

Proactive Release

Submissions on the Child and Youth Wellbeing Strategy

August 2019

The Department of the Prime Minister and Cabinet has released the following submission received during its public consultation on the child and youth wellbeing strategy.

Some of the information contained within this release is considered to not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act).

- Where this is the case, the information has been withheld, and the relevant section of the Act that would apply, has been identified.
- Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction codes and their reference to sections of the Act:

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Child and Youth Wellbeing Strategy – Submission Template

This document is intended for individuals or groups who wish to make a formal submission on the child and youth wellbeing strategy.

Please complete this template and email it to: childandyouthwellbeing@dpmc.govt.nz

A guide to making a submission is available on the DPMC website <https://dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy>

Submissions will close on **Wednesday 5 December**.

Please provide details for a contact person in case we have some follow up questions.

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Organisation Name:	Fostering Kids New Zealand
Organisation description: (tell us about your organisation – i.e. who do you represent? How many members do you have? Are you a local or national organisation?)	Fostering Kids New Zealand (FKNZ) is a not for profit national organisation established in 1976. We are the only national organisation providing caregiver advocacy, support and training throughout New Zealand for those caring for children and young people not biologically their own. This includes transitional caregivers, general caregivers, whānau/kin caregivers, grandparents raising grandchildren and those providing permanent placements. We have over 5000 members.
Executive Summary: (Please provide a short summary of the key points of your Submission - 200 words)	<p>Children who are at risk of or who are in State Care need to be a priority for the Government – this includes both formal and informal care arrangements.</p> <p>An overarching principle should be that ‘we do no further harm’. Caregivers of children/young people placed in their care, need to be acknowledged, supported, therapeutically trained and valued. This is not the case currently.</p> <p>Placement breakdown does cause further harm to the child or young person that is why:</p> <ul style="list-style-type: none"> • Investment in the care family – training and support is required, including for Permanent and Whānau caregivers • Investment in the community surrounding the child – access to services, professional support, education and recreation is required. • Increased understanding and awareness required. • Specialist social workers are needed.

	<p>We will continue to experience a shortage of caregivers until such time as we value and invest in them.</p> <p>To meet many of these outcomes trauma sensitive therapeutic parenting is required for all children and young people in care. Investment in the training and support of caregivers is the solution.</p> <p>Professionals, such as teachers, social workers and health professionals need to have training and understanding of attachment and developmental or complex trauma. This will allow them to make better decisions in regard to the children/young people's future.</p>
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Submission Content

1. Children and young people are safe and nurtured in their families, whānau and homes.

Include Care Families - Children in both whānau and Statutory Care should be prioritised. As a community we need to expect that if intervention is necessary 'we must do no further harm', when children and young people are placed into care.

- **Children and young people in care (including because of offending) have a safe environment and relationships of care, trust and connection.**

To begin to provide safe and relational care, caregivers require knowledge and training. This will enable them to understand the impact of trauma and ways to parent that will be of benefit so that children and young people in care begin to heal. Creating a secure base and building trust for children and young people in care cannot be achieved by good intentions and love alone.

Support and training that gives caregivers knowledge and understanding around trauma empowers them, creating connection and trust and reducing placement breakdown.

Caregivers need more support to meet the variety of needs of children placed in care, whether by the state or with kin/whānau. Caregivers need support to navigate the education and health systems so they and the child/young person they are supporting can feel heard, safe and nurtured to grow in all aspects of their lives.

Through the advances in neuroscience we know that what we have been doing is in fact creating more harm. Our growing statistics substantiate this, as does the continuing generational dysfunction and numbers of children and young people in care.

There has been a vast volume of research on attachment across diverse cultures and over time. This has produced some consistent findings which demonstrate the importance of using attachment theory to underpin all professional practice with children and young people.

There are a few key terms associated with attachment that need to be considered:

'Secure base: The attachment figure/relationship is a safe place (literally or symbolically) from which to explore the world.

