kin care where New Zealand took a lead role and yet we are relying on research from other countries to evaluate the impact and effectiveness of this form of care for children and young people and for the families/whānau providing care. Perhaps the most significant gap, however, is in relation to Māori tamariki and rangatahi in care. They represent half the care population but there has been no research on their particular needs while in care or outcomes once they have left care. Considerable investment is needed to ensure that a sound evidence base is developed within the New Zealand context to inform policy and practice. An immediate priority should be placed on research looking at the experience of Māori within the care system.

Summary

Meeting the needs of children and young people in care is a challenging task and this work is undertaken in a complex environment involving children and young people, their families, whānau, hapū, iwi, their caregivers, and Child, Youth and Family staff. Three things stand out from the interviews with children and young people. First is their incredible optimism despite some very difficult experiences. This, in turn, reflects the efforts of some dedicated people including caregivers, social workers and residential staff. The second is the importance to children and young people of where they live and the difficulties encountered with every change, including the importance of keeping hold of their possessions. The third is that contact with family is important and needs to be sustained and well managed, irrespective of placement type. With these in mind, I turn now to recommendations addressing areas of weakness that create barriers to achieving the goal that every child and young person in care has the opportunity to fulfill their potential.

Recommendations

A number of issues related to policy and practice have been identified throughout this report. These recommendations have been structured to reflect those issues.

Assessment

Health and Education Assessments for all children entering Child, Youth and Family care are currently being trialled at four pilot District Health Boards and 14 Child, Youth and Family sites.

- 1. It is recommended that Ministries of Health, Education, and Social Development give priority to:**
 - a. a national roll out of Health and Education assessments for all children and young people entering care; and**
 - b. extending these to all children and young people not currently in settled placements.**

Meeting needs

Child, Youth and Family are currently required to complete a Case Plan for all children and young people in care and a Care Plan to be provided to the caregiver.

- 2. It is recommended that all Plans address the educational, health, cultural, and recreational dimensions of children's lives; and**
 - a. identify the point of contact within the child's education environment;**
 - b. identify the PHO where the child is enrolled and the name of any health specialist or other professional with whom the child has an ongoing involvement;**
 - c. allocate responsibility for continuing engagement in cultural and/or recreational activities to a specified person(s).**

- 3. Child, Youth and Family ensure that Case Plans for Māori children:**
 - a. include details of whānau, hapū and iwi connections;**
 - b. identify a nominated whānau representative (other than the parents); and**
 - c. place priority on the location of whānau from within whānau, hapū and iwi networks available to support the family and offer alternative placement if this is necessary.**

Life Story work ensures that children and young people in care have a record of their experience prior to and following entry to care.

- 4. It is recommended that Child, Youth and Family ensure that Life Story work is undertaken with every child and young person in care to provide access to a culturally appropriate, coherent record of their life including explanations for their placement in care and any placement changes.**

Transition to independence is a crucial time in the lives of young people who have been in care and planning is needed to ensure continuity of support.

- 5. It is recommended that the Minister for Social Development and Employment:**
 - a. introduces legislation to raise the care leaving age to 18; and**
 - b. gives consideration to the enactment of the CYPF Act Amendment Bill no.6, which makes provision for transition planning for all young people approaching independence.**

- 6. In the meantime it is recommended that Child, Youth and Family give explicit attention in Care Planning to provide pathways to independence which includes:**
 - a. identification of a support person ;**
 - b. steps to facilitate ongoing engagement in education or employment;**
 - c. a place to live; and**
 - d. access to an appropriate level of financial support.**

Maintaining constructive relationships with birth family/whānau

Birth family/whānau continue to be significant for children and young people in care and closer attention to this aspect of practice is needed.

- 7. It is recommended that Child, Youth and Family ensure that:**
 - a. Case and Care Plans include an outline of the significance of birth family for the child/young person and details of contact arrangements;**
 - b. social workers engage with birth families to ensure that contact is sustained and is a positive experience for children and young people in care;**
 - c. social workers work with caregivers to address any issues that arise in relation to birth family/whānau contact; and**
 - d. contact arrangements are reviewed in consultation with the child or young person, their family and caregivers at regular intervals.**

Children and young people indicated that placement outside their home district was difficult and in some cases led to running away.

