The Prevention Project: Supporting Whānau and Reducing Baby Removals

Research Report

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Executive summary

Background

Removing babies at birth from their parents has garnered increasing public attention in Aotearoa New Zealand over the last two years, sparking debate over the processes culminating in removal. This includes questioning their legal, ethical and conceptual bases and the methods for enacting removals. Increasingly, the harm of removal at birth to mothers, fathers, wider whānau[1] members, hapū and iwi, and babies themselves has been recognised, as an important counter to the 'child-focussed' narrative of the 2015 child protection reforms. Removals in Aotearoa New Zealand increased markedly between 2015 and 2019, before declining rapidly in 2020. The decrease occurred following public and media pressure, particularly from iwi and other Māori organisations and key reports from monitoring bodies such as the Children's Commissioner and Ombudsman. Simultaneously, internal practice changes within Oranga Tamariki occurred, including the development of more intensive in-home services, an increasing commitment to whānau care, an increase in whānau searching (to identify whānau members) and the formation of more partnerships with iwi. Nevertheless, research examining prevention, especially from the perspectives of those closest to this practice, has been lacking. This project aimed to establish what resources, processes and practices helped prevent baby removal, according to affected families and whānau, and the community-based practitioners who work most closely with them.

Methods

This project involved both case studies and focus groups. For the case studies, we interviewed mothers, community -based practitioners (social workers, whānau workers, support workers) from three cases where women were notified to Oranga Tamariki when they were pregnant (or had a baby less than a year old), but either the baby was not removed, or the baby was removed but returned. In these case studies, mothers and their key community practitioners were interviewed in order to examine multiple perspectives on the same events. Case story narratives were then created, and key themes relevant to the research question identified. Focus groups with community-based practitioners who regularly work with whānau involved with the child protection system around the time of birth were also held to gather more information about what helps prevent removal.

Key findings

Case studies

Our case studies found that key to preventing removal were the nature of the service provided to families, and the mediating role of the community-based worker. The elements of the services perceived as most effective:

- Were intensive, offered in the home daily if needed, and holistic (focussed on the whole whānau and multiple interlocking issues, not one single issue)

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[1] In this report we use whānau, parents and family somehat interchangeably, but recognise these are not directly equivalent concepts. Whānau refers to extended groups of genelogically connected people across multiple generations, while family usually refers to a two-generational, nuclear family. Where the difference is pertinent to the meaning, we have explained this.

- Were focussed on reduction of stressors (including material, relational and personal stressors) as the key aim that enabled the growth of parenting capacity
- Drew on the commitment to their children expressed by parents as a source of motivation for change
- Enabled whānau to define their own needs, rather than having these defined by service providers
- Were based on trusting relationships that had a 'family-like' quality, promoted by practitioners going 'above and beyond' to address complex issues
- Provided education, challenge and accountability for whānau, once a trusting relationship was established.
- Had a strong focus on 'by Māori, for Māori services', as these tended to enable the often fragile relationship-building processes with families.

The function of the community-based practitioners as a mediator between Oranga Tamariki and whānau was also crucial to preventing removal. These practitioners acted as 'reporters of change', vouching for, and legitimising, the personal changes whānau had made to Oranga Tamariki. They also acted as translators between the cultural norms and language of families and of Oranga Tamariki; as informants for families about how their actions were likely to be viewed by Oranga Tamariki, especially interpretations of risk; as educators about how to communicate with professionals; as advocates for families; and at times, as challengers of Oranga Tamariki workers' views of risk or changing expectations.

In the case of disability, this mediating role took on some additional facets. Community based practitioners rejected the assumption that disabled people could not parent effectively, and in addition to the above, also engaged in:

- Strategic and collective advocacy (as an organised group advocating with multiple bodies including various levels of Oranga Tamariki, the court and other independent advocacy agencies)
- Adapting the social model of disability to advocate for parents, arguing parenting capacity is possible with the right supports; and utilising children's rights to family life arguments.
- Keeping Oranga Tamariki staff accountable to plans made and challenging an assumption that people with disabilities cannot parent adequately

Focus groups

Key findings from our focus groups identified practitioner factors, organisational factors and whānau factors that either helped prevent removal or contributed to removal. Practitioner factors that helped **prevent** removal included:

- A whānau-centred practice orientation that included a range of family members, advocating for the family, expecting whanau to be capable, encouraging self-defined needs and self -determination to lead the service provision
- Values centred on respect for the family and recognition of whānau commitment to children
- Enabling and encouraging help-seeking and establishing trusting relationships
- An ability to 'walk between the worlds' of the family and Oranga Tamariki, translating the cultural norms of both lifeworlds (echoing the mediation findings of the case studies)

Organisational factors that helped **prevent** removal included:

- Organisational flexibility to respond holistically rather than to a single issue
- Availability of intensive home-based services
- Accessible and poverty-aware services
- Culturally relevant services, particularly for Māori
- Coordinated services, particularly between Oranga Tamariki, and NGO and Iwi/Māori services
- 'Right time, right person' - support offered from early in the pregnancy, by a person (usually experienced/older) who has a realistic understanding of parenting under stressful conditions
- Provision of family-friendly and pregnancy-friendly drug rehabilitation services.

Organisational factors that **contributed to** removal included:

- Institutionalised racism that led to more Māori whānau notified, and treated differently post-notification
- Lack of recognition of the Treaty of Waitangi and the new s7AA provisions requiring its consideration, along with lack of understanding of the significance of whakapapa.
- Oranga Tamariki imposing their view of the representation of child's 'voice' and needs, rather than negotiating this with their whānau
- An undue and superficial emphasis on previous child protection system contact or contact with other systems such as criminal justice or health/social service as indicators of risk
- Poor communication between Oranga Tamariki and other agencies that could fragment service provision and reduce whānau engagement with all services.
- Relationships between Oranga Tamariki and whānau could be experienced as judgmental, and have inconsistent and unrealistic expectations and timeframes for personal change. This could also contribute to removal because they set the whānau up to fail and/or disengage.

Whānau-related factors that help **prevent** removal were all related to having strong support networks – both professional and informal networks. However there were a number of barriers to those informal support networks, including social isolation, wider families living in poverty, a history of state care that damaged family networks and connections, and blanket exclusion of some whānau members as supports by Oranga Tamariki (for example, exclusion of family members with gang connections).