Safe haven: The attachment figure/relationship provides a safe space (literally or symbolically) to retreat to at times of danger or anxiety.

Internal working model: Infants begin to develop beliefs about themselves, others and the world as a result of their attachment relationships and how effective they experience themselves as being. These beliefs influence social expectations and begin to govern interactions with other people and the world in general. If a child has mainly adverse and frightening

experiences this will be reflected in a distrustful and negative working model. These models become more resistant to change over time even if an individual's social and emotional environment undergoes significant changes.

Attunement: This is a crucial process between caregiver and infant in which they are able to “tune in” to each other's physical and emotional states, and through a process of co-regulation the infant learns to manage stress and anxiety. Where the child's stress is met by a stressed adult who is unable to respond sensitively and effectively to the child's needs, instead of coregulation, co-dysregulation may occur in which both caregiver and infant distress escalates'. (Attachment Matters for All – An Attachment Mapping Exercise for Children's Services in Scotland. J. Furnivall, M McKenna, S McFarlane, E Grant, Dec 2010) This highlights the importance of ensuring caregivers are skilled and knowledgeable when children and young people are placed in their care.

Value also needs to be placed on the care families knowledge of the child or young person. The caregivers voice needs to be heard, acknowledged and recorded when decisions are being made in relation to the child or young person. It is not only the social workers and other professionals that 'know what is best'.

2. Children's and young people's physical safety is protected during everyday activities like travel and recreation.

- **The particular vulnerability of disabled children and young people to accidental injury is addressed.**

Defining 'disability' – please also include children and young people with developmental or complex trauma. We now know through neuroscience that they have a 'brain injury'. Their brain development has been impacted by the abuse, neglect or violence they have witnessed. This is not a physical or visible injury, but an emotional/social injury. Children and young people in care, through no fault of their own have a disability from the trauma they have experienced. This needs to be acknowledged, accepted, funded and treated the same way that a physical/cognitive/developmental disability would be.

3. Children and young people have positive interactions with peers and others outside the home.

- **Children and young people have safe and appropriate relationships with other children and young people and with adults outside the home.**

There is a stigma attached to children and young people 'in care'. There is little understanding of the impact of trauma on the development of children in care by those in the recreation, education sectors and wider community. Often these children and young people are excluded due to behaviours, or financial hardship. Greater community understanding and awareness is required. Caregivers of children/ young people placed in their care need to be supported so wider community connections for appropriate relationships can be instigated. Often many children have social challenges with relationships.

The relationship that has the most opportunity to impact on the children and young people's wellbeing is that of the care family.

- **New Bullet Point – Children and young people in care have safe and appropriate relationships with social workers and other professionals involved in their lives.**

Social workers training should be reviewed to include developmental or complex trauma and attachment. This will ensure that professionals are able to make better decisions in regards to children when considering their placements and the support of caregivers.

5. Child poverty is reduced, in line with the governments's intermediate and ten-year targets.

Child poverty is more than just economic. Children in the care system experience poverty of opportunity – education, social, cultural and stable family life. This can be overcome with better investment in support for foster carers, including Grandparents raising Grandchildren, whānau/kin care and those that are placed without OT orders (sideward shuffle) through Whanau Hui and Family Group Conferences.

- **Children, young people and families and whānau have the resources they need to meet children's basic needs, and enable them to participate fully in society.**

Hardship is a fact for many care families to ensure children in their care have their needs met, particularly informal care situations such as grandparents raising grandchildren, whānau/kin care and the sideward shuffle. It is not a level playing field for many due to the informal way the children are placed. Resources for these families should include specialised support, easy referral to professionals and training – cost is often the inhibiting factor, reluctance by social workers and budget constraints. Resources should be made based on the need of the child/young person not on budgets.

There is very little investment in supporting these informal placements to succeed yet they experience the same hardships and issues.