- 8. It is recommended that Child, Youth and Family ensure that:**
 - a. no out of district placement is made without full consultation with children and young people who are old enough to express an opinion;**
 - b. when an out of district placement breaks down, consideration is given to returning the child or young person to their home district if this is their preference.**

Children's participation

Children and young people emphasised the importance of being consulted and given the opportunity to participate in decision-making. There is good evidence that resilience is enhanced when children have this opportunity. Children and young people often need support to fully participate in decision-making processes, especially in settings where they are out-numbered by adults. This could be a member of their family or social

network (who does not have any vested interest in the outcome of decisions) and in cases where nobody is available to take on this role a suitable person should be found.

- 9. It is recommended that the Minister for Social Development and Employment gives consideration to enacting the amendment to strengthen the requirements in relation to children’s participation in decision-making included in CYPF Act Amendment Bill No.6.**

- 10. It is recommended that Child, Youth and Family:**
 - a. ensure that all social workers and family group conference co-ordinators have access to training to enable them to engage with children and young people and facilitate their participation in decision-making;**
 - b. set up a child and youth friendly complaints process and ensure that all children and young people in care are advised of the Office of the Children’s Commissioner’s Child Rights Line and the Care Café website; and**
 - c. ensure that each child has an advocate who is identified in the Case Plan and kept informed of any changes.**

Ensuring timely provision of secure placement

A key factor in ensuring positive outcomes for children and young people in care is stability and continuity of care.

- 11. It is recommended that Child, Youth and Family ensure that:**
 - a. intensive work is undertaken at the point that a child enters care so that the goal of a “home for life” is achieved within 12 months;**
 - b. the initial Case Plan specifies a goal and a contingency plan should the goal not be achieved, sets specific timeframes and allocates responsibility for the tasks to be completed;**
 - c. when the goal is return home, the Case Plan provides detailed information about the work parents are to undertake and identifies the service providers that will work with the family;**

- d. **interim review dates are set to ensure that tasks are being achieved and to address any difficulties that arise;**
 - e. **if the primary goal or contingency plan is kin or whānau placement; the process by which suitable carers will be identified is specified with responsibility for the implementation of this plan assigned to named individuals;**
 - f. **levels of need rather than status determine financial support, enabling families and kin carers to receive services that would be available if the child was in non-kin care;**
 - g. **Case Plans are reviewed in Care Clinics and caregiver social workers are involved in all reviews; and**
 - h. **when a new social worker takes over an existing case, the current Case Plan guides and directs the work and there are no changes to the plan without consultation with all parties involved including the current carers, the birth family, the child or young person, and any other person with whom the child/young person has a significant relationship.**
12. **It is recommended that the Minister for Social Development and the Minister for Justice give consideration to introducing legislative provision for orders that recognise a child or young person's permanent placement with families providing a home for life and protects caregivers from subsequent legal challenges or continual re-litigation of contact arrangements.**

Social work with children and young people in care

The children and young people who participated in this project identified social workers as important people in their lives and wanted an ongoing relationship with them.

- 13. It is recommended that Child Youth and Family ensure that:**
- a. social workers understand that they are important to children and young people;**
 - b. social workers establish and maintain relationships and engage in direct work with children and young people in care on their caseload;**
 - c. the level of visiting is determined by need and specified in the Case and Care Plan;**
 - d. some visits take place away from where the child/young person is living and the venue is negotiated with the child or young person;**
 - e. when social workers leave, they say good-bye to the children and young people on their caseload and their caregivers, where possible they introduce the new social worker and if this is not possible, let children, young people and caregivers know the timeframe for replacement and who they can contact in the meantime; and**
 - f. new social workers take the time to get to know the child/young person and the family with whom they are living.**

Non-kin caregivers

Although the CYPF Act places emphasis on family/whānau placement this will not be an option for all children and non-kin placements are still needed.

- 14. It is recommended that Child, Youth and Family ensure that:**
- a. priority is given to the recruitment and retention of specialised pools of caregivers including those willing to provide:
 - i. short-term placements**
 - ii. permanent placements**
 - iii. intensive therapeutic care;****
 - b. partnerships with community providers are negotiated to ensure that all options are covered;**
 - c. rigorous assessment processes are in place for all placement types and these are tailored to the type of care being offered;**

- d. all caregivers have access to introductory training and specialist training relevant to the type of care they are offering; and
- e. social workers engage with caregivers, involve them in planning and decision-making and respond to messages promptly.