Whānau-related factors that **contribute to** removal included:

- Poverty and lack of access to services (too far away or offered at times not compatible with work or other commitments)
- Drug use and related mental health issues – affecting both parenting capacity and the likelihood of family support
- Isolation and avoidance of service contact, exacerbated by fear of system involvement

Overall, findings suggest there are factors that directly affect parenting capacity that need to be addressed, as well as factors affecting the decision-making environment that are largely unrelated to parenting capacity, yet also affect the chances of removal. Both direct factors and decision-making environment factors need attention in order to prevent removal.

Key implications for policy and practice

Policy recommendations to address direct and decision-making environment factors at the structural level

1. **Community-building** initiatives are required to build the social cohesion, support and networks that many families lack. This requires a view of 'services' that extends beyond individual family provision.

2. **Greater consensus and coordination** is needed between NGO, Iwi/Māori, health and government services, particularly in relation to the conceptual basis of the assessment of pregnant women and their whānau, and the nature of service type required. **The relationship between Oranga Tamariki, NGO services, and iwi and Māori organisations**, requires greater shared agenda-setting, power and service coordination.

3. Recognition of the impact of **systemic discrimination, particularly racism and ableism.** Services must hold a te ao Māori perspective as a central feature, in order to address historic harms relating to colonisation, and the impacts on current realities. The social model of disability adapted to the child protection context emphasises needed supports rather than deficits and risks.

4. **Greater provision of intensive** services that are **accessible, long-term and holistic, recognising the interconnections between poverty and the range of issues that affect parenting capacity**. Intensive services recognise the depth of time and support needed to address entrenched issues and social problems while parenting. Services based on stress reduction theories, using ecological concepts linking parenting behaviour with social context and supports appear to have the best success. Incorporating a poverty-aware paradigm helps resist the often blaming approach to women living in poverty, and is able to address both relational and material needs (Kovski et al., 2021; Saar-Heiman & Gupta, 2020).

5. **Improving pathways to service entry** requires significant change to referral and access pathways. Improving universal services through the development of 'hooded' services (greater intensity of services offered by health services) is one solution. Access from universal services to more specialist, intensive services requires a more structured referral pathway with bridging relationships, to ensure equity and ease of access.

6. All of these service developments will require **capacity and capability development**. Participants in this study show that practitioners with parenting experience, and who are Māori for Māori whānau, were valued.

7. At the highest level of intensity, more services are required that can provide **residential support for both parents and babies**. These services need to be community-based and available in a wide range of locations, with some dedicated to drug rehabilitation.

Practice recommendations to address direct and decision-making environment factors

While structural changes are important, there are also changes to interpersonal aspects of practice that could make a difference, for both community-based practitioners and Oranga Tamariki social workers.

For both community-based and Oranga Tamariki practitioners:

1. Adopt a **holistic rights-based approach** to practice, instead of a risk-based approach. Many rights are clearly at risk in the environment of child protection involvement in the pre- and post-birth periods. Recognition of the various indivisible rights for Māori, parents, women, children, people with disabilities and the right to procedural justice requires the explicit adoption of a rights-based approach in this difficult area. Taking a rights-based perspective moves the focus of practice away from establishing risk and demanding compliance, to a focus on what practices, services and resources are needed to ensure rights are upheld.

2. **Hold a whānau-centred practice orientation**. This includes practitioners working with the whole whānau, acknowledging the links inherent in whānau connections to mokopuna, being whānau-led in decision-making and need definition, and showing confidence in whānau capacity.

3. **Build whānau social networks**, as this is an important part of sustaining changes and providing stress-reducing supports over the long term, enabling service withdrawal. A focus on building these networks is integral to effective prevention.

4. Ensure practitioners **understand the everyday lifeworld of parenting** under challenging social conditions (of low income, poor housing, stressed relationships and low social support). These attributes tend to be found in practitioners who have had life experience of parenting combined with a critically reflective approach to practice.

Community-based practitioners:

5. **Develop the ability to 'walk between worlds'**. The mediating role of community-based practitioners is an important one, as they both work directly with the whānau on their specific personal, psychological, relational and social issues; as well as translate, mediate, advocate for and buffer them in their relationships with Oranga Tamariki. Practitioners who utilise their discretion in these ways are more likely to help prevent removals.

Oranga Tamariki social workers:

6. Utilise **rigorous and fair assessment processes** based on multiple contacts with the family, a range of family members, and all the professional practitioners working with the family. This requires an engaged relationship, and limited emphasis on previous system contact.

7. Be **transparent, consistent and realistic** in dealings with both whānau and with NGO and Iwi/Māori services. Creating realistic plans and expectations, cognisant of the realities of parenting in challenging social contexts is crucial to preventing removals and enabling support.

Section one: Introduction

This report presents the findings from a research project, funded by the University of Otago, called 'The Prevention Project: Supporting Whānau and Preventing Baby Removals'. The project aimed to understand the contexts, resources, services and relationships that contribute to the prevention of baby removal in Aotearoa New Zealand.

The project used case studies and focus groups with key stakeholders to develop system and individual level strategies for change. For the case studies, we interviewed both whānau and community practitioners who were involved with families over the period of pregnancy and the early years of a baby's life. We also ran focus groups with community-based practitioners who work with whānau.

From these case studies and focus groups, we produced case stories (combined narratives of the participants' experiences), established common themes, and produced research articles, this report, and educational materials for practitioners. We also ran a community feedback seminar. These materials aimed to highlight the many ways that families and whānau can be supported to retain the care of their children where possible.

This report provides a broad overview of the findings of the project. It summarises the key insights and provides policy and practice recommendations.

We would like to warmly thank all those who contributed so generously to this project, particularly the women who offered to be interviewed for case studies and stories. Our hope is that those case studies illustrate what it looks like when whānau are truly supported and, in turn, help to ensure more whānau receive that kind of support in future. Ngā mihi nui and thank you very much for sharing your experiences with us.

Section two: Context

> *"Given the vulnerability of infants and their mothers in the immediate post-natal period, issuing care proceedings at or close to birth is fraught with moral, ethical and legal challenges – and without effective, timely assessment and support during pregnancy, intervention at birth is likely to be poorly planned and can result in instability for the new baby and huge distress for family members."*
> *(Broadhurst, Alrouh & Mason, 2018, p. 8).*

This research aimed to find out what helps prevent babies being removed by the state at or soon after birth. The reasons why this is important include:

- The significant impact that removal has on family, whānau, wider society and babies themselves.
- The social inequities present in baby removals, including inequalities relating to ethnicity, class, gender and disability.
- The questions raised by baby removals relating to the role of the state in family life.
- The changing rates of baby removals, including the increase of removals between 2015 and 2019, and subsequent sharp drop.