- **Parent's education and participation in paid work is supported, where appropriate.**

Compensation for caregivers needs to be considered when they are required to take time off work due to the child's/young person's needs. Special leave would also be an option for additional appointments and meetings at school (behaviour issues), health appointments and access and contact with birth family. Childhood trauma is a risk factor for a wide range of health, social and emotional difficulties and it interacts with impaired attachment in a complex and cumulative fashion. This puts an additional burden on caregivers time. Caregiver training for those in full time employment should also be included in this special leave.

A higher skills payment should be considered for those caregivers that have had significant training so that they are skilled to therapeutically parent children and young people with developmental or complex trauma. Research shows that caregivers are the people that are most likely to make a significant difference to the lives of children and young people placed into care. This would be a far more effective system of payment than the current provision of double, triple and plus Care Allowances, with no clearly defined criteria. The current system does not value the competencies of the caregiver.

For children placed away from home, it is the change of caregiver that is the vehicle for changes in attachment security and organisation. The adverse early experiences of some of these children, however, can result in behaviour or emotional responses that undermine their new caregivers' capacity to remain sensitive and attuned to them. Interventions that support carers or workers to understand and reflect on the meaning of the child's behaviour and recognise its impact on themselves are most likely to maintain stability of placement which is associated with good outcomes for children. (Dozier, M., Stovall, K. C., Albus, K. E and Bates, B. (2001) 'Attachment for infants in foster care: the role of caregiver state of mind.' *Child Development*. Vol. 72 (5): 1467 – 1477. Becker-Weidman, A and Hughes, D. (2008) 'Dyadic Developmental Psychotherapy: An evidence-based treatment for children with complex trauma and disorders of attachment.' *Child and Family Social Work*. Vol. 13 (3): 329 – 337.

Adults who respond to children in their care in an attuned and sensitive way that recognises children's developmental, rather than chronological, age are able to help them to repair emotional and neurological injuries. Cameron, R. J and Maginn, C. (2008) 'The authentic warmth dimension of professional childcare.' *British Journal of Social Work*. Vol. 38 (6): 1151 – 1172.

Caregivers are often forced off the benefit and into paid work, diminishing their important role of caring for children and young people that are unable to live with their biological family. Emphasis by Work and Income needs to be on the valuable role foster caregivers, especially whānau/kin caregivers, including grandparents raising grandchildren and solo foster carers play in the lives of our most vulnerable children. Stay at home caregivers, if they are not financially under stress will make the most difference for those children and young people in their care.

- **Once housing costs are met, families have enough income left over to meet their other needs.**

This is particularly important for whānau/kin caregivers, including grandparents raising grandchildren and solo foster carers. Many of these caregivers survive on a minimum income. The additional costs of having children and young people placed with whānau/kin caregivers, sometimes unexpectedly changes the caregivers life expectations, financial situation and family dynamics forever.

6. Children and young people experience improved equity of outcomes, with services helping address the impacts of poverty, low socioeconomic status and disadvantage.

Greater awareness is required for the needs of children and young people in care and the disadvantages they face. This is due to the major impact on their lives that maltreatment and loss of family has had on their future. Children and young people in care do not have equity of outcomes and often repeat cycles. Investment in their future is required to change those outcomes. The best place to invest is in those caring for the children and young people. Research shows that positive relationships are the key to healing.

Core services also need to understand and be on the same page, so that everyone is working together. The system continues to disadvantage children and young people in care as they tinker around the edges rather than invest for better outcomes. There continues to be systematic abuse of children and young people in our care system, through disorganisation, lack of knowledge, planning and investment, especially in the people that can make the most difference, the caregiver.

7. Children and young people are free from racism, discrimination and stigma.

- **No child or young person, or group of children and young people, faces discrimination or stigma on the grounds of ethnicity, disability, or for any other reason.**

Children and young people in care face discrimination, stigma and disadvantage just from the very fact of being in care and not with their birth families. On top of this is the misunderstanding by society about their ability to make positive choices, where in fact they do not have the capacity or skill to make those positive choices due to their background and the impact this has had on their developing brain. This can change with the right relationships, nurture and understanding by those closest to the children or young people.

