



## ANZASW submission on The Green Paper for Vulnerable Children

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### Key Recommendations

1. appointment of an Independent Commissioner for Child & Family Services - the health sector has the Health & Disability Commissioner who is able to conduct independent enquiries and discipline health professionals if necessary where there are complaints about a health service. Currently there is no similar body to act as an independent 'watch dog' for child and family support services whether we are talking about Child Youth & Family or the many NGO organisations that are funded by CYF or Family & Community Services. The establishment of a Child & Family Commissioner to take on this role has the potential to improve service delivery in the sector most likely to be working with vulnerable children.
2. development of a Children's Act that would require Government to assess the impact of legislation and policies for children from the perspective of effectiveness in terms of helping children to *thrive, belong and achieve*.
3. enactment of the Children's' Action Plan through specific legislation such as the Childrens Act. This would provide a framework for all legislation and policy to be assessed for negative impacts or unintended consequences for children thus aligning policy and legislation with the aspirations of the Green Paper, that every child "*will thrive, belong and achieve*", eg:
  - development and implementation of a whole of sector framework for evaluation of government funding, strategies, policies and frameworks from the perspective of service effectiveness for all children
  - monitoring and review of Green Paper policy directions in terms of their effectiveness for improving outcomes and enabling children to thrive, belong, achieve
  - monitoring, review and reporting on the effectiveness of mandatory reporting and information sharing within the context of Green Paper directions
  - strategies for evaluation of community-based service providers and programmes
  - reviewing and updating the definitions of vulnerable and poor outcomes
  - identifying and resolving the barriers and obstacles to innovative service delivery
4. strengthening the workforce to improve reporting and the measurement of outcomes, make Chief Executives accountable for outcomes and re-orient service delivery around local/community objectives/needs/responsibilities.
5. re-configuring social support networks, to put the care of families and children above legalistic pursuit and re-orienting the legal framework to an inquisitorial model which enables legal representation and social workers and/or other "helping professionals" to work together, eg:

- adopting a Continental European derived principal set that employs strongly devolved social networks and emphasises the importance of community and non-governmental group involvement, as well as the use of institutions in intermediary positions between state and family, which will engender a wide range of differential responses.
  - Retraining the “helping profession”, eg - social workers, psychologists, educationalists etc on rehabilitative, preventative and holistic approaches to work, with less emphasis on engaging with the legal framework.
  - redirect funds from the front end of the system, or the gathering of legally admissible evidence to the back end, with a focus on rehabilitation. This will encourage the development of services like counselling, education circumstantial support and social network aid.
6. ANZASW supports a strengths-based approach to meeting the needs of all children and working with families and communities.
  7. Continue to promote breastfeeding.
  8. Invest in maternal nutrition prior to pregnancy and during the prenatal period will reduce vulnerability to poor life outcomes.
  9. Consider the cumulative effects of hardship, poverty, rising costs of living, homelessness and unemployment on children and their families. Poverty is the best predictor of vulnerability.
  10. Reduce childhood poverty, introduce equitable fiscal policies and address the risk factors which cause health inequities, such as inadequate nutrition and housing, will have the greatest impact on reducing the likelihood of children experiencing poor life outcomes.
  11. Invest in universal prevention strategies and protective factors is more effective than intervention.
  12. ANZASW is not in favour of mandatory reporting but strongly supports mandatory information sharing, across state agencies and the NGO sector, when a vulnerable child has been clearly identified.
  13. It is our preference information-sharing is restricted to instances where people are at imminent risk of physical, sexual and emotional neglect, violence and abuse.
  14. ANZASW vehemently opposes the Green Paper’s aggressive agenda of nanny state monitoring and intervention in parenthood.
  15. We oppose the introduction of prioritised spending, providing fewer services to children at lower risk of poor outcomes and a vulnerable children first allocation priority.
  16. ANZASW does not support a comprehensive review of spending on parents or introducing strategies for early intervention in poor parenting at this time. We believe the parameters for measuring poor parenting must be clearly defined.
  17. Evaluate the impact of mandatory reporting and information sharing along with the welfare reforms before further change is introduced.
  18. Ensure the proposed harsh and invasive techniques for improving life outcomes are effective, from the perspectives of children, families and government fiscal policy.
  19. Do not introduce a requirement for frontline government agencies to screen every family who access their service in order to ensure hard-to-reach families are doing the things they need to do to protect vulnerable children.
  20. The Government must ensure their strategies to protect vulnerable children do not serve to increase vulnerability.

21. Social workers fear the Green Paper will create a prescriptive, rigid policy environment that reduces capacity to provide appropriate services and deliver effective care.

## **Key Concerns**

1. Every child and family faces adversities which make them vulnerable at some point in their lives.
2. Vulnerability has not been clearly defined and is in need of transparent, robust discussion
3. The description of vulnerability is too narrow, unworkable in its current form, culturally inappropriate and likely to have wide-reaching negative effects on parental autonomy, basic human rights and the wellbeing of children and families.
4. The rationale for suggesting children aged 0-4 and 12-14 years are more vulnerable than other age-groups is flawed.
5. Many are concerned the Government's current agenda of harsh welfare reforms will have devastating impacts on our most vulnerable children and families.
6. The Green Paper has missed a valuable opportunity to gather meaningful information about the strategies that are needed to reduce poverty, which is the key driver of childhood vulnerability.
7. The potential effectiveness of investment in universal prevention strategies and protective factors is counter-balanced by conflicting public sector messages and policy directions.
8. This is an unsettling time of change and transition for vulnerable children and their families as many changes, across a number of sectors, are in full swing.
9. Mandatory reporting is not evidence-based.
10. The Privacy (Information Sharing) Bill has been formulated around the protection of vulnerable people when the definition of vulnerability has not been adequately defined.
11. ANZASW is wary of the proposals for working with whānau, hapū, iwi. While the notion of high trust contracts and working in partnership is attractive there is also the ominous possibility of Māori being locked into mainstream concepts of vulnerability and hard-to-reach families.
12. There is no justification for mandatory registration for volunteers and unregistered people who work with children and their families.
13. The Green Paper proposals around frontline professionals "freely sharing information" about children and families is fraught with risk and will be a blatant invasion of personal privacy.
14. Social workers are developing capacity for consolidation of information, knowledge and evidence, we need time to stabilise, develop benchmarks, targets and goals - the system always seems to be in a constant state of change

## background & context

At first glance, it seems the Government has called for public discussion about the strategies, policies and changes that are needed to ensure New Zealand is a society in which **Every Child Thrives, Belongs and Achieves** as defined in the following table.

Thrive	Belong	Achieve
<ul style="list-style-type: none"> <li>• Be healthy</li> <li>• Be protected from harm and keep themselves safe</li> <li>• Have their basic physical needs met (food, shelter, clothing)</li> </ul>	<ul style="list-style-type: none"> <li>• Be loved and supported by parents/caregivers, family and whānau and communities</li> <li>• Be confident in their identity, language and culture</li> <li>• Have positive connections with friends and adults</li> </ul>	<ul style="list-style-type: none"> <li>• Achieve strong foundations for lifelong learning</li> <li>• Have the support they need to contribute positively to their own and New Zealand's future</li> <li>• Children who are Māori succeed as Māori</li> <li>• Children achieve in their own culture</li> </ul>

However, it quickly becomes evident the Government is not concerned about creating a society in which “every child thrives, belongs and achieves” but wants submissions to focus on the changes that are needed for **vulnerable** children. A vulnerable child is invariably defined as one who is/has:

- without access to appropriate support and interventions
- physically, sexually or emotionally abused or neglected
- experienced an avoidable hospital admission
- admitted to hospital as a result of assault, neglect or maltreatment
- at risk of poor life outcomes such as learning and behavioural difficulties, mental and physical health problems, alcohol and drug dependency, criminal activity, imprisonment, poor education achievement and employability