What the data tell us: changing removal rates and unequal impacts

Rates of the removal of babies by the state at or soon after birth have shifted significantly over the past five years. Figure 1 below shows the changing rate of removals of babies under the age of three months. Removals rose between 2015 and 2017, remained steady between 2017 and 2019, before dropping sharply in 2020. Those changes were largely the result of large fluctuations in the rate of Māori babies taken into care, with removal rates for non-Māori babies being less variable. The disparity ratio (removal rate for Māori babies compared to non-Māori babies) increased between 2015 and 2019, before reducing in 2020.

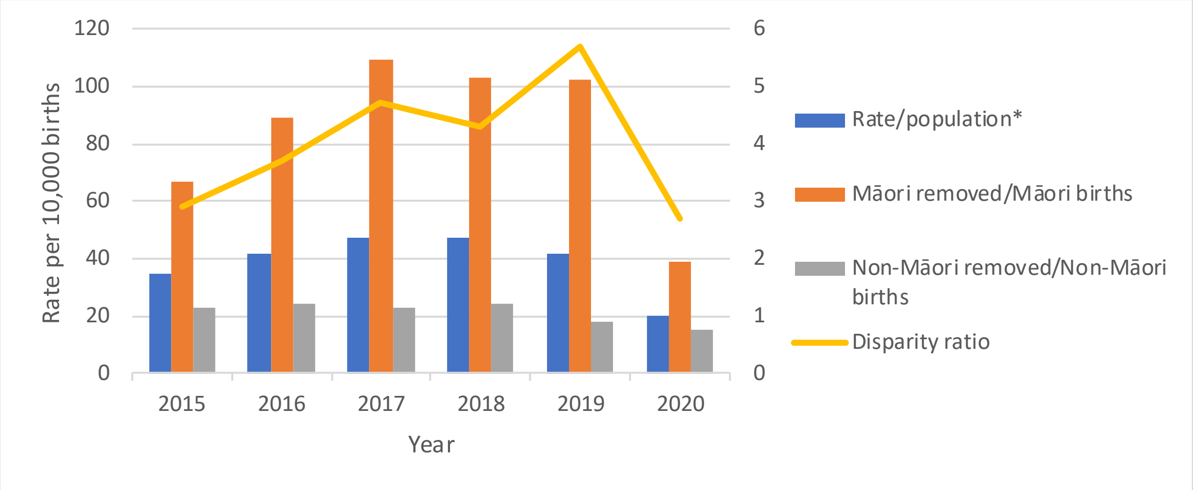

Figure 1. Māori and non-Māori rates and disparities of babies removed unborn - 3 months old, 2015 – 2020.

*Figures obtained from publicly available data from Oranga Tamariki and the Office of the Children's Commissioner, Official Information Act requests from Oranga Tamariki and Stats NZ (for the birth number denominator).

Figure 2 shows the relationships between removal rates, region and area deprivation. The area with the highest mean deprivation level, Te Tai Tokerau, also has the highest removal rate. On average there are higher removal rates in regions of high deprivation, but this relationship is weak. For example, the Auckland region has the lowest rate of removal despite having a moderate level of deprivation compared to other regions. The reasons for this are complex, but at a minimum the variable rates of removal demonstrate that where a family lives is likely to affect their chances of contact with the child protection system. Variable intervention is likely due to a combination of location specific differences and social inequities (Keddell, 2020; Keddell, Davie, & Barson, 2019).

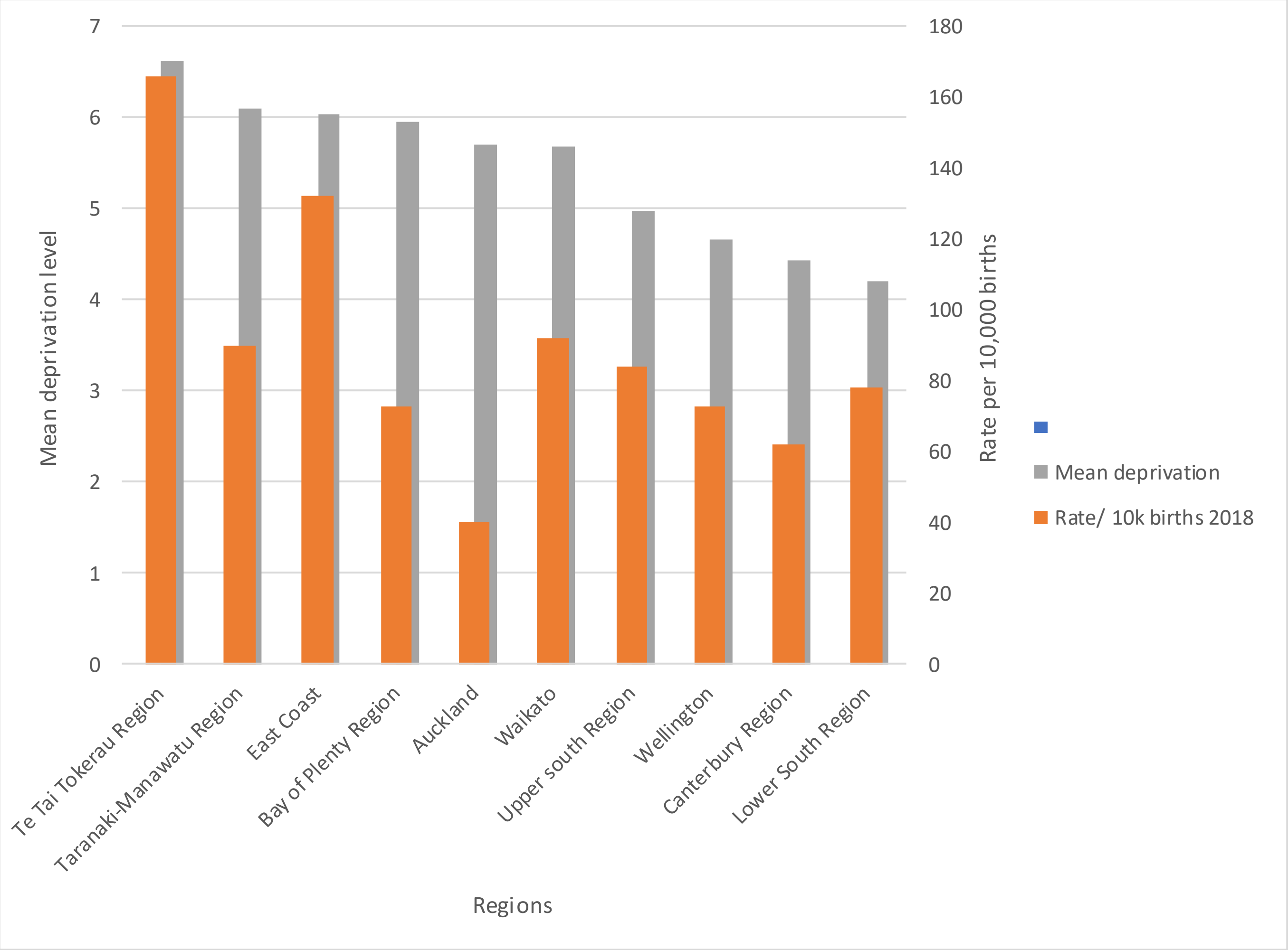

Figure 2. Rates of removal of babies under 12 months by mean deprivation and region, 2018

*Oranga Tamariki Auckland regions are combined to match the Auckland region births data, which are not disaggregated. Regions for birth numbers may not exactly match the regions for Oranga Tamariki. Deprivation data is directly matched to Oranga Tamariki regional areas.