Kin/Whānau placement

Research evidence indicates that kin/whānau placements offer stability for children and young people but that the quality of care could be enhanced with more support. Some sites indicated that more resources were needed to locate suitable kin/whānau placements. Engaging with iwi leadership to address how the needs of Māori children in care may be most appropriately met has the potential to facilitate appropriate placement and planning.

15. It is recommended that Child, Youth and Family ensure that:
- a. each site has the resources to ensure that whānau searches are undertaken in a timely and culturally appropriate way;
 - b. rigorous assessment processes are in place specifically tailored to those offering kin/whānau care;
 - c. social workers undertaking these assessments have good understanding of cultural issues and the tensions inherent in assessing people motivated by a desire to care for kin;
 - d. once kin/whānau caregivers have been approved they are engaged in developing the Care Plan for the child or young person to ensure that resource and support issues are addressed;
 - e. all kin/whānau caregivers are offered the opportunity to participate in introductory and specialist training tailored to the unique challenges of kin/whānau care; and
 - f. social workers engage with kin/whānau caregivers, involve them in case planning and decision-making, and respond to messages within 48 hours.

Organisational support

Capacity issues were identified during the course of this project. Social workers' ability to engage more effectively with children and young people in care and their caregivers is closely connected to structural and workload issues.

- 16. It is recommended that Child, Youth and Family ensure that:**
- a. managers implement strategies to address workload issues that impede delivery of high quality care services;**
 - b. caregiver social workers have access to supervision from supervisors with care experience and regular peer supervision;**
 - c. joint training is provided for caregivers, caregiver social workers and children's social workers on care related matters to ensure mutual understanding of roles and responsibilities;**
 - d. sites have the flexibility to allow the development of specialist roles to address particular issues they may be facing, for example permanency workers in sites with a high number of children in care or whānau specialists in sites where this is needed;**
 - e. high priority be placed on the release of the revised Caregiver Handbook;¹¹ and**
 - f. additional support and training is provided to ensure that recent changes in care policy and practice are implemented before making any further changes.**

Social work training

Social workers indicated that their professional training did not provide them with the knowledge and skills to engage effectively with children and young people. Social workers need sound knowledge of child development, attachment and resilience theories, assessment, and the ability to engage and communicate with children and young people. The centrality of culture to wellbeing and an understanding of the tensions between western theoretical perspectives and other world views also needs to be addressed to ensure that social workers are equipped to practice in the New Zealand context.

¹¹ A new Foster Care Handbook was delivered to sites on 16 August 2010.

- 17. It is recommended that the Social Work Registration Board review curriculum requirements for social work training to ensure that they place sufficient emphasis on the core knowledge needed to work effectively with children, young people and their families.**

Policy

Although many of these recommendations relate directly to Child, Youth and Family, they are not the only government organisation involved with children in care. Given the vulnerability of children in care, it is imperative that their needs are prioritised. Earlier in this report, the concept of corporate parenting adopted in England and Wales was outlined. In this approach government services are allocated shared responsibility for children in care.

- 18. It is recommended that:**
- a. consideration is given to legislative amendment to reinforce the concept of corporate parenting and to prioritise the health and education needs of children and young people in care;**
 - b. high-level agreements in relation to the education and health needs of children and young people in care are reflected in policy and practice at local and regional levels and backed up by appropriate allocation of resources to ensure a co-ordinated response to these needs; and**
 - c. capacity in mental health and drug and alcohol services for children and young people is increased to ensure timely access and appropriate levels of assessment and intervention.**

Future work

There is very little New Zealand research focused on children and young people in care. Although international literature is relevant, there are aspects of care unique to this country.

- 19. It is recommended that Child, Youth and Family give immediate priority to funding research:**
- a. on the experience of Māori tamariki and rangatahi in the care system; and**
 - b. evaluation of kin/whānau care in New Zealand.**

The vulnerability of young people leaving the care system has been apparent in this project.