The Green Paper has acknowledged vulnerability is often an accumulation of factors which work together to increase risk, such as:

- violence and dysfunctional inter-personal relationships in the home
- having parents with mental health and/or AOD issues
- early development of behavioural problems (pre-school)
- a history of truancy, heavy cannabis use, binge drinking, involvement in criminal activity, early sexual activity, other harmful risk-taking activity
- leaving school early and without qualifications
- being a teenage parent
- poverty
- a disability and/or significant health problem

The discussion document goes on to say funding is constrained but the Government is working hard to make improvements for vulnerable children, and has already made substantial investments in economic, transport, health and education which are not be the focus of Green Paper submissions<sup>1</sup>, notably:

- improving care and protection services - specifically promotion campaigns, standardising training, screening and support services for family/whānau carers and placing CYF social workers in hospitals

<sup>1</sup> actual wording is “these issues are not the focus of this paper as other Government-led work is happening in this space”, pg 1, para 5

- strengthening Well Child services – specifically increasing immunisation coverage, screening for rheumatic fever and developing capacity for outreach and follow up services
- improving opportunities for adolescents at risk of unemployment and poor education outcomes – general discussion about the budget for CYF (\$443m), Vote Education budget for students with special education needs (\$460m) and the budget for Child & Adolescent Mental Health Services (\$138m)
- welfare reforms that will provide better support for beneficiaries with children to support them into work (no additional information provided)
- reviewing the child support system to better recognise the shared responsibility of caring for children (no additional information provided)
- improving access and delivery of early childhood education – specifically building more services, developing home-based services and supporting ECE providers to work more effectively with Māori, Pāsifikā and families from lower socio-economic backgrounds
- introducing a common assessment framework across maternity and Well Child providers

Despite such investment, the Government is concerned 15% of children under the age of 18 years are at risk of not doing well<sup>2</sup> and, in terms of brain function and emotional development, it is suggested the two age-groups of most concern are:

- very young children (under 5 years) because they are dependent on caring adults to provide for basic needs, and
- early adolescence (12-14 years) because problems experienced in early childhood are likely to manifest as harmful risk-taking activities that may undermine future opportunities

Within this context, the Green Paper has asked for public comment on the ways in which:

- parents, caregivers and communities could **share responsibility** for ensuring vulnerable children have the opportunity to thrive, belong and achieve
- the Government could **show leadership** through legislative changes, developing a Vulnerable Children's Action Plan and working with Māori
- **child-centred policy changes** might make a difference, such as targeting vulnerable children, shifting funding and early intervention to address problems that are beginning to arise
- **child-centred practice changes** could improve outcomes such as developing the workforce for children, connecting children to services and improving service delivery.

Beneath these broad themes, the Green Paper has presented an ominous list of specific actions which it says ... the Government could do but has not yet decided to do because they want to hear from submitters first<sup>3</sup>, this includes:

- reviewing spending on parents
- ensuring government agencies deliver services and programmes that support parents
- early intervention when children are experiencing poor parenting
- supporting effective community-led initiatives that play a role in protecting vulnerable children, eg – to increase vaccination rates
- remove barriers for communities finding their own solutions (for the protection of vulnerable children), such as high-trust contracts to encourage community leadership and local decision-making

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<sup>2</sup> Based on the findings of longitudinal studies in Christchurch and Dunedin

<sup>3</sup> pg 6, last paragraph, last sentence

- introduce legislation which clarifies and ensures implementation and monitoring of a Vulnerable Children's Action Plan
- introduce legislation which requires agencies to share information about vulnerable children
- increased regulation of the workforce
- work in partnership with Māori to deliver services for vulnerable children, ensure tamariki ora is achieved and get services to hard-to-reach Māori whānau
- review Government spending to get better results for vulnerable children
- adopt a "vulnerable children first" allocation policy
- stop funding some programmes that people like or feel passionate about
- introduce a more rigorous evidence-based approach to resourcing
- provide fewer services to children at lower risk of poor outcomes
- reduce spending on vulnerable older age children in order to spend more on young vulnerable children
- reduce spending on other services in order to spend more on early intervention services, particularly when problems are preventable
- tackling a problem when the first signs of a problem are obvious
- transferring funding from other areas of government activities in order to spend more on vulnerable children
- increased monitoring of vulnerable children to identify needs and ensure they stay safe and healthy
- introduce mandatory reporting by professionals through legislative and contractual obligations
- review current legislative provisions to ensure professionals at the frontline, such as teachers, social workers, GPs, nurses, psychologists, police officers and therapists are able to freely share information about children they work with for the purpose of accurately assessing the needs of the child, their family and whānau
- improve the way in which agencies communicate and collaborate with each other
- introduce mandatory registration for volunteers and unregistered people who work with children and their families to ensure compliance with minimum standards
- develop and identify a workforce for children with regulation to ensure compliance with common principles, quality standards, cultural competencies, assessment frameworks, protocols for information sharing, referrals and follow-up
- introduce accreditation, audit and evaluation processes to monitor performance of the workforce for children
- require frontline government agencies, such as WINZ, Housing NZ, A&E, to screen every family who accesses their service to ensure the hard-to-reach families are doing the things they need to do to protect vulnerable children, eg – all children must participate in early childhood education prior to attending school, all 0-4 year olds must be regularly seen by a GP
- regulating and integrating the way in which government agencies, NGOs, iwi and community groups provide services, eg – delivery from one site, measuring cultural appropriateness, accessibility, satisfaction with the quality of services.

## **ANZASW response to Green Paper directions & themes**

The platform that has been presented for Green Paper submissions is confusing, ambiguous and misleading. The Government has already embarked on a programme of legislative changes and policy reforms that will have devastating impacts on the wellbeing of children.

### **the underlying goal**

The initial vision of generating discussion about the strategies, policies and changes that are needed to create a society in which **every child thrives, belongs and achieves** is a laudable goal that is unanimously endorsed by ANZASW and our membership of 4,000 social workers. Such a vision invokes feelings of benevolence, equity, compassion and social justice that are compatible with the underlying ethics and philosophies of social work.

In all ethnicities, societies and communities children are valued and treasured. The role of a social worker is to ensure every child has a safe space (ahurutanga) in which they are nurtured and supported to reach their fullest potential. While often focusing on children who are most disadvantaged, social workers are very aware of the pressures and difficulties that all children face as they strive to thrive in an intimidating, competitive world. All children, and their families, face adversities which make them vulnerable, at some point in their lives<sup>4</sup>.

In contrast, orientation of the Green Paper's discussion around a vaguely defined sub-group of vulnerable children, and using this as the rationale for introducing draconian monitoring and compliance systems that will redefine parenthood for everyone, invokes nothing but fear and loathing.

### **a deficiency-based model is inappropriate**

Many of the questions posed within the Green Paper reflect a deficiency concept of parenthood and the need for a nanny state approach to intervention. Indeed, the underlying theme of universal monitoring suggests service providers, in every conceivable setting, will use a tick box schedule of parental faults and weaknesses to screen for children in need of protection. This approach suggests little awareness of the evidence which shows that strengths-based techniques are more effective than a deficiency approach when the aim is to generate change in attitudes, behaviour and inter-personal dynamics.

Whānau Ora is an example of a strengths-based paradigm that is targeting children at risk of poor life outcomes such as learning and behavioural difficulties, mental and physical health problems, alcohol and drug dependency, criminal activity, imprisonment, poor education achievement and employability. The Whānau Ora model of intervention aims to build on the strengths, potential and underlying desire, that all families have, to be self-determining and take responsibility for their own wellbeing. In this model, service providers work alongside whānau to develop action plans around self-identified vulnerabilities. The action plan becomes the framework for monitoring and measuring progress and the service providers, well they are the navigators who help to overcome barriers and obstacles.