Growing public concern

Public awareness of this issue has increased dramatically in the past two years. In June 2019, the release of a short film documenting the attempted removal of a Māori baby by Oranga Tamariki in Hawkes Bay (‘the Hawkes Bay case’) led to widespread public concern (Reid, 2019). Four inquiries into Oranga Tamariki were launched as a result: an internal inquiry into the case itself and three external inquiries led by the Whānau Ora Commissioning Agency, the Ombudsman and the Children’s Commissioner. The Waitangi Tribunal also accepted an urgent claim alleging that the actions of Oranga Tamariki, and the disproportionate removal of Māori babies, amounted to a breach of The Treaty of Waitangi/Te Tiriti o Waitangi (WAI 2915). The Waitangi Tribunal findings are due to be released in 2021.

The findings from the four inquiries have now been released (see footnotes). The internal inquiry by Oranga Tamariki discovered a litany of poor processes which had resulted in an unfair intervention (Oranga Tamariki, 2019). These included a reliance on outdated information, limited assessment of the parents and their available supports, lack of understanding and failure to follow the relevant legislation, exclusion of the views of other professionals, and the parents' childhood backgrounds of 'trauma' used to label them as risky. At the systemic level, the inquiry found that a lack of resources available at the site office and a site culture focussed on 'removing children early to permanency' exacerbated these issues (Oranga Tamariki, 2019).

The report from the Whānau Ora Commissioning Agency described the historic failure of the state to protect Māori children and families (Kaiwai et al., 2020). It particularly highlighted the ways that the child protection system has had a devastating impact on whānau Māori. It proposed three main solutions: the development of a new system based on tino rangatiratanga, the development of practices designed to connect tamariki and whānau to their hapū and iwi, and the provision of wrap-around support. The report envisaged that a new system would be developed by, for and with Māori.

The Ombudsman's report examined the practice of 's78 orders without notice', which are urgent orders to remove a child issued by the court without the family of that child being given an opportunity to present their side of the story (Boshier, 2020). When the Hawkes Bay case first became public, Oranga Tamariki said that the use of these orders was not standard practice. The Ombudsman's report disproves this claim. The Ombudsman examined 74 other cases involving s78 orders made between 2017 and 2019, and found that none of those orders were made 'on notice'. Other findings of that report included a lack of opportunities for family members to have input into decision-making, a lack of professional supervision for social workers and a frequent failure by social workers to utilise mandated case consults. These failings frequently resulted in reactive practice when the baby was born, leading to removal.

The Children's Commissioner's report (issued in two parts) showed increasing disparities in the rates of removals of Māori babies, and intergenerational patterns in removal rates. For example, 69% of babies removed in 2019 were Māori and 33% of babies were removed from women who had been in care themselves (Office of the Children's Commissioner, 2020a). The report highlighted racism experienced by Māori at the hands of statutory social workers, stating that the culture of the agency needed to change, and that unprofessional practice was harming mothers and babies. The second part of the Children's Commissioner's report recommended full-scale devolution: the transfer of power and resources to Māori to enable them to develop kaupapa Māori services to deliver for themselves (Office of the Children's Commissioner, 2020b).

Whānau at the intersection: the overlapping contextual influences affecting removals

In order to understand the changing rates of infant removals it is necessary to understand the broader contexts which shape removal patterns. Our research highlights five contexts that shape removal patterns. The first is the historical context, particularly the impact of colonisation on Māori. Māori are significantly overrepresented in the child protection system, and the roots of that overrepresentation lie in the legacy of colonisation (Boulton, et al., 2018). Colonisation damaged the whānau environments for some whānau that are important for raising safe and healthy children, and land loss and economic alienation further created both traumatic effects and led to disproportionate poverty for whānau Māori. The imposition of cultural norms and racist assumptions about the supremacy of British, middle-class family structures and norms also contributed to over-intervention in the post-war period in the family lives of Māori (Kaiwai et al., 2020). These factors are not purely historical. The effects continue to be felt, including at the practice level, where the impacts of colonisation have led to a complex interaction between practitioner bias and disproportionate risk and need that other ethnicities do not experience in the same way (Cram et al.,, 2015; Keddell & Hyslop, 2019). Another aspect of historical importance is the creation of a 'notify-investigate' child protection system, modelled essentially on the US system that relies on a central agency to which families are 'notified' when others have concerns for children's safety (Herrenkohl et al., 2020). At times, this format has been amended to some aspects of a public health model, emphasising early prevention services. These historical factors affect families ability to meet children's needs, as well as how the system responds to them.

A related context is the sociocultural context. How children are cared for within specific cultural groups is diverse, yet the imposition of specific types of dominant parenting norms can affect judgements about parenting capacity. Cultural differences can be a factor which influence children's and family's contact with the child protection system and, as a result, the likelihood of removal. The child protection system can be experienced as monocultural and culturally alienating Bouton et al., 2015). This has also been observed overseas. For example, parenting capacity assessments within child protection practice have been criticised as being based on or biased towards the parenting norms of the dominant culture (Choate & Lindstrom, 2015). Changing parental norms can affect to what extent different types of family life are considered acceptable or risky.

As described above, intersecting inequalities also affect which whānau come into contact with the system, how they experience the system, as well as their outcomes in both the short and the long term (Bywaters, 2015). The inequalities documented in the Aotearoa New Zealand child protection system include economic inequalities, ethnic inequalities and geographic inequalities. In other words, whether families come in to contact with the child protection system is significantly influenced by poverty, ethnicity, location specific institutional norms and where a family live (Keddell & Davie, 2018; Keddell et al., 2019). Changes in these factors can affect rates of removals, for example, some site offices have much higher or lower removal rates than others.