- 20. It is recommended that the Children's Commissioner undertake further work on the transition to independence for young people leaving the care system.**

Summary

The purpose of this project was to enquire into whether the needs of children and young people in Child, Youth and Family care are being well met and whether they have the opportunity to fulfil their potential. New Zealand legislation and policy is consistent with the United Nations Guidelines for Alternate Care and obligations in relation to Te Tiriti o Waitangi. The question is the extent to which practice is consistent with this framework. When practice, as reported by the people interviewed for this project, was compared with findings from the international literature, gaps were identified.

The number and nature of the recommendations demonstrate that considerable effort is needed to ensure that all children and young people in care have their needs met and the opportunity to fulfil their potential. In particular, priority should be given to research focused on the needs of Māori tamariki and rangatahi in the care system. Piecemeal implementation of the recommendations will not be adequate and it is important that all of the stakeholders identified in these recommendations engage in partnership with Child, Youth and Family to ensure that children and young people in care are given the priority they deserve.

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APPENDICES

Interview template: children and young people

1. Demographics

Refer Handout

2. Family

(a) Invite participants to draw a picture or diagram that shows who they consider to be family

(b) Do you have contact with birth family?

(c) Are you happy/not happy with the amount of contact you have with family?

3. School

(a) How many schools have you been to?

(b) Do you enjoy school?

(c) Is school work easy or difficult?

(d) Do you get any extra support at school?
If not would you like extra support?

4. Activities

(a) Do you get to participate in any activities outside the foster home and school?
e.g. sport, cultural groups, music, drama

(b) Are there activities you would like to participate in

5. Respite

(a) Do you ever go and stay with another foster family?

(b) How is this for you?

6. Social Worker

(a) How often do you see your social worker?

(b) Is your social worker someone you like/don't like?

(c) Does your social worker ask what you want and do they listen to you?

(d) Have you seen a copy of your Care Plan?
a. If so, do you agree with what is in it?

7. Lawyer for child

(a) How often do you see your lawyer?

(b) Is your lawyer someone you like/don't like?

(c) Does your lawyer ask what you want and do they listen to you?

8. Current placement

- (a) What are the good things about where you are living
- (b) What are the bad things about where you are living
- (c) How long do you think you will be staying in this placement?

9. Positives and Negatives about being in care

- (a) What are the good things about being in care?
- (b) What are the bad things about being in care?
- (c) Who do you talk to if you have worries/ are not happy about the way things are going?
- (d) Do you have a copy of the Charter for children and young people in care?
Has this been explained to you

10. Hopes and dreams

- (a) Invite participants to write down three wishes on handout
- (b) What changes would you like to see?

Children and young people: handout

1. Background Information:

(a) How old are you?

(b) Ethnicity:

(c) How many years have you been in care?

(d) How many different homes have you lived in while in care?

2. Rating Scales

Happiness

On a scale from 0 (not happy) to 10 (very happy) please rate how happy you are with your life right now

0 1 2 3 4 5 6 7 8 9 10

3. Wishes

If you were given three wishes what would you ask for?

1.

2.

3.

Interview template: caregivers

1. Demographics

Refer Handout

2. Caregiving pros and cons

- (a) What's good about caregiving?
- (b) What's not good about caregiving
Identify major sources of stress/tension

3. Challenges

- (a) What do you consider the major challenges for caregivers?
- (b) What do you consider the major challenges for children and young people in care?

4. Contact

- (a) Do the children/young people in care have contact with their families?
- (b) Is contact supervised or unsupervised
- (c) Are you consulted about contact?
- (d) Who makes the arrangements?

5. Support

- (a) What support do you get?
Financial/social work/school/therapy for children/respice/CGLSW
- (b) What support do the children and young people in your care get?
Financial/social work/school/respice/ counseling or therapy/access to social worker/access to lawyer for child
- (c) Do you have a copy of the Care Plan for each child in your care?
Did you get this on or before the day of placement?
- (d) Has the child/young person in your care seen their Plan and had it explained to them?
- (e) Are you aware of the Charter for Children's Rights?
Do the children/young people in your care have a copy of the Charter?
Has this been explained to them?

5. Changes

- (a) What would assist you in caring for the children and young people placed with you and (b) What changes would you like to see?

Caregivers: handout

1. Background Information:

(a) Age group

Please circle the age group you fit into

20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 over 70

(b) Ethnicity:

(c) How many years have you been caregiving?