### **defining "vulnerable"**

The definition of vulnerable is **the key driver** of Green Paper proposals for screening, monitoring, reviewing, prioritising, sharing information, mandatory reporting, regulating, compliance, intervention, protection and programme delivery. It is important to get it right and many social workers have said, this topic alone, should have been the subject-matter of a call for submissions.

The Ministerial Foreword suggests the Green Paper's priority is the protection of vulnerable children who are being physically, sexually or emotionally abused. Everyone would agree these children are indeed vulnerable and need to be protected and most of us expected this to be the only goal of Green Paper proposals. However, the Green Paper does not specifically define the meaning of

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<sup>4</sup> ANZASW Social Justice Committee, 2012

vulnerability. Instead, there is general discussion about the risk factors associated with abuse and the way in which life events, other risk factors and personal situations can sometimes combine to increase the likelihood of poor life outcomes. From this, the definition of vulnerability seems to become anything that increases the risk of poor life outcomes, albeit the concepts of “vulnerability” and “poor” have not been clearly defined.

Based on the findings of longitudinal studies in Christchurch and Dunedin, the Green Paper suggests around 15% of NZ children may be vulnerable at any point in time. Next minute, the notion of vulnerability, which is considered relevant for 15% of New Zealand’s children, is applied to **all** children in Aotearoa/New Zealand. This is a precarious situation because the Government has not only given itself free reign to define the concepts of “vulnerability” and “poor outcomes” any way they see fit but they are also applying this definition to all children, irrespective of whether they are at risk of abuse.

### **urgent need for transparent, robust discussion**

Many are concerned the definition of vulnerability is too narrow, unworkable in its current form and likely to have wide-reaching negative effects on parental autonomy, basic human rights and the wellbeing of children and families. There are numerous examples of the ways in which implementation of the current (implied) definition of vulnerability may have unintended negative consequences that increase the risk of poor outcomes, such as:

- early intervention in adolescent mental health/AOD problems is a proposed Green Paper action, that ANZASW certainly supports in principle, but around 17,000 rangatahi Māori are currently seen by child and youth/adolescent MHA teams each year, and the vast majority (99%) are seen by mainstream providers<sup>5</sup> - whānau are not satisfied with the effectiveness of mainstream care and many have found the assessment and treatment techniques increases the risk of poor outcomes;
- under the current definition, any child that does not participate in early childhood education and/or is not enrolled in Well Child/Tamariki Ora services is considered vulnerable but this is not always the case. There are many reasons why parents do not take advantage of these services. For some it’s a matter of access, transport and costs. For others it’s about philosophies, content, preferring to teach from home and, sometimes, it’s about not wanting to get their children vaccinated. The literature shows parents who actively choose not to vaccinate their children are highly educated, well informed and opting for lifestyles which ensure their children have the best possible start to life including an immune system that is likely to cope with a childhood disease. These nurturing parents can show the risks of childhood vaccination, in terms of vulnerability to side-effects such as a compromised immune system, outweighs any benefits for their individual child;
- informed choice is the basis for all health decisions but health professionals and service providers have been primed to think of teenage pregnancy as a risk factor for poor outcomes - when counselling teenage mums most providers ensure she is well aware of the risks associated with keeping her baby – if she has an abortion, the teenage mum can sometimes feel like the service provider convinced her to do it – there is evidence which shows these mums have significantly higher risks of long-term depression, AOD abuse and/or suicide;
- despite overwhelming opposition from social service providers throughout New Zealand<sup>6</sup>, one of the likely outcomes of National’s welfare reforms will be young single mums have to find part-time work, this will generally be low paid, low skilled jobs and they will have to work a minimum of 20 hours a week (4 hours a day) to be eligible for tax credits –

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<sup>5</sup> 2005-2011 data extracted from MHS database for ANZASW on 7 December 2011

<sup>6</sup> See ANZASW submission to the Welfare Working Group available at <http://anzasw.org.nz/publications-2/submissions/> on 27 February 2012



- many are concerned the additional combined stress of travel, time away from home, juggling child-care arrangements and extra costs, particularly when the mum has no social support, will increase vulnerability to poor outcomes, not only for the children but also the mum herself;
- the current (implied) definition of vulnerability does not consider outcomes or risk factors from the perspective of Māori (and/or other ethnic groups) and will not, therefore, enable these groups to gather scientific evidence of effectiveness and validity. Without this evidence cultural models of risk and vulnerability will never be robust. The continual use of mono-cultural, mainstream indicators and models is self-perpetuating, it ensures they will always be used. From a Māori perspective, the use of a mainstream construct is, itself, an indicator of vulnerability because it increases the likelihood of a poor outcome for individuals and collectively. If Māori concepts of risk and vulnerability were used the assessment process, interventions and outcomes would be completely different.
  - the social science literature highlights the possibility implementation of the Green Paper's proposed nanny state approach to parenting may, over time, increase the risk of poor parenting behaviours, such as, overly permissive parenting styles, parental complacency, detachment, externalisation and unwillingness to engage in reflection, personal development, problem-solving and self-help techniques.

### **priority age-groups not justified**

The Green Paper's rationale for proposing children aged 0-4 years and 12-14 years are more vulnerable than children at other age-groups suggests little understanding of developmental psychology and neuroscience. Both disciplines have shown that cognitive maturation occurs concurrently with physical development, throughout the first 20 years of life, and involves genetic factors, interaction with the environment, learning experience, adaptation and actual growth of the human brain. Although brain size grows rapidly in the first 5 years, and this is when initial language acquisition occurs, the relevance of this so-called critical period in terms of "how children are wired"<sup>7</sup> has been hotly debated for some time. Neural plasticity, or electrical activation of neurons, is the key to understanding how social, behavioural and emotional interactions throughout childhood and adolescence, which ends at around 16-17 years of age, can influence cognitive and intellectual development, and the likelihood, therefore, of positive or negative life outcomes.

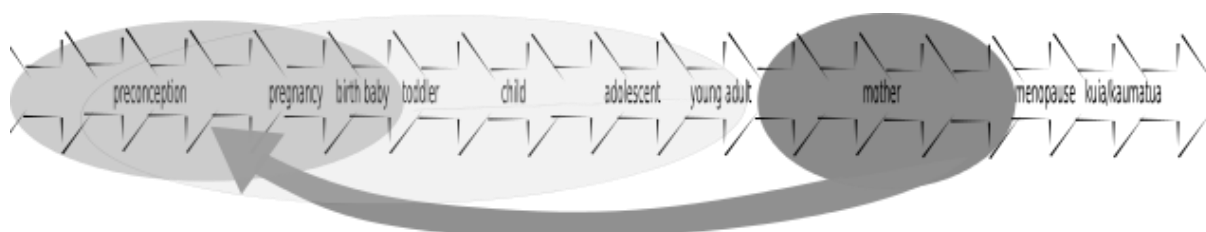
Throughout childhood and adolescence, children develop communication, reasoning, logic and problem-solving skills that enable them to view things from another perspective, form meaningful relationships, overcome challenges and be more resilient in later life. Although it is important for service providers to have contact with 0-4 and 12-14 age-groups for administration of childhood vaccines, there is no basis whatsoever for suggesting the children in these age-groups are more vulnerable than others. What about the 10,000-odd children, aged 5-11 years, who were treated by mental health and addiction services in 2010/11? Children aged 5-11 years are also equally likely to experience abuse and neglect. Every child, no matter what age, needs a positive childhood and a warm, caring relationship with a loving parent or caregiver.

### **invest in maternal nutrition**

If creating a society in which every child thrives, belongs and achieves is the goal, it would be a good idea to invest in the nutrition of women in childbearing age-groups. Neuropsychologists have demonstrated strong positive associations between maternal nutrition, during the preconceptual and prenatal periods, and an infant's social, emotional and intellectual development. Similarly, stunted brain development in the first few years of life has been associated with maternal malnutrition, iodine deficiency and anemia during these periods. Ensuring women of childbearing age are well nourished will also be beneficial for breastfeeding which, in turn, is positively associated with infant intellectual development and cognitive functioning.