The gender context is also important and has been highlighted by researchers over many years. Women can face bias at every stage of the system and have reported feeling a sense of 'blame by association' if they do not meet the expectations of child protection agencies (Farmer & Owen, 1998). This was illustrated in the Children's Commissioner's report into Oranga Tamariki, where mothers often described feeling blamed by social workers even though they themselves were also victims of abuse (OCC, 2020b).

Finally, the broader policy and guidance context has an impact. Examples in Aotearoa include the shift towards neoliberalism in the 1980s, the dramatic reduction in benefit rates in the 1990s and, more recently, the introduction of the 'social investment' paradigm, which aims to reduce social spending by targeting it towards areas most likely to bring long-term savings to taxpayers (Hyslop, 2017). The last decade has also seen a shift in the relationship between children, families and the state, with the emergence of a 'child focused' policy orientation potentially leading to increased intervention by the state in the lives of children and families, especially early in life (that is, at birth) (Keddell, 2019). In the most recent period, changing policy ideas incorporating whānau support, intensive services and efforts to incorporate s7AA obligations under the Treaty of Waitangi in decision-making have affected the reduction in removal rates.

Highlighting these contextual factors illustrates that many of the people in contact with the child protection are at the intersection of multiple overlapping contextual factors. Wāhine Māori living in high deprivation areas, for example, may not just be disadvantaged because of their ethnicity and the systematic effects of colonisation, but also because of their gender, their income, where they live and by broader social policy shifts over the last three decades. For those whānau, understanding the wider context is crucial to addressing the issues they face. Practice that focuses on individualised risk factors without an understanding of the wider social and relational contexts risks perpetuating the problems it seeks to solve.

Section three: Methodology

The project was based on a phenomenological approach and used qualitative methods, including interviews and focus groups, to explore the experiences and perceptions of key people involved when child protection systems are activated around the time of birth. It was informed theoretically by the decision-making ecology (DME) approach to decision-making in child protection which contends that decision outcomes are the result of interactions between family factors, practitioner factors, organisational factors and external factors (Baumann et al., 2013).

Interviews were conducted with three mothers whose children were either removed by Oranga Tamariki and then eventually returned, or who managed to prevent removal where their children were at risk of being removed. In each case at least one key professional was also interviewed, to investigate their perceptions of the events, processes and practices that helped prevent removal or facilitate return of the baby. The interviews were all conducted in person. From these interviews, three case studies were created, describing what happened, what supports were put in place and perceptions of success factors. Case study participants were also asked what their recommendations or advice would be to practitioners or policymakers. The cases stories were returned to all participants for comment, feedback and approval. Key themes across the case studies were also analysed using thematic analysis.

Four focus groups were held with a total of 16 practitioners in non-government social service organisations from across the country. These included social workers, youth workers and advocates in a range of frontline and management roles. Two of the focus groups were for kaupapa Māori practitioners, while the other two were open to all practitioners (all four groups ended up including some Māori practitioners). The focus groups focused on factors which prevent or cause baby removals, under four main themes – contexts, relationships, resources and events. All four focus groups were conducted over Zoom, and the zoom chat was also used to gather responses.

The focus group findings were analysed by the research team and key themes identified. These key themes were then sent to participants, providing them with an opportunity to challenge, develop or question any of the findings. Ethics approval was obtained by the University of Otago human ethics committee, and consultation was conducted with the Ngai Tahu research consultation committee. The research group contained both Māori and Pākehā researchers, and the project had an advisory group comprised of managers of NGO and Māori social services who viewed and provided feedback on materials at several points of the project. The project was funded by a University of Otago research grant.

Section four: Findings

This section summarises the key findings. Firstly, participant demographics are described, then summaries of the case story narratives are presented to give an overview of the experiences and perceptions of the women and their key community workers. The full case stories are available online here. Themes from case stories are described, then themes from the focus groups with community -based practitioners are also presented.

Table 1. Case Study Participant Demographics

	Case one	Case two	Case three	
Relationship to child	Mother	Mother	Mother	
Gender	Female	Female	Female	
Ethnic group (s)	Pākehā and Māori	Māori	Cook Island Māori/ Pākehā	
Own history of CP contact	Yes – in care	No	Yes – in care	
	Case one Worker 1	Case one Worker 2	Case two Worker	Case three Worker
Gender	Female	Female	Female	Female
Ethnic group (s)	Māori (Te Ati Awa) and Pākehā	Pākehā	Māori and Pākehā	Māori
Length of experience	22yrs	14yrs	8yrs	40yrs

Case studies with whānau[2]

Kelly, Deb and Toni: “Don’t go down without a fight”

Kelly is a 23-year-old Pākehā and Māori woman living in a large city in Aotearoa. She enjoys football and spending time with her boyfriend. When she was 21, she found out she was pregnant. She had recently moved out of residential care and into supported living available for people with learning disabilities. She has a mild learning disability and spent time in foster care as a young person. She spoke to us alongside her friend and support worker Deb, to share their story of courage and collective advocacy that enabled them to keep Kelly’s son with them. Toni was a powerful advocate who helped achieve this.

Kelly was first notified to Oranga Tamariki shortly after becoming pregnant. The first time they met, the Oranga Tamariki social worker initially tried to see Kelly alone, but Deb ensured this didn’t happen. In that meeting, the Oranga Tamariki social worker implied that due to her disability, Kelly would not be able to parent, despite no assessment of her parenting capacity having been undertaken. It was after that meeting that Deb contacted Toni, the manager of a large organisation that supports people with disabilities, to provide

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[2] These are all summarised versions of the full case studies. The full versions are available online at https://blogs.otago.ac.nz/prevention

additional support and advocacy. The Oranga Tamariki social worker continued to insist that because of her disability, Kelly would never be able to be a parent to her child. Deb and Toni felt that Oranga Tamariki did not understand the supports Kelly could access through the disability system. Right up until the birth Kelly didn't know if Oranga Tamariki were going to take her baby after it was born. Kelly's baby, Billy, ended up being removed by Oranga Tamariki while Kelly was still in hospital.

After the removal there were several meetings involving Oranga Tamariki, Kelly and her support workers. Kelly had supervised visits with Billy, but always felt like Oranga Tamariki were watching her every move. Toni and Deb struggled to convince Oranga Tamariki to put an appropriate support plan in place. Eventually, Kelly agreed to go to a residential unit, but this was five hours drive away, and she struggled to adjust. After a few months, Kelly, Toni and Deb developed a transition plan that would involve Kelly and Billy returning to their hometown and staying with Deb as an interim option. Kelly's return continued to be challenged by judgements by the Oranga Tamariki social worker which Kelly and Deb both felt were unfair. For example, a concern was raised that Kelly had run a bath for Billy that was too hot. Deb pointed out that this was something every first-time parent does at some point, and at no point did Oranga Tamariki offer to actually help Kelly learn about these things.