(d) How many children/young people have you cared for?

(e) Type of care:

Short term only

Long term only

Short & long term

Kin

Non-kin

Kin & non-kin

Foster home

Family Home

Group Home

2. Rating Scales

(a) Contact

On a scale from 0 (not at all stressful) to 10 (extremely stressful) please indicate how stressful you find contact arrangements for the child(ren) currently in your care

0 1 2 3 4 5 6 7 8 9 10

(b) Support

On a scale from 0 (none) to 10 (a great deal) please indicate the current level of support you receive from CYF

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0 (none) to 10 (a great deal) please indicate the current level of support the child/young person in your care receives from CYF

0 1 2 3 4 5 6 7 8 9 10

Interview template: caregiver liaison social workers

1. Demographics

Refer Handout

2. Positives and Negatives about your role

(a) What's good about your job?

(b) What's not good about your job?

3. Recent Changes

How have recent changes impacted on your ability to undertake your role?

4. Sources of stress

(a) What do you consider to be the major sources of stress for caregivers?

(b) What do you consider to be the major challenges for children and young people in care?

(c) What are the major challenges you face in doing this job?

5. Contact

(a) How well is this managed?

(b) Is contact a source of stress for caregivers and/or children in care?

6. Relationship with children's social workers

(a) Do social workers visit the children/young people in care on their caseload? How often?

(b) Do social workers keep you appropriately informed?
e.g. changes in contact arrangements, goals, plan for child

(c) Are caregivers provided with a Care Plan on or before placement?

(d) Are children provided with a copy of the Children's Charter?
What support is provided to caregivers in relation to the Children's Charter?

7. Support

Ask CGLSWs to complete the rating scales on the handout.

8. Changes

(a) What changes would you like to see to better support foster parents?

(b) What changes would you like to see to better support children/young people in care?

Caregiver liaison social workers: handout

1. Background Information:

(a) Age group

Please circle the age group you fit into

20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 over 70

(b) Ethnicity:

(c) How many years have you worked for CYF

(d) How long have you been in your current role?

(e) Years of social work experience outside CYF

(f) Do you have a social work qualification?

(g) Are you registered?

(h) Number of caregivers you are responsible for:

2. Rating Scales

Support

On a scale from 0 (none) to 10 (a great deal) please rate the current level of support offered to foster parents by CYF

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0 (none) to 10 (a great deal) please rate the current level of support for child/young people in care

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0 (completely unsuccessful) to 10 (completely successful) please rate how successful CYF is in meeting the needs of children and young people in care

0 1 2 3 4 5 6 7 8 9 10

Interview template: managers

1. Demographics

Refer Handout

2. Challenges

- (a) What do you consider the major challenges for caregivers?
- (b) What do you consider the major challenges for children and young people in care?
- (c) What do you consider the major challenges for you in relation to your responsibility for children and young people in care?
- (d) How frequently are children and young people in care visited by social workers in this office?
- (e) Do social workers in this offer have generic caseloads?
If so what priority is placed on children in care vis-a-vis intake?
How difficult is it for social workers to balance competing priorities?
- (f) Are Health and education assessments being completed for all children entering care? (i.e. are you a pilot site and if not how often are assessments requested?)

3. Needs of children and young people in care

- (a) Who do you consider the important people in the lives of children and young people in care?
- (b) How important is contact with birth family for children and young people in care?
- (c) Who makes the arrangements for contact?
- (d) What are your views about the frequency of contact?
- (e) How difficult is it to ensure that children and young people in care have access to:
 - (i) education appropriate to their ability
 - (ii) counseling/therapy
 - (iii) sport cultural activities
 - (iv) consistent respite care

4. Positive Outcomes

- (d) What do you think is needed to ensure positive outcomes for children and young people in care

5. Changes

- (b) What changes would you like to see to better support foster parents?
- (b) What changes would you like to see to better support children/young people in care?

Managers: handout

1. Background Information:

(a) Age group

Please circle the age group you fit into

20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 over 70

(b) Ethnicity:

(c) How many years have you worked for CYF

(d) How long have you been in your current role?

(e) Years of social work experience outside CYF

(f) Do you have a social work qualification?

(g) Are you registered?