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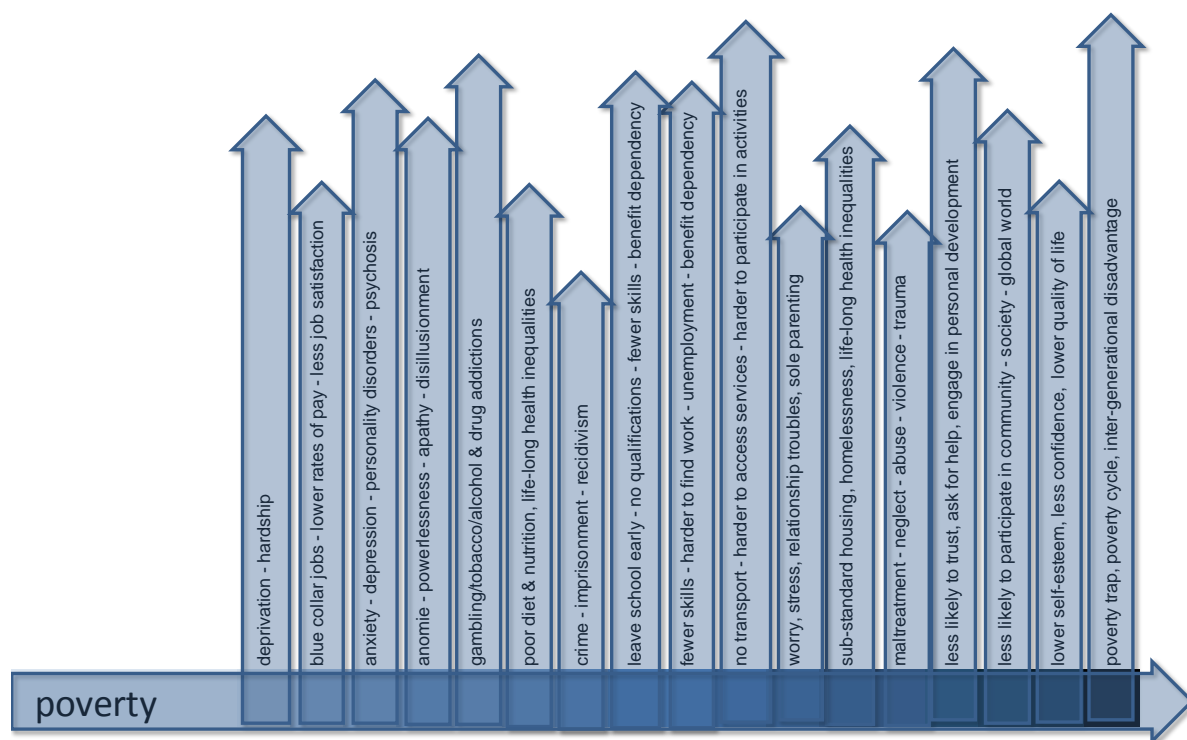
<sup>7</sup> see Green Paper, Why childhood matters, pg 3, para 3.



**Figure 1: Maternal nutrition, during preconception and pregnancy, is positively associated with infant cognitive functioning and intellectual development**

## poverty is the best predictor of vulnerability

As Social Workers, who have day-to-day contact with single parents and families struggling to make ends meet, throughout New Zealand, it is difficult to understand how the Ministry of Social Development could have produced a Green Paper on vulnerable children that does not address the pressing issue of nationwide poverty. Numerous reports, from a wide range of sectors, have identified poverty as the single-most important determinant of vulnerability in New Zealand children. In particular, the NZ Council of Christian Social Services has developed a vulnerability monitoring framework and produce 3 monthly reports that vividly demonstrate the impact of poverty on children and their families. Basic living costs such as petrol, house rents, power, food and milk have clearly skyrocketed amidst poor job prospects and negligible increases in the hourly wage. Although some regions are faring better than others, a rapidly worsening global economy combined with little prospect of domestic growth and the Government's ruthless programme of hard-hitting welfare reforms suggests things are only going to get worse.



**Figure 2: Poverty is a robust and reliable indicator of vulnerability**

The urgent need to reduce child poverty and improve living conditions has been continually highlighted by professional bodies, academics, researchers, statutory bodies and grassroots NGOs. Every year, for the last 3 years, reports from the Perinatal & Maternal Mortality Review Committee (PMMRC) have shown that deprivation and poverty is **the main cause of perinatal death**. In their 2011 list of the Seven Most Important Actions to Reduce Health Inequities in Aotearoa New Zealand, the New Zealand Medical Society (NZMA) gave **reducing childhood poverty** the 3<sup>rd</sup> highest ranking, below **an equitable and fair fiscal and social welfare policy** and addressing the risk factors which cause health inequities such as **subsidies to improve healthy eating** and **inadequate housing**.

## reduce childhood poverty

The Children's Social Health Monitor is an innovative response to concerns about the impacts of economic hardship on New Zealand children. The reports produced by this collaboration of professionals have invariably shown that Māori and Pāšifikā children have greater risk of poverty and this is associated with **higher rates of deprivation, hardship, anxiety, stress, personality disorders, powerlessness, gambling, addiction and other AOD issues, poor nutrition, sub-standard housing, benefit dependency, early school leavers, less use of social services, lower self-esteem, family violence and lower quality of life**. This work is supported by a nationwide network of groups and agencies<sup>8</sup>. The Mental Health Commission's work on National Indicators has reached similar conclusions. Collectively this work suggests the Government's agenda of harsh welfare reforms will have devastating impacts on our most vulnerable children and families. The Green Paper has missed a valuable opportunity to build on this work and gather meaningful information about the strategies that are needed to reduce the key driver of childhood vulnerability.

## prevention is more effective than intervention

In December 2010, the Office of the Children's Commissioner produced an interesting review of the literature on best practice models for reducing and preventing child abuse<sup>9</sup>. This report showed that universal prevention is more effective than intervention. Examples of universal prevention strategies for children and their families would include:

- reducing poverty
- increasing employment
- reducing the cost of living, eg - food, housing, transport, electricity
- ensuring children, mothers and families have good nutrition and housing conditions
- supporting families and communities
- improving access to appropriate health, education and social support services
- developing a national network of role models and mentors

In a similar manner, numerous studies have highlighted the need to invest in protective factors, primarily the development of personal and/or inter-personal skills within children, parents and families, such as:

- coping and problem solving skills
- effective conflict resolution strategies, stable family relationships
- nurturing, supportive and trustworthy relationships (with at least one caring adult)
- cognitive and intellectual capacity
- anger management skills
- disciplinary techniques
- budgeting skills
- positive cultural identity and community interaction, eg – participation in sports, hobbies, social clubs

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<sup>8</sup> Including the Paediatric Society of New Zealand, Public Health Association, Office of the Children's Commissioner, New Zealand Child and Youth Epidemiology Service, TAHA (Well Pacific Mother and Infant Service), Maori SIDS, Te Tuia Well Child Consortium, New Zealand Council of Christian Social Services, Action for Children and Youth Aotearoa (ACYA), Child Poverty Action Group, UNICEF New Zealand, College of Nurses, Aotearoa (NZ) Inc and academics from Auckland and Otago universities.

<sup>9</sup> OCC (2010) Preventing Child Neglect in NZ – A public health assessment of the evidence, current approach and best practice guidance.

## **contradictory messages & policy directions**

The Green Paper has obviously drawn on the literature which shows that investment in universal prevention and protective factors is more effective than intervention techniques but this is counter-balanced by conflicting messages and policy directions.

Once again, for example, harsh welfare reforms targeting sole parents and sickness beneficiaries combined with diminishing job markets, rapidly escalating costs of living, housing shortages, exorbitant house rentals and unaffordable travel costs will increase poverty and seriously undermine potential gains from concurrent investment in universal prevention strategies.