> *"I just felt that they didn't always treat her like a reasonable human being that has equal rights as you and I do." (Deb, case study one)*

When Kelly and Billy returned, they continued to work with Oranga Tamariki. Oranga Tamariki continued to express concern and at one point, to the surprise of both Kelly and Deb, presented Kelly with a pair of potential 'home for life' caregivers who had expressed interest in becoming caregivers for Billy. This could have significantly reduced the potential for Kelly to remain in Billy's life, which Kelly and Deb were both very unhappy with. Kelly and Billy continued to live with Deb and eventually decided to consider a more permanent arrangement. Kelly agreed to consider a home for life arrangement if Deb was the caregiver for Billy, as this way it could be an open arrangement with Kelly continuing to be involved in Billy's life. When Billy was about 16 months old, Kelly moved out to a flat nearby. She visits Billy at least twice a week, and continues to be involved in special celebrations like Christmas and birthdays.

Kelly, Deb and Toni offered their thoughts on why this positive outcome – Billy living with someone considered whānau to both him and Kelly, with Kelly maintaining an ongoing close relationship with him – had been achieved. Kelly's key messages were:

- Having the voice and advocacy of support people to assist.
- Being prepared for the kinds of questions Oranga Tamariki might ask during an investigation.
- Encouraging other parents to self-advocate.

> *"Don't give up. Don't go out with, don't leave without picking up a fight."(Kelly, case study one)*

Deb's first key message was to emphasise the importance of a rights-based perspective for Kelly as a person with a disability. She also emphasised the importance of advocacy and information. Toni's key messages were similar. Toni emphasised the need for a 'cultural shift' in child protection practice to a rights-based perspective for parents and children with disability. She stated that the criteria for disability support funding needed to be broadened, and that outdated beliefs about disability need to be challenged. Finally, she said that a broader approach to practice needed to be adopted, with an emphasis on support and capacity-building, rather than a narrow punitive approach.

> *"There is a huge need for a cultural and policy shift within Oranga Tamariki in terms of how they understand and respond to disability, not just for parents but for kids as well... [the] narrow focus really has terribly negative impacts on people who require support to participate in a meaningful way." (Toni, case study one)*

Tracey and Simone: "It was pretty much last warning"

Tracey is a Māori woman in her mid-30s living in a large city. She lives with Alexia, her 13 year old daughter, and Kiana, her toddler. Over the past year, Tracey and her whānau have worked with Simone, a community social worker who has supported them following concerns being raised with Oranga Tamariki. Simone is also Māori. This case study looked at some of the challenges Tracey and her whānau faced, and how Simone was able to support the whānau to address some of those challenges.

Tracey got involved with Oranga Tamariki after her neighbours made reports of domestic violence to the police. The Oranga Tamariki social worker asked some questions, stated their concerns and then left, and Tracey didn't hear from them again after that. A while later, another domestic violence callout meant that Oranga Tamariki became involved again. This time, a family group conference was held and a safety plan put in place, but the plan soon fell over. After a third incident, and another FGC, Tracey said "it was pretty much last warning." This time, the FGC plan included an agreement that an NGO would provide social work support to the whānau. Simone, who works for the NGO, was assigned to the case.

Simone agreed that Tracey needed some support. She believed some of the issues which Oranga Tamariki were concerned about were caused by Tracey not having appropriate rules and boundaries to keep Alexia safe. Alexia had recently come back to live with Tracey having lived apart from her for four years. A strengths-based approach was important to addressing some of those challenges, and Simone viewed Tracey's love for her children was one of her key strengths. She saw in Tracey a willingness to learn from her past mistakes and make changes for the sake of her children. Tracey thinks that her change in attitude was probably what eventually changed the view of Oranga Tamariki about removing her kids. But for her, it was all about her kids. It was figuring out that she couldn't live without them that made the difference.

> *"I knew if I wanted things to change, I had to make a change" (Tracey, case study two)*

Simone supported Tracey through an intensive support programme where she would visit the home almost every day. In Simone's view, the combination of intensive support and a whānau-led approach is crucial. Despite her initial misgivings, Tracey says that Simone was a huge help. She helped her with things like budgeting, counselling and a psychologist for both herself and her children. Tracey described being able to rely on Simone for anything. Simone described this as a 'whatever is needed' approach, but also described the importance of ensuring that families aren't bombarded with services in an unhelpful way. Services which come in and out of people's lives aren't always helpful. Simone said it was important that the professionals involved with the whānau communicate with each other. Aside from the services that Simone helped facilitate, Tracey says that it was that personal support she received from Simone made a big difference.

> *"I'm not actually here to judge you, that's not my job" (Simone, case study two)*

Simone said that honesty, transparency and accountability were some of the most crucial professional values in this kind of work. Avoiding judgement was also crucial, especially because of how difficult it could feel for people to have a professional come into their home every day. Part of Simone's role was supporting Tracey in her interactions with Oranga Tamariki, which could be difficult at times. Simone described some of the challenges of working with Oranga Tamariki, such as a lack of transparency and a tendency to 'keeping moving the goal posts all the time.' Things have improved for Tracey and her whānau now, Tracey said that they seem more peaceful and happy, like they're not always wondering what's going to happen next. Despite the good outcome, Tracey still doesn't really trust Oranga Tamariki. She said she still feels judged by them, and that they continue to hold her past against her.

Tracey said that the key advice she would give to other parents in her situation is just to focus on what's important and not to give up.

> *"Don't focus on CYFS, they're not really that important. Focus on what you know you have to do for your children and for yourself, only you know what's good for you and your kids… just make the changes, be ready to be open to change." (Tracey, case study two)*

Simone's key message for Oranga Tamariki social workers was to be transparent with whānau, setting clear, realistic expectations and not 'shifting the goal posts.' She also said that the type of intensive service offered to support families has to be able to deal with a whole range of stressors for whānau – not just one. Finally, she said that wherever possible, whānau Māori should have be able to work with Māori practitioners. The level of comfort that whānau Māori have when working with a social worker who is also Māori is often different to what they would have with a non-Māori worker, and that relationship can be make or break.

Katrina and Sarah: "The children need to go back to their parents, you know?"

Katrina is a mother of three who lives in the suburbs of a North Island city. Her two older children are aged 13 and 11, and her youngest is 1. She shared her story of overcoming drug addiction and abusive relationships with the support of her family, church and social worker Sarah, who works with a programme called Mana Whānau. Katrina is Rarotongan and Pākehā and Sarah is Māori.