Services need to prioritise the most vulnerable children, particularly those in both formal and informal care. This includes ensuring schools are trauma informed and sensitive to the needs of all children in the care system.

10. Children and young people and their families and whānau are empowered to make healthy lifestyle decisions for children and young people.

- **Children and young people and those caring for them have the knowledge and resources to make healthy decisions about food, exercise and sleep.**

This needs to include training on both brain and emotional health, particularly for those caring for children and young people in care. Under resourcing and lack of training and support of care families continues to put a burden on their ability to provide the best care environment for those that need it the most.

- **Communities offer access to affordable nutritious food and environments that enable children to be physically active.**

Many care families have very low incomes, and as explained previously this impacts on their financial capability.

11. Disabled children and young people have improved opportunities and outcomes.

Fostering Kids NZ fully agree with this outcome. To achieve this, training and support is needed for caregivers and education support is required in schools and early learning centres.

- **Neurodisability and neurodiversity are recognised, with children and young people receiving quality services and support.**

All children and young people in care fit within this outcome. Recognising that children and young people in care have developmental or complex trauma and require investment in quality services, access to quality services and support for as long as needed. A whole new approach is needed for children and young people in care.

12. Children's and young people's mental wellbeing is supported.

- **Families are equipped to provide a supportive home environment that promotes children's and young people's good mental wellbeing.**

'Families' should include care families.

To promote good mental wellbeing those around the child or young person need to be trauma sensitive. This includes social workers, schools, health services and community.

- **Children and young people are supported to build the resilience that helps them navigate life's challenges.**

Children and young people in care are at a disadvantage and if there have been multiple adverse childhood experiences (ACE's) then their resilience capabilities have also been impacted.

'Protective factors help a child feel safe more quickly after experiencing the toxic stress of ACEs and help to neutralise the physical changes that naturally occur during and after trauma. If the child's protective, networks are in good working order, development is strong even in the face of severe adversity. If these major systems are impaired, either before or after the ACE, then the risk for developmental problems is much greater. This is particularly true if the environmental hazards are prolonged. In sum, even the negative consequences of toxic stress from ACEs can be buffered with the support of caring, competent adults and appropriate intervention and support'. Resilience to ACEs. Adverse Childhood Experience (ACE), Minnesota.

<http://www.health.state.mn.us/divs/cfh/program/ace/resilience.cfm>

The presence of protective factors, particularly safe, stable, and nurturing relationships, can often mitigate the consequences of ACEs. Individuals,

families, and communities can all influence the development of many protective factors throughout a child's life that can impact his or her development. More is needed to be undertaken to support caregivers in providing a life for children in care that provides positive relationships, boundaries and experiences that help equip children and young people to navigate life.

This highlights the importance of support and trauma training for the care family and other people who spend a significant amount of time with the child or young person, such as teachers and social workers. We cannot assume that just because a child or young person has been placed with a care family that they will recover from the trauma and begin to build resilience. We know that the behaviour and learning difficulties that are displayed impact on the whole care family's wellbeing, which in turn impacts on the child or young person. Often this leads to placement breakdown.

- **Children and young people with emerging mental health needs are identified and they and their families and whānau receive quality, culturally appropriate support.**

Children in care are at 'high at risk of' developing mental health issues and this needs to be considered. This group of children and young people need to be a priority to government for mental health services.

NZ needs more therapeutic support options for children and young people in the formal or informal care pathway. The criteria for support needs to be lowered so that more children and young people in care have access to services more easily.

Greater understanding of developmental or complex trauma would ensure children and young people are healed therapeutically, instead of the behaviours and issues being treated with drugs. The current situation shows that medicating children is easier than investing in them, spending the time to understand them and to healing the trauma. We cannot continue to medicate and treat our children and young people in this way.