Similarly, imminent introduction of mandatory reporting<sup>10</sup> and the Privacy (Information Sharing) Bill alongside equally patronizing Green Paper proposals, such as reduced spending on vulnerable children at older age children, state intervention at the first sign of a problem, increased monitoring, mandatory screening by frontline agencies – is likely to negate potential gains from investment in protective factors.

Some of the many examples of contradictory messages and policy directions include:

- the Green Paper is proposing early intervention when children are experiencing poor parenting but, at the same time, the Ministry of Justice is looking at dismantling its national network of Family Court conciliation services. Inter-parental conflict is associated with increased hostility and aggression towards children and less responsiveness to their needs. These children are among the most vulnerable in our society. Exposure to inter-parental conflict increases the risk of under-achievement, behavioural problems and relationship dysfunction. The likelihood of negative outcomes is compounded if parents are unable to work together after separation or divorce. At present, the FC conciliation services can be accessed anywhere in the country. Will MSD pick up this cost if the service ? under Green Paper proposals;
- on one hand, MSD is involved in a tripartite multi-sectorial agreement to fund the development and implementation of Whānau Ora action plans for addressing self-identified vulnerabilities but, on the other hand, the Green Paper is proposing the introduction of universal screening, assessment and intervention techniques that will, undoubtedly, take precedence over Whānau Ora techniques;
- the Green Paper is promising early access to mental health and addiction services but, at the same time, the Ministry of Health is restructuring DHB involvement in service delivery around the newly introduced, yet to be proven, BSMC model of primary based MHA service delivery;
- the Green Paper is promising better access to early childhood education at a time when the Ministry of Education is limiting placements and reducing subsidies, the High Scope Perry outcomes have shown an investment in pre-school education gives a 1200% return in terms of savings within the justice, mental health and social services;
- the Green Paper is proposing universal monitoring all parents under the guise of protecting children who are being abused but, at the same time, MSD has established a separate Task Force for Action on Violence Within Families to specifically deal with this issue.

Despite the Green Paper's reassurance the Government will wait to hear from submitters before taking action<sup>11</sup>, such findings show many changes across a number of sectors are already in full swing. From the perspective of vulnerable children and their families, this is an unsettling time of tremendous turmoil and transition

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<sup>10</sup>as presented in the Crimes Amendment Act (No. 3) 2011

<sup>11</sup> Green Paper, pg 8, last sentence

## **mandatory reporting is not evidence-based**

There is little international evidence to suggest that mandatory reporting has significantly changed outcomes for children. In New Zealand, there are many examples where children who have died or been seriously harmed as a result of abuse have been known to CYF. For these children mandatory reporting would have made little difference. It is also disappointing, DHB data on the mandatory reporting of child-abuse, which has been operating for several years, has not been analysed to inform debate about the effectiveness of this approach in reducing and preventing child abuse.

However, a common theme in the reports and investigations into serious abuse and neglect is the failure of agencies to share pertinent information that could have made a difference to the child's life.

ANZASW is not in favour of mandatory reporting but strongly supports the concept of mandatory information sharing when a vulnerable child is identified. Our experience of Strengthening Families has shown that attempts to identify agencies involved with families can be hampered by the lack of clear guidelines for genuine information sharing. For this reason, ANZASW supports mandatory information sharing across state agencies and the NGO sector.

## **restrictions on information-sharing**

ANZASW supports mandatory information sharing across state agencies and the NGO sector when a child has been clearly identified. However, the indicators of vulnerability must be clearly defined.

There is concern the pre-requisite criteria of an imminent "serious threat to public health or safety, or to the life or health of an individual" will be applied loosely and without justification, particularly within the private sector. At present, the Privacy (Information Sharing) Bill has been formulated around the protection of vulnerable people when the definition of vulnerability has not been adequately defined.

It is our preference information-sharing is restricted to instances where children or people are at risk of physical, sexual and emotional neglect, violence and abuse. It is imperative safeguards are in place to:

- protect a person's right to privacy
- gather information about when the Bill is used, who is using it and why
- monitor the effectiveness of this system (in terms of preventing and reducing violence and abuse) to inform later review
- ensure information-sharing meets the pre-requisite criteria
- provide transparent mechanisms for public accountability, eg complaints process, annual reports
- clarify the consequences of inappropriate use
- enable individuals to access information whether or not they have been the subject of an information sharing process

The Green Paper proposal to enable all frontline professionals to "freely share information" about children they work with for the purpose of accurately assessing the needs of children and their families is fraught with risk. The introduction of such a system will represent a complete invasion of personal privacy.

Similarly, the requirement for all frontline government agencies to screen every family who accesses their service in order to ensure "hard-to-reach families are doing the things they need to do to protect vulnerable children" is preposterous.

## **families, communities & whānau, hapū, iwi**

New Zealand's body of resilience research has shown the most effective way of ensuring the long-term wellbeing of children is **supporting families, facilitating community interaction** and fostering the development of **positive cultural identity**. ANZASW vehemently opposes the Green Paper's

aggressive agenda of nanny state monitoring and intervention in parenthood. We also oppose the introduction of prioritised spending, providing fewer services to children at lower risk of poor outcomes and a vulnerable children first allocation priority. All of these actions have been framed around a vaguely definition of vulnerability that needs urgent clarification. In your eagerness to protect vulnerable children, the Government must ensure you do not increase the vulnerability of everyone.

At this point in time, ANZASW believes it would be unwise to undertake a comprehensive review of spending on parents and introducing strategies for early intervention in poor parenting. Once again, the parameters for measuring poor parenting must be clearly defined. Furthermore, we believe the imminent introduction of mandatory reporting and information sharing along with the welfare reforms will have a significant impact on families that will need to be properly evaluated before further change is introduced. The Government has a moral and ethical obligation to ensure these harsh and invasive techniques are effective, from the perspectives of children, families and government fiscal policy.

There is no justification for mandatory registration for volunteers and unregistered people who work with children and their families. We believe the implementation of this action would seriously undermine community capacity for delivery of services and have a negative impact on the wellbeing of children, families and community morale.

ANZASW supports the Whānau Ora strengths-based model of working with families and communities. In this model, social workers and other service providers work alongside the family and community to identify obstacles, overcome challenges and measure progress according to self-identified aspirations and goals.