Katrina first had contact with Child, Youth and Family (as it was known) after the school her kids attended became aware that their father was physically abusive towards her. Katrina had been in state care and suspected that this affected the way she was treated by CYF, and later by Oranga Tamariki. She said that the social workers "always seemed to know a lot about me." After the notification, Katrina moved to Auckland to get away from the children's father. At the time, Katrina was using drugs, but she didn't tell her family that. She had been using since she was a child, her dad was a user and had introduced her to hard drug use when she was 12. Katrina hoped she would be able to stay clean after moving to Auckland, but she wasn't able to.

A few years later, CYF became involved again after a police drug bust at Katrina's friend's house. Katrina agreed to go to rehab, a day programme which meant she was able to keep the kids with her, but she wasn't able to stay clean. She had begun a new relationship which also became controlling and abusive. After another notification was made to Oranga Tamariki, Katrina's kids were removed. A family group conference was scheduled, but before it was held Katrina was involved in a car accident and was admitted to hospital, so she couldn't attend. Oranga Tamariki then told her she wouldn't be getting her kids back due to her abusive relationship and ongoing drug use. Despite disagreeing with the Oranga Tamariki social worker's version of events, Katrina said she just did whatever they wanted.

> *"I just thought I had to follow all their rules to get my kids back. Now I kind of know that I'm allowed, I'm still their mum and I still have rights as well, you know. I didn't feel like that before."(Katrina, case study three)*

This time Katrina went into a more intensive rehabilitation programme, a five-month residential programme. She said she would do it all again to get her kids back, but at the time it was rough. When she came out of rehab Katrina didn't have a lot of family support as she felt she'd burnt a lot of her bridges. She completed her programme, but her partner didn't, and he didn't seem to really want to change. Katrina was pregnant at this point but wasn't sure if Oranga Tamariki would let her keep the baby, because she was still in an abusive relationship. She said she was determined to leave the relationship, but wasn't sure how, and there were practical factors that made it more difficult, like the fact that she had given her partner's address to WINZ when she finished rehab. Nevertheless, Katrina made the decision to leave her partner. She had to get locks and phone numbers changed but she managed to convince him to leave the address, she was determined to do it for the sake of her children.

When Katrina went into labour, she still wasn't sure whether Oranga Tamariki were going to let her keep the baby. Eventually they did, on the condition Katrina attend an intensive family support programme. It was through that programme that Katrina met Sarah, a community social worker. Sarah said she saw in Katrina a motivation to change her behaviour for the sake of her children. Sarah saw her own role as helping to educate, motivate and walk alongside people, encouraging them every step of the way.

Sarah said that Katrina's determination to create a good life for her newborn daughter was a strong motivator throughout her journey. She said that Katrina always spoke about having her older children home with her on the weekends, and how she looked forward to having them home permanently. Sarah helped her take steps to ensure that could happen. This included practical supports such as ensuring that Katrina had the furniture and home appliances she needed to create a good home for the children, such as beds and a freezer than enabled her to buy food in bulk, reducing cost. It also included helping Katrina navigate systems like WINZ and Oranga Tamariki, and supporting her in visits with professionals, such as the principal of her children's school. Sarah helped Katrina learn how to write a polite but assertive email, instead of storming into offices and presenting as 'angry', or avoiding system contact as much as possible. The vibe Katrina felt from Sarah was very different to her experiences with CYF and Oranga Tamariki:

> *"I didn't have to be like how I feel with CYFS, like you just, especially at the beginning, like you have to just tell them what they want to hear or else you're afraid of doing something wrong and they're just gonna use it against you. Whereas with Sarah, if I was struggling with something, I could tell her and not be in that fear of are they gonna, you know, keep me from my kids again." (Katrina, case study three)*

Katrina was involved with the intensive support programme for around six months. At first, Sarah was in her house daily, and then eventually it was once or twice a week. Sarah still helps Katrina with things occasionally, which she really appreciates. Katrina is connected to a church group, who are an important source of support for her. She doesn't regret leaving her old life, even though things sometimes feel more difficult now.

Katrina's key messages for policy and practice were:

- More rehab options, especially for people who are pregnant or have young children.
- Oranga Tamariki workers needed to not take too many people on and focus more on helping the families they're working with.
- Oranga Tamariki workers need to be more supportive and avoid judgement based on records.
- More focus on parents, as they are the vehicle for ensuring children are looked after
- Making intensive programmes like the one she participated in more widely available.

> *"Maybe not always judging the situation by the paper, like maybe being more involved in people's recovery and that too." (Katrina, case study three)*

Sarah's key messages for policy and practice were:

- Emphasising the importance of relationships.
- Services need to be holistic, not focussed on one thing only, in order to be able to meet the needs whānau actually have, rather than what is defined by what the service is contracted to offer.
- Oranga Tamariki probably needs to be dismantled and replaced by something else that works for Māori. The system hasn't worked, and it needs to change to recognise the damage and trauma of colonisation.

Case study themes

The case studies contained two main themes. These related to the *nature of service provision*, and the *mediation role* of community -based practitioners who work at the interface between Oranga Tamariki and families. The key elements of these can be seen in Table 2.

Table 2: Case study themes: nature of service and role of mediator

Case study themes	
1. Nature of service	2. Role of mediator
Intensive and holistic	Strategic and collective advocacy
Reduction of stressors	Adapted social model of disability
Commitment to children utilised	Comply with and sometimes challenge the 'rules of the game'
Family -defined needs	Teach how Oranga Tamariki perceives risk
Trusting relationships with 'family-like' quality, going above and beyond	Creating acceptable narrative, or challenging the narrative
Providing education, challenge and accountability	Keeping Oranga Tamariki staff accountable
By Māori, for Māori, with the resources and power needed to implement this.	Mediating cultural values, concepts and practices

Nature of service provision

The nature of the service was crucial to the prevention of removal. The services considered most helpful were those that were **intensive in nature**, with an initial intensity of several hours every day, reducing over time as needed. The service two women had accessed contained this intensity and also had an 'opt back in' option after finishing. The focus of the service on **reduction of stressors** – whatever they may be – was considered essential. This was comprised of a **holistic** approach, including issues relating to finances, housing, material needs such as furniture, food and extra supports. The high intensity of the service was not initially comfortable, with both women finding it somewhat intrusive at first.