- **Children and young people are supported to recover from trauma and harm.**

Recovery and healing of children can only occur, (as previously stated) through positive attached relationships and trauma sensitive therapeutic care. All professionals need to have training in attachment theory as a core component of their practice when working with children and young people in care. FKNZ strongly advocates for specialist social work training that offers the necessary skills to deal with the complexities of working within various fields. It is our understanding, within the NZ context that very little time is spent when completing the current Social Work Qualification on children and young people including attachment. The United Kingdom offers the first two years as generic training and the final year is specialised – 'adult

disability', 'child protection' or 'elderly'. In New Zealand we offer no specialist training within this qualification.

'A recent review of attachment-informed practice with young people in care concluded that the evidence suggests that the most effective means of increasing security and organisation of attachment in children is by intervening with their caregivers, whether these are birth parents or substitute caregivers in a family or residential setting'. Furnivall, J. (2011) Attachment-informed practice with looked after children and young people. IRISS Insight no. 10. Glasgow: IRISS. www.iriss.org.uk/sites/default/files/iriss_insight10.pdf

'There is a well-developed practice literature that recognises the importance of attachment theory as a key underpinning base for positive work with children and young people'. Cairns, K. (2002) Attachment, Trauma and Resilience: Therapeutic caring for children. London: BAAF. 'This highlights a number of important practice principles that should inform interventions: identifying, developing and maintaining secure attachments in children's lives is a priority; safe touch is an important component of helping children develop self-regulatory capacities; all transitions, whether occurring as a result of normal developmental processes or as a result of care planning decisions should include a recognition of children's attachment histories and needs; the attachment experiences that children have in care have life-long ramifications for the adults they will become (Duncalf, Z. (2010) Listen Up! Adult care leavers speak out. The views of 310 care leavers aged 17 – 78. Manchester: Care Leavers' Association. www.careleavers.com/research) and this should be recognised within plans for individuals as well as in wider systemic thinking (for example, over access to records policies)'.

13. Children and young people are supported to make positive decisions.

- **Children and young people consider the impact of their behaviour on others.**

Greater awareness is required by all those working with children and young people in care of why they do what they do. Children and young people in care communicate through their behaviours – this is how their brains were wired due to the trauma they experienced. Often they do not know why they do what they do, so it is up to those caring and working with the child or young person to have the knowledge and skills to understand what they are communicating through the behaviour. Punitive measures do not work and compound the issues.

Unfortunately, many caregivers, teachers, social workers and other professionals have little awareness of the impact of attachment difficulties for children and young people. They often perceive a child as badly behaved, controlling or attention-seeking who is actually desperately in need of comfort and safety.

Children and young people in care carry immense shame. They have not had the stable and secure base where adults were able to regulate the

shame. When children are not helped to manage shame by their parents they become overwhelmed by these feelings. This impacts on their emotional development. Without parental support, the child has to find alternative ways of managing the overwhelming sense of shame that they are experiencing. They therefore develop a shield or defences against these feelings, which is displayed through behaviours such as lying, blaming, stealing and minimising. The following explains the difference between guilt and shame:

“Unlike guilt, which is the feeling of doing something wrong, shame is the feeling of being something wrong”. – Marilyn J. Sorensen.

Children who quickly experience shame that they cannot regulate will find it difficult to trust and will be over sensitive to signs that others think they are not good enough, that they are bad. As these children experience increased stress they draw away from relationship becoming controlling instead.

14. Children experience best development in their ‘first 1000days’, safe and positive pregnancy, birth and responsive parenting (conception to around 2).

- **Parents’ mental wellbeing is supported and care is taken to reduce stress in the lives of new parents.**

Include ‘caregivers’ in this as they need support and training to reduce stress when taking in children and young people placed in care. The caregiver’s mental wellbeing is imperative to building a secure base for the child – the caregivers are key to healing the mistrusting child.

Time and again placements breakdown due to the unpreparedness of the caregivers.

The rights of the child need to be considered from conception. Much damage is done through alcohol, drugs and smoking and this can have a life long impact for the child or young person.