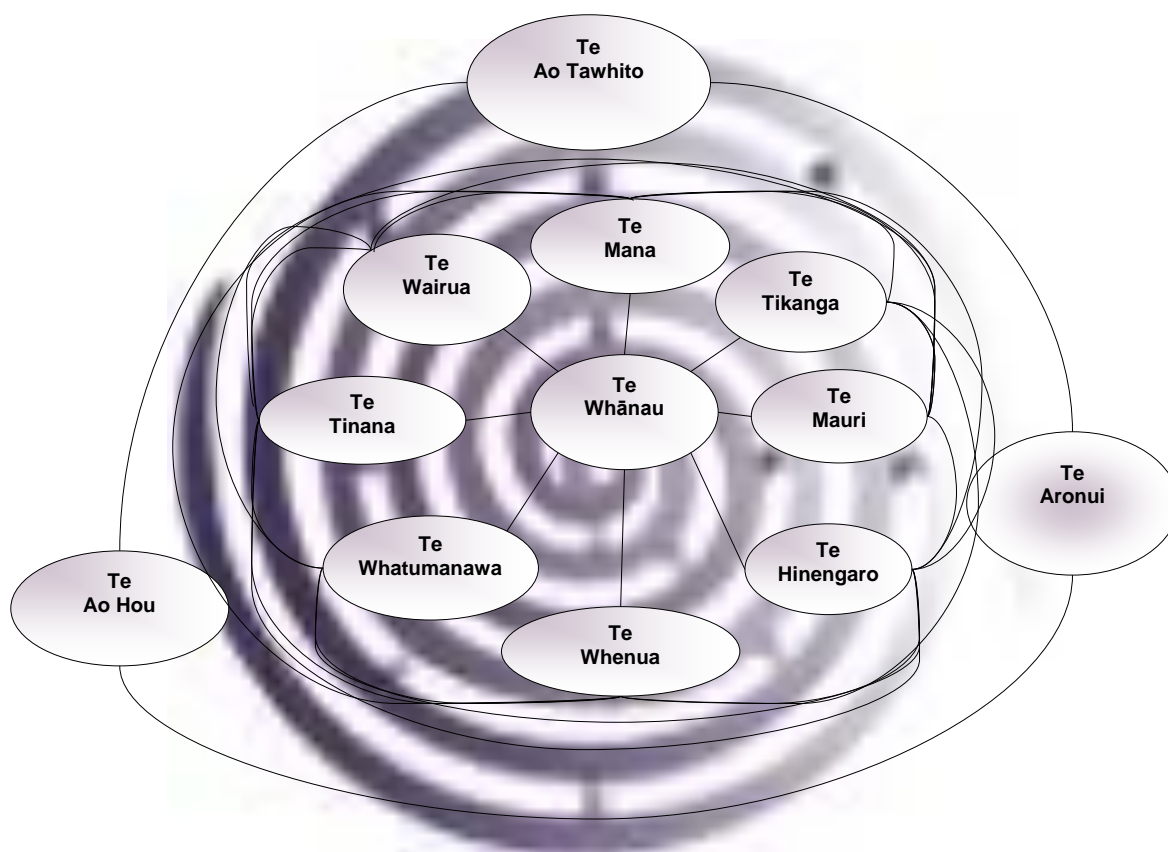


Figure 3: A waiora-based model of wellbeing<sup>12</sup>

<sup>12</sup> Image designed by Tumana Research, Coromandel

ANZASW is wary of the proposals for working with whānau, hapū, iwi. While the notion of high trust contracts and working in partnership is attractive there is also the ominous possibility of Māori being locked into mainstream concepts of vulnerability and hard-to-reach families. For example:

- will the outcome of Green Paper consultation enable Māori to use a waiora-based framework to measure and monitor vulnerability and poor outcomes amongst Māori tamariki and whānau?
- will the Green Paper policies wrap high-trust contracts with Māori around the implementation of mainstream concepts of vulnerability and treat Māori models as secondary, inferior, supplementary?
- will the outcome of Green Paper consultation enable other ethnic groups to develop and validate their own models of vulnerability<sup>13</sup>?

## **what social workers do best?**

connect with the disenfranchised, marginalised, vulnerable and oppressed  
provide non-judgemental, non-prejudiced, empathetic support  
understand the implications of policy on people's lives  
social work is the art of "walking people home"  
relationship-building within the disciplines of sciences  
empower people to take charge of their own lives in the context of their own values and aspirations, culture and world view  
from individual troubles to community and policy advocacy  
responsive to men, women, children, communities  
we have a deep passion and love of people  
we want to make a difference  
a caring profession  
holistic capacity to deeply reflect  
provide supports, security and safety  
address homelessness, poverty, mental stress, emotional needs  
promote understanding, peace, tolerance, equity, friendship among all peoples  
human rights, human dignity and social justice for all people in a just and fair society  
social work has the unique identity of biculturalism as it's defining characteristic  
cultural understanding and respect of all cultures  
ethical frameworks that ensure "whakakoha rangatiratanga"  
respectful relationships  
aroha, love, caring and a real commitment to ease the burden of suffering that occurs for those at the bottom of an unequal society  
we know that children exist within families and for a child to make progress so too must their parents and communities

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<sup>13</sup> See Appendix 2: Examples of diversity – Chinese, African and Indian ANZASW Interest Group responses to the Green Paper and perspectives of the factors that are important for a child's wellbeing.

## **child-centred policy & practice?**

ANZASW does not support targeted services or prioritised funding. A child-centred policy in our view is a strengths-based model which meets the needs of all children. Child-centred policy is a skill set which involves:

- the ability to observe, engage, communicate, build relationships, find solutions
- understanding of normal development from culturally relevant worldviews
- knowing your families, whakapapa, communities, networks, local support systems
- understanding of risk and protective factors, referral processes
- capacity to recognise resilience and strengths
- noticing those who are vulnerable and have needs
- conflict resolution, facilitation, intervention and mediation skills
- access to support systems and services
- knowing how to connect people to services
- confidence to work with children, families, men, women, rangatahi, mental health/AOD issues, violence, abuse, dysfunction, fear
- coordination, assessment, treatment and evaluation skills
- knowledge of parental rights, child protection systems and statutory obligations
- ability to work across cultures, knowing how to develop positive cultural identity
- a holistic understanding of wellness
- flexibility, empathy, resilience

Social workers fear the Green Paper will create a prescriptive, rigid policy environment that reduces capacity to provide appropriate services and deliver effective care. The policies and practices that work well for Social Workers include:

- Working for Families because it provides poverty relief and the flexibility to find options that reduce inequalities
- Whānau Ora because it enables whānau to identify their own goals and aspirations which become the evaluation frameworks for measuring success
- policies that give us the flexibility to work across sectors, find solutions and enable us to use our whole tool box not just a tool
- the key challenge is having a community that will let you help them realise their potential, when that happens we can usually find policies that will help to make it happen
- policies that promote co-operation and partnership rather than competition between service-providers
- policies that enable community liaison and training opportunities in key government departments
- policies that enable us to use a variety of prevention, early intervention, intervention, assessment, treatment and evaluation techniques
- having a community of social workers within a small place, working together, collaboration and co-operation of skills to get best outcome for child
- Policies need a "strengths-based" approach so destructive behaviours can be addressed through therapeutic and educational resources.



There are frustrations working the current system, particularly when policies are too restrictive, such as:

- being bound to employers
- when policies are dominated by risk there is little room for flexibility
- there is a lot of fear around meeting competency requirements, rather than desire to do the job well, there is too much emphasis on competency, we are losing integrity, humour, it is a sterile approach, we don't have the opportunity for whanaungatanga that is needed to do the job well, its all about tick boxing, filling in files, following policy, filling agency requirements, the heart has gone
- there is another kind of competency that isn't that easy to measure – relationship competency, human element, contextual writing – how do you make sure the reports
- social workers coming through in last 10 years do not appear to have the same passion, they are less concerned about social justice issues, their job is all about competency certificates, they don't do anything beyond what the policies say, social work was never meant to be like that, its disillusioning
- these days students are going in for job training rather than vocational passion, tertiary institutions view it like this too, its all about fees
- when there is inequity, like when the community of origin has access to basic resources the whanau don't have, it is harder to make a difference
- there is always a need to understand the context and environment in which services are delivered, sometimes it is helpful to be part of an integrated team, sometimes it isn't, depends on the circumstances, flexibility is the key to good service delivery
- Social workers are developing capacity for consolidation of information, knowledge and evidence, we need time to stabilise, develop benchmarks, targets and goals - the system always seems to be in a constant state of change
- all professionals need training and retraining on how to recognise and respond to abuse
- practice guidelines can help to identify directions when there is a grey area/dilemma – personal judgement and professional knowledge is acquired knowledge, it is learned over time, comes from whakapapa, knowledge, connections, life skills, experience

## Showing Leadership

ANZASW recommends the following leadership directions:

- appointment of an Independent Commissioner for Child & Family Services - the health sector has the Health & Disability Commissioner who is able to conduct independent enquiries and discipline health professionals if necessary where there are complaints about a health service. Currently there is no similar body to act as an independent 'watch dog' for child and family support services whether we are talking about Child Youth & Family or the many NGO organisations that are funded by CYF or Family & Community Services. The establishment of a Child & Family Commissioner to take on this role has the potential to improve service delivery in the sector most likely to be working with vulnerable children.
- development of a Children's Act that would require Government to assess the impact of legislation and policies for children from the perspective of effectiveness in terms of helping children to *thrive, belong and achieve*.
- Development of a Children's Action Plan which aims to ensure the:
  - development and implementation of a whole of sector framework for evaluation of government funding, strategies, policies and frameworks from the perspective of service effectiveness for all children (see Appendix 1)