(h) Number of children/young people in custody/guardianship of Chief Executive in this office:

2. Rating Scales

Support

On a scale from 0 (none) to 10 (a great deal) please rate the current level of support offered to foster parents by CYF

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0 (none) to 10 (a great deal) please rate the current level of support for child/young people in care

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0 (completely unsuccessful) to 10 (completely successful) please rate how successful CYF is in meeting the needs of children and young people in care

0 1 2 3 4 5 6 7 8 9 10

Interview template: social workers

1. Demographics

Refer Handout

2. Challenges

- (a) What do you consider the major challenges for caregivers?
- (b) What do you consider the major challenges for children and young people in care?
- (c) What do you consider the major challenges for you in relation to your responsibility for children and young people in care?
 - Do you have a generic caseload?
 - If so how easy is it to balance priorities?
- (d) How frequently do you visit the children and young people on your caseload who are in care?
- (e) Are Health and education assessments being completed for all children entering care? (i.e. are you a pilot site and if not how often are assessments requested?)
- (f) Are Care Plans available to caregivers at the time of placement?
 - If not (e.g. emergency placements) when are they provided?
- (g) Do you discuss Care Plans with children and young people on your caseload?
- (h) Does every child in care on your caseload have a copy of the Children's Charter?
Has this been explained to them?

3. Needs of children and young people in care

- (a) Who do you consider the important people in the lives of children and young people in care?
- (b) How important is contact with birth family for children and young people in care?
- (c) Who makes the arrangements for contact?
- (d) What are your views about the frequency of contact?
- (e) How difficult is it to ensure that children and young people in care have access to:
 - (i) education appropriate to their ability
 - (ii) counseling/therapy
 - (iii) sport cultural activities
 - (iv) consistent respite care

4. Positive Outcomes

- (e) What do you think is needed to ensure positive outcomes for children and young people in care?

5. Changes

- (c) What changes would you like to see to better support foster parents?
- (b) What changes would you like to see to better support children/young people in care?

Social workers: handout

1. Background Information:

(a) Age group

Please circle the age group you fit into

20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 over 70

(b) Ethnicity:

(c) How many years have you worked for CYF

(d) How long have you been in your current role?

(e) Years of social work experience outside CYF

(f) Do you have a social work qualification?

(g) Are you registered?

(h) Number of children/young people in custody/guardianship of Chief Executive on your caseload:

2. Rating Scales

Support

On a scale from 0 (none) to 10 (a great deal) please rate the current level of support offered to foster parents by CYF

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0 (none) to 10 (a great deal) please rate the current level of support for child/young people in care

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0 (completely unsuccessful) to 10 (completely successful) please rate how successful CYF is in meeting the needs of children and young people in care

0 1 2 3 4 5 6 7 8 9 10

Interview template: Lawyer for child

1. Demographics

Refer Handout

2. Challenges

- (a) What do you consider the major challenges for caregivers?
- (b) What do you consider the major challenges for children and young people in care?
- (c) What do you consider the major challenges for you in relation to your role with children and young people in care?
- (d) How frequently do you visit the children and young people for whom you are responsible?

3. Contact

- (a) Who do you consider the important people in the lives of children and young people in care?
- (b) How important is contact with birth family for children and young people in care?
- (c) What are your views about the frequency of contact?
- (e) How well is contact managed?

4. Support

Ask lawyers to complete rating scales

5. Positive Outcomes

- (f) What do you think is needed to ensure positive outcomes for children and young people in care?
- (g) Ask Lawyers to complete rating scales on handout

6. Changes

- (d) What changes would you like to see?

Lawyers: handout

1. Background Information:

(a) Age group

Please circle the age group you fit into

20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 over 70

(b) Ethnicity:

(c) How many years have you been working as lawyer for child?

(d) What training have you had for this role?

(e) How many children/young people in care do you currently represent?

(f) How many children/young people have you represented in total?

2. Rating Scales

Support

On a scale from 0 (none) to 10 (a great deal) please rate the current level of support offered to foster parents

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0 (none) to 10 (a great deal) please rate the current level of support for child/young people in care

0 1 2 3 4 5 6 7 8 9 10

Positive Outcomes

On a scale from 0 (completely unsuccessful) to 10 (completely successful) please rate how successful CYF is in meeting the needs of children and young people in care

0 1 2 3 4 5 6 7 8 9 10