DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

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:

- **9(2)a** – Section 9(2)(a): to protect the privacy of natural persons, including deceased people.

child & youth wellbeing

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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.

Contact Name:	9(2)□(a)
Email Address:	
Phone Number:	
Organisation Name:	[Please include if you are submitting on behalf of an organisation]
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?)	
Executive Summary: (Please provide a short summary of the key points of your Submission - 200 words)	The single most important intervention that can protect the development and well-being of children who have an ongoing need for care (i.e. cannot live in the care of their parents) is identifying them at the earliest possible age and intervening decisively (e.g. adoption). Children who are exposed to adverse life experiences (e.g. neglect, abuse) are more at risk for difficulties with emotions, mental health, addiction, crime and antisocial behaviours, and social interaction. The longer the child experiences the abuse/neglect, the more difficult it is to ameliorate these difficulties. Constant changes in care arrangements (e.g. changing caregivers, being put back with the parent, being removed from he parents again) further traumatises the child. Child welfare services need accurate methods for predicting future harm and timely identification of children who have ongoing need for care. They need to be able to act early and make a permanent placement for the child, to avoid prolonged exposure to trauma and a dysfunctional developmental trajectory.

Submission Content

There is an increasing large number and proportion of children known to Oranga Tamariki who cannot, or should not, return to their birth parents. A relatively small proportion of children who are maltreated (abused and/or neglected) by their parents or other guardians have an *ongoing need for care*. These are children who tend to experience more severe, more chronic, more pervasive and more diverse maltreatment. The care their parents provide falls well short of 'good enough'. What differentiates them from other seriously maltreated children is that their parents' caregiving is not sufficiently amenable to change (e.g. by way of parenting interventions) within developmentally critical timeframes.

Children and young people in care constitute the most identifiably disadvantaged child population in the developed world. These difficulties are developmentally based and thus tend to follow a long-term developmental course. Without improvements in a child's developmental conditions, these more serious attachment- and trauma-related difficulties are likely to become increasingly trait-like, having lifelong implications for social, educational and occupational functioning. Even with optimal reparative conditions (consistently sensitive and loving care, and unconditional commitment) and with specialised clinical support, children's recovery tends to be slow, testing their foster parents' commitment and strength. Clearly, for these children, there needs to be a greater policy focus on preventing their exposure to the social conditions and experiences that cause their mental ill-health (and associated distress and felt insecurity) than trying to repair their developmental harm.

The older a child is when they enter care, the greater the likelihood that they do so with pre-existing developmental difficulties and mental ill-health. A child's age when they come into care provides a proxy measure of their length of post-birth exposure to severe social adversity, notably child abuse and neglect. The attachment difficulties of late-placed children are more resistant to therapeutic change in response to markedly improved care.

While growing up in alternate care (i.e. temporary foster care, kinship care) is preferable to ongoing exposure to maltreatment and other severe social adversity, there is good evidence that it systemically compromises children's development and well-being. Quality of care, caregiver bonding, caregiver commitment and maltreatment in care are all factors that directly influence children's felt security and psychological development and regulate their potential to recover from attachment- and trauma-related psychopathology. In many ways, child welfare practices and legal frameworks where there is no 'permanency' undermine caregivers' bonding and commitment to their children, and generate felt insecurity among children and their caregivers. Some of this is due to the way the state intrudes into foster family life, and foster carers' lack of power and control.

Placement disruption has particularly harmful consequences for children growing up in statutory care and is all too common. Placements typically disrupt when carers are confronted by severe behavioural difficulties, or they are not able to cope with (or misinterpret) children's maladaptive attachment behaviours. Placement disruptions in turn cause further deterioration in children's mental health. These bi-directional effects increase the chance of a further disruption. Placement disruptions reinforce the child's distorted and maladaptive representations of themselves as being essentially unlovable and of parents and other caregivers as being essentially rejecting. This becomes manifested as further deterioration in their mental health and social behaviours, such that they become even more difficult to care for in subsequent placements. It accounts for a pattern of serial placement disruptions, commonly seen among children in care (especially those who come in to care at older ages). The developmental conditions necessary for recovery from

attachment-related difficulties thus diminish, as do their prospects for being raised by a family. Instead these children and young people mostly transition to residential care. This is why protecting permanent placements from any disruption is so critical.

Adoption provides one acceptable alternative for many children who have an ongoing need for care. With good social work practice, including good assessment of prospective adoptive parents – and with sensitivity for children's need to grow up knowing about, and having contact with, their birth families – adoption sidesteps many of the developmental risks associated with statutory care. The legal non-contestability of adoption reinforces its permanence, and thus offers the greatest scope for ensuring the felt security of children whose primary attachments are to their adoptive parents.

Reference: the words and ideas for this submission are taken from:

Tarren-Sweeney M. (2016) The developmental case for adopting children from care. Clinical Child Psychology and Psychiatry 21(4): 497-505.

Please note that your submission will become official information. This means that the Department of the Prime Minister and Cabinet may be required to release all or part of the information contained in your submission in response to a request under the Official Information Act 1982.

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.