- monitoring and review of Green Paper policy directions in terms of their effectiveness for improving outcomes and enabling children to thrive, belong, achieve
  - monitoring, review and reporting on the effectiveness of mandatory reporting and information sharing within the context of Green Paper directions
  - strategies for evaluation of community-based service providers and programmes
  - reviewing and updating the definitions of vulnerable and poor outcomes
  - identifying and resolving the barriers and obstacles to innovative service delivery
- strengthening the workforce to improve reporting and the measurement of outcomes, make Chief Executives accountable for outcomes and re-orient service delivery around local/community objectives/needs/responsibilities.
  - re-configuring social support networks, to put the care of families and children above legalistic pursuit and re-orienting the legal framework to an inquisitorial model which enables legal representation and social workers and/or other "helping professionals" to work together, eg:
    - adopting a Continental European derived principal set that employs strongly devolved social networks and emphasises the importance of community and non-governmental group involvement, as well as the use of institutions in intermediary positions between state and family, which will engender a wide range of differential responses.
    - Retraining the "helping profession", eg - social workers, psychologists, educationalists etc on rehabilitative, preventative and holistic approaches to work, with less emphasis on engaging with the legal framework.
    - redirect funds from the front end of the system, or the gathering of legally admissible evidence to the back end, with a focus on rehabilitation. This will encourage the development of services like counselling, education circumstantial support and social network aid.
  - a jigsaw approach to professional development - including mandatory care & protection training for all regulated professions in the health education and welfare sectors, and possibly lawyers;

# APPENDIX 1: WHAT MAKES CHILDREN VULNERABLE?



## APPENDIX 2:

### ANZASW INTEREST GROUPS - EXAMPLES OF DIVERSITY

#### A Chinese Model of Child Wellbeing

The Chinese Social Workers Interest Group of the Aotearoa New Zealand Association of Social Workers has members throughout New Zealand, and represents front line workers in Chinese communities.

The Chinese population is increasing nationwide particularly in Auckland City. While working with these communities we receive first hand information about the considerable number of Chinese individuals and families that are affected by the harm caused by pokies.

The following are responses to the two questions:

1. Definition of a vulnerable child is:

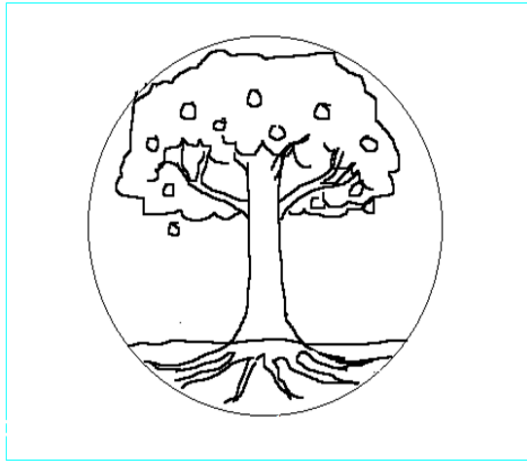
- When a child does not get support from parents, such as love, and providing a safe physical and mental environment.
- When parents are experiencing relationship problems a child may witness violence.
- When parents are new migrants, including when they enter New Zealand as refugees, and social services are unknown to them, they do not know their children's entitlement for services or where to seek help.
- When parents are unable to control their additive behaviours, such as alcohol, drugs and/or gambling.
- When parent/s are unwell and cannot take good care of the child, such as poor mental health, a disability etc.
- When parent/s are in prison and cannot be there with the child.
- When government does not provide appropriate strategies or services to support vulnerable children and their families.

2. From a social work perspective what works in making a difference for vulnerable children/whanau:

- A holistic approach to help families so that they can help themselves to look after the wellbeing of their children. Whanau Ora should also focus on Asian families.
- As Asian migrant families and refugee families do not have their extended family to support them, more programmes are needed to encourage these families to extend their network so that they are better able to help each other.
- More family workshops focusing on couple relationships and resources to provide information about service providers and entitlement for using the services.
- More family counselling services for families to seek help when needed.

We have the tree model. That means if we have to transplant a tree from one place to another, we need to help them at the beginning by providing Time, Patience & Love to them as climate is different. Therefore we need to provide local information and help them to cope with that difficulties and be resilience, provide supporting network to them and help them to rebuild their confidence in NZ. Then they will contribute to NZ too.

# ASIAN MODEL: THE BALANCE APPROACH



time, patience & love

For further information please contact our secretary Ms Kelly Feng  
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John Wong  
Chairman, Chinese Social Workers Interest Group

### **An African Model of Child Wellbeing**

African Social Workers Interest Group was formed in 2009 with a focus to support public service and NGO professionals on their work with clients from African background. The group membership has since increased by 25% comprising of members from NZ health sector, education, social services sector and social work students from local universities.

This submission is in response to the ANZASW Research Group on the Green paper Inquiry, but it does not cover fully a comprehensive practice Framework for African vulnerable children in New Zealand (a project underway). It is however our intention to share universal knowledge about African children, their families and communities. We hope the information provided will assist professionals to make informed decisions for any intervention.

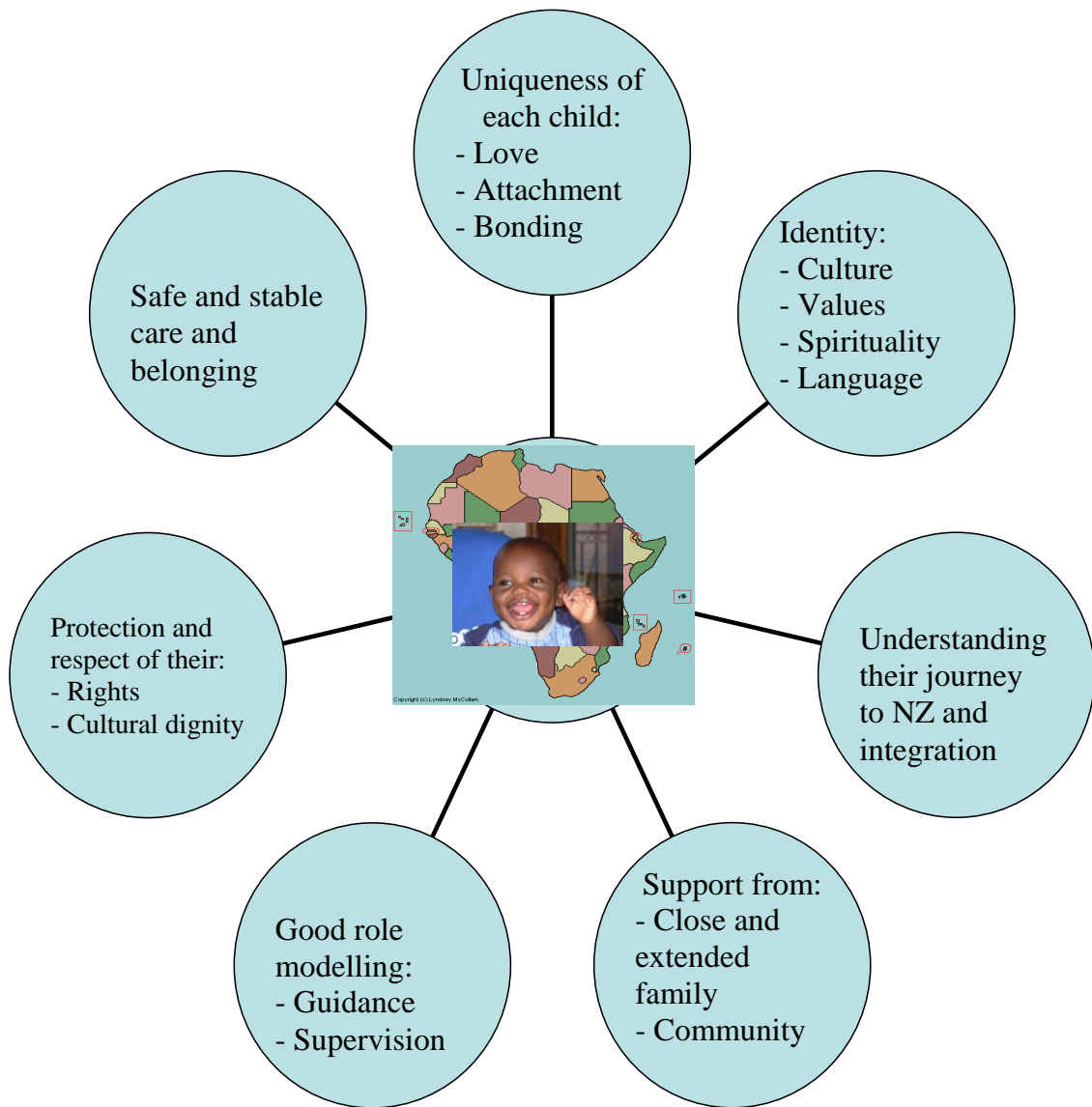
It is our view that an African child, youth, and adult aims for a self-reliant, sustainable and flourishing development while making a contribution to the New Zealand society. We therefore endeavour to promote a partnership with other professionals in social, educational and health services to ensure that cultural resources are shared among professionals who work with clients from African origin. The African Interest Group defines a vulnerable child as a child whose basic needs are not met. The quality of parenting and provision for the needs of children in their first years of life is a major determinant of their development.