There needs to be compulsory education in the year 10 curriculum to ensure all young people have an understanding of this critical stage of child development. Getting it right in the first 1000 days is not something that most new parents have an understanding of.

15. Children are thriving socially, emotionally and developmentally in the early years (around 2 to 6).

- **Parents, families, whānau and communities are supported to provide loving, stimulating environments for children to develop and learn.**

As previously stated, to achieve this outcome we would recommend a health component be added to the year 10 school curriculum, so that all young people have a greater understanding of the importance of the first 1000 days of a child’s life and the importance of play to build healthy brains.

An effective way to support vulnerable families, would be to have home based services support families in their home. This would be very effective for families with children in the early years and those that have limited understanding of optimal child development. Often this is generational and patterns of dysfunction are repeated through each generation.

- **Children build resilience, self-control and mental wellbeing.**
For children and young people in care, those that have had adverse childhood experiences and multiple placements there is no quick fix. Their brain development has been impacted in such a way that 'normal' parenting may not be effective or build resilience (as explained in outcome 12). Their emotional control and regulation has been impacted. Trauma sensitive parenting is required so that children and young people have the opportunity to heal and not just be held.

- **Children benefit from high quality early learning.**
We agree that children benefit from high quality early learning, but young children in care do not automatically benefit from attending an early learning centre and care needs to be taken when considering this option. Children with developmental or complex trauma are mistrusting of adults, due to their background. They are often placed into a home where they do not know the adults looking after them and to then put them into an EC Centre, which is also foreign to them can create great anxiety.

Due to trauma children ideally need to develop secure, trusting relationships with their caregivers before being placed into unfamiliar environments. We know that young children's learning capabilities are impaired due to their traumatic background effecting the upper brains optimal development. The thinking brain has been impacted. In home early learning may be more effective as the internal age of the child or young person, rather than their chronological age can be considered and learning experiences implemented to meet the internal age, which will be so much more effective.

- **Children's learning needs are identified quickly, and responded to in a timely way, including through additional learning support and support for family whānau.**

A large proportion of children and young people in care have learning needs due to the maltreatment they have received impacting on their brain development. This is generally not recognised within the education sector and these children and young people do not fit the criteria or threshold for ORS funding or additional teacher or classroom support for a sustained period of time, which it often needed. These are the children and young people that are expressing their hurt through their behaviours both in the classroom and in the community. Additional learning support and family/whānau support is not enough. Unless those working with

these families and children have the knowledge, understanding and skill to work with the developmental or complex trauma, then nothing will change.

Key people in schools are required, so that these children and young people can form meaningful relationships with someone that has a clear understanding of the difficulties they face on a daily basis. These key people are the translators. They are able to see what is occurring behind the demonstration, so that teachers and school management have a better understanding and can react in a positive way for better outcomes. Standard behaviours management strategies do not work for this group of children and young people. Do not continue to do what we have always done as it does not work and the problem gets bigger. Positive relationships are vital for those that have experienced trauma – *'Relationships heal relationship trauma'*.

16. All children and young people have an equal chance to gain the skills, knowledge and capabilities for success in life, learning and work.

- **There is equity in access to quality learning and achievement among children and young people of different socio-economic groups, ethnicities.**

Children and young people in care are a special group that deserve priority so that they have an equal chance to be successful in life. We know that currently this is not the case. We also know this is an area that needs investment in training and support for those working/caring for this group. As previously stated – what we have done for the last 50 years has not worked. We do know (through science) that trauma informed, relationship/attachment knowledge, understanding and skills does work.

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The Department of the Prime Minister and Cabinet may withhold all or parts of your submission if it is necessary to protect your privacy or if it has been supplied subject to an obligation of confidence.

Please tell us if you don't want all or specific parts of your submission released, and the reasons why. Your views will be taken into account in deciding whether to withhold or release any information requested under the Official Information Act and in deciding if, and how, to refer to your submission in any possible subsequent paper prepared by the Department.