Professionals working with children should be aware of core needs of healthy children in order to advocate, support, and promote their wellbeing. The African Interest group's perspective is: An individual is born out of and into the community and will always be part of the community. Africans believe that children's wellbeing depends on their families and community working together to ensure their basic needs are met.

There are different areas of needs that impact on African children's wellbeing. Those include:

- Safe and stable care
- A sense of belonging
- Each child's uniqueness
- Identity
- Family and community support
- Good role modelling
- Protection and respect
- Understanding the journey of that child and family to NZ and the integration of the family into NZ society.
- 

In summary, the African interest Group's perspective in regard to the needs of children to their best chance in life is explained by the following African child-centred model developed in a discussion meeting on the 20 Jan 2012. Given our mission, the African Interest Group would work to improve its capacity to meet the needs of children by involvement in discussion forums, consultation, information-sharing and networking with professionals working with African children and their families to ensure positive long-term outcomes.



### Recommendation

A child is vulnerable when his or her areas of needs are not appropriately met, heard or supported. Any intervention to a child's vulnerability should be provided from a culturally collaborative and family-community approach. The group of African social workers is a resource for any professionals engaged with 'at-risk children' of African origin. This is with the understanding that Africans, while not a homogenous group, have much in common. This group of professionals are able to provide relevant geographical information, impart knowledge of cultural sensitivity and responsiveness as well as practice guidance. Failing to meet children's basic needs will particularly affect African children's developmental wellbeing and integration in the New Zealand society and education system; a risk the African community cannot afford to take.

Contact:  
Emmanuel Rubaduka

## Indian Interest Group - thoughts on the Green Paper submission

- Social Workers in school to be made compulsory right from Early Childhood centres to Senior Secondary Schools regardless of low income or high income area.
- More emphasis is to be made in early years so that the foundation is strong for the child and the family.
- Parenting Education to be provided to young persons (pregnant) free off cost and compulsory. This education to include sign of abuse /neglect/shaking a baby, the impact on brain development.
- Social work/child protection training to be made compulsory for teachers for all levels including Early Childhood education teachers as part of their "Teacher training degree/course".
- Poverty plays an important role impending on healthy upbringing of the child. Poverty has a huge impact on the kind of home environment the child is living in.
- More education around availability of supports/resources in their immediate community should be made available to parents especially while imparting education to new parents in hospital.
- All possible resources to be utilised e.g. Ethnic Radio, News Papers/ Community seminars/ Meetings and People of repute to encourage their community to take active part in imparting education to their community for children up bringing, abuse/protection and neglect.
- Indian members should be encouraged in accepting active role in recognising and helping others in understanding child protection/abuse and neglect issues.
- While dealing with Indian families, family centred approach is more useful than client centred approach.
- The Whānau Ora approach seems right for Indian children<sup>14</sup>.

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<sup>14</sup> Personal communication Shyam Grover, 21 December 2011.



## **Concept of Child's Wellbeing based on Filipino Culture**

Our group has not decided a direct translation for the word well being in our language. Well being, from our perspective, the closest translation is *maginhawang buhay* (prosperous life). *Maginhawa* derives its origin from the word *ginhawa* which means to breathe. A child, in the Filipino culture, is seen as a blessing (*biyaya*). The blessing comes from the Creator of all life, God. The birth of a child is celebrated by the nuclear) and extended families and community.

Child is always at the centre of the family. Parents, when choosing a name for their child, would be named after someone who is close or important to them e.g. grandparent's name, best friend's name or combination of parents' names, or someone that is popular during the parents' era. As the child is reared, it is expected that the parents provide the best for their child. The extent of sacrifice that parents do for the sake of the children, in itself, is a selfless act. Traditionally, fathers provide the financial support for the family. But recently, there has been shift in the family role as more mothers have been gainfully employed and in some cases, have become the breadwinners. In such case, child rearing is relegated to an extended family member more specifically to grandparents.

Aside from being entitled to a stable family life, a child should be supported by a bigger system and structures that will develop his/her potentials. This means a child has the right to live in a peaceful community where he/she will be free from any form of abuse. In our culture, neighbours are termed *kapit-bahay* (*kapit* means grip and *bahay* is house, and this term emphasizes our closeness to our neighbours). Raising a child is primarily the parents' responsibility but there is an unwritten rule that the extended family and community share the responsibility of child rearing.

As the child goes out to join a bigger community, he/she becomes part of a school system. School, in our culture, aside from being a place of learning, is also the child's second home. Being a second home, the child's teacher becomes his/her second parent and there is an expectation that the teacher aside from discharging their teaching responsibilities, would look after the child's emotional development. To sum up, looking after a child's well being does not lie solely on the parents. It is a shared responsibility and everyone has to contribute to the total wellness of a child. It is therefore, in our context a collective act.

### Vulnerable Child

A vulnerable child is a child at risk. Risk can be a person, event or situation that may most likely pose significant harm to a child. A child at risk is a victim of abuse, regardless who perpetrator is. Also a child at risk lives in an environment where poverty, social injustice, war etc. exists. Lastly, a child at risk has limited (or no) access to services that will promote his well being.

### Strategies, policies, methods that make a difference for vulnerable children

The Family Group Conference has been effective in addressing a child or young person's care and protection issues. This seems to be effective remedy and addresses a child's and family's issues. There are also effective television advertisements that educate people on family violence.

Parenting courses should be done as a preventive strategy rather than being a response to an incident of child abuse in the family. Parent Effectiveness courses should be spread to identified families at risks. In the Philippines, these courses are given to some communities/ groups of families that are identified as most likely to benefit from this kind of services.

Sharing of information between agencies and professionals is an area that can be reviewed and improved. Some high profile cases of child abuse showed gaps in the way professionals and agencies shared and use information to come up with the best outcome.

Mandatory reporting of suspected child abuse cases is a good policy and preventive measure but some professionals working with families would need more training on professional dangerousness as this sometimes affect their abilities to see the complex and unsafe situations of vulnerable children more objectively.

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