The threat of removal and **commitment to their children** was what really, initially promoted service engagement. However, what helped engagement develop and be maintained over time, was the ability of the worker to focus on **family-defined needs**, and the formation of **trusting and respectful relationships**. These relationships were non-judgmental and based on going '**above and beyond'** to assist and support the women, who were often quite isolated and living in poverty. This led to trusting and committed relationships that had a **'family-like'** quality. These relationships challenged traditional notions of professional boundaries, and traditional notions of narrow service aims restricted to psychological needs or parenting education, divorced from a wider ecological perspective of human behaviour. Relationships such as these allowed a degree of **education, challenge and accountability** towards the women involved, and this contributed to behaviour change. Earning the ability to do this in turn, relied on long-term, trusting relationships.

Finally, there was a clear theme of the need for more services **constructed, controlled and delivered by Māori**, in light of the difficulties of Oranga Tamariki to respond to the needs of Māori whānau. It is of note that in these case stories, the majority of participants – both women and practitioners – were Māori and these commonalities assisted with relationship building and cultural affinity.

The role of mediator

The second key theme that contributed to prevention in the case studies was the role of the community-based practitioner as a **mediator** between the woman and the child protection system. This important interface can be fraught, as the child protection service may rely on the community worker to provide information and reassurance relating to risk, creating an instrumental relationship between the statutory service and the family that operates via the community-based practitioner. In other situations, the community-based practitioner may be a direct advocate, both challenging and representing the views of the family to the statutory service.

In the family where learning disability was the main issue, the community practitioners were pivotal to forming a **strategic, collective advocacy group** that included both direct support at meetings, as well as attendance at court, email and meeting advocacy with managers and other powerful actants. This approach drew on a **social model of disability** adapted to the child protection context (Oliver, 2013). Such an approach framed Billy's and Kelly's rights to family life as a disability rights issue, pointing out that, similarly to other types of disabilities that may require society to adapt, when people with disabilities are parents, that also requires society to adapt its response to support the parenting role, instead of punishing people for 'not coping'. This had the effect of **interrupting and challenging** the narrative about Kelly, both at the individual level with her Oranga Tamariki social worker, but also with other key parties such as the family court judge and regional managers at Oranga Tamariki.

In the other two case studies, the practitioners assisted the women to interact with the child protection agency in ways that showed they could **comply with the 'rules of the game'**. They were encouraged to interact in ways that aligned more with the 'professionalised' nature of intervention, with skills such as how to compose a pleasant, respectful email and how to engage assertively but politely with school staff taught, alongside helping women consider how their actions are going to be **perceived by Oranga Tamariki** as indicating risk (whether or not the women's actions actually conferred risk on their children).

They also focussed on supporting women with their respective challenges, such as remaining drug free or increasing sensitivity to children's needs. Thus the practitioner's assistance helped with both situational and parenting behavioural change, and helped the women present a **more acceptable narrative and impression**. They also helped **keep Oranga Tamariki staff accountable** to the plans that had been created and resources promised.

The importance of **understanding te Ao Māori** and the current cultural identities and realities of whānau, including being able to manage the cultural conflicts between Oranga Tamariki and women, was a further valuable way that the practitioners in these cases acted as a mediator. These complex ways of managing and mediating the interface between Oranga Tamariki and whānau helped reduce the chance of removal, by improving communication and Oranga Tamariki's understanding of the family situation.

Focus groups with practitioners

The focus group themes of what helps prevent removal are organised into practitioner factors, organisational factors and whānau factors. This section describes the participant demographics, then explains these three main themes.

Table 3. Focus group participant demographics

Gender	**n**	**%**
Non-binary	0	0
Female	14	87
Male	2	13
Total	16	100
Ethnicity	**n**	**%**
Pākehā[3]	8	53
Māori	7	44
Pacific[4]	2	13
Other	1	7
Unknown	1	7
Total[5]	n/a	n/a
Years experience	**n**	**%**
0-9	0	0
10-19	6	38
20+	7	44
Unknown	3	19
Total	16	100
Role type	n	%
Frontline	4	25
Management	5	31
Mixed	5	31
Unknown	2	12
Total	16	100
Location	**n**	
Upper North Island	4	

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[3] Includes 'Pakeha', 'NZ European' and 'European'

[4] Includes Samoan, Tongan and Niuean

[5] Participants could indicate multiple ethnicities which is why this adds to more than 100%

Lower North Island	3
Upper South Island	1
Lower South Island	8

Practitioner factors

Focus group participants described four practitioner factors which help prevent removal. The first was a whānau-centred practice orientation. This included advocating for whānau, promoting whānau self-determination and expecting whānau to be capable. This orientation resulted in supporting whānau to define their own needs, and tailoring supports to meet those needs. Māori participants spoke about the need to consider Te Tiriti o Waitangi in practice, as a basis for utilising and legitimising Māori practices and rights.

> *"It really depends on the whānau and what they want. Some whānau I've worked with recently who have actually been successful in preventing uplift, some of them have home help at home and ACC social workers and an NGO like me and we all work together to support the whānau, because we all have our different roles. But that system's not gonna work for another whānau because they don't require that kind of support."(Focus group 3 participant)*

Secondly, professional attitudes and values centred on respect and recognition of commitment to children were important. Thirdly, practitioners spoke about understanding that 'everybody screws up' and enabling help-seeking through trust and long-term relationships. Finally, they spoke about the professional skills of 'walking between worlds', the world of the whānau and the world of social work professionals, which required a high level of emotional literacy. Almost all of these factors were dependent on, and contributed to, trusting relationships between whānau and practitioners.

> *"I think that trust thing… I think it is so very important and an understanding that everybody, everybody screws up… and celebrating the small things and understanding that sometimes it's a one step forward, two steps back, but it's just around scaffolding and mitigating and making people feel ok about coming and saying I need some help." (Focus group 1 participant)*

Organisational factors

Focus group participants noted several organisational factors which either prevent or contribute to removal. Preventative factors included organisational flexibility, availability of intensive services, holistic services and accessible services – which address the issues of the whole whānau. These should be poverty-aware and culturally relevant. They spoke about the importance of professional collaboration and integrated responses (which further build trust and whānau engagement). A further key theme was the timing of notification and services being offered within a finite pregnancy, by the 'right person'.

In terms of organisational factors which contribute to removal, participants highlighted issues to do with racism and a lack of recognition of Te Tiriti o Waitangi. Similarly, participants mentioned the impact of colonisation and an insufficient organisational emphasis on whakapapa. They also spoke about the contested issue of who can be considered to represent the 'voice of the child' when a baby is unborn or very young.

A key theme was the over-emphasis of previous child protection system contact or family history with Oranga Tamariki (or its predecessors) on decision-making. Likewise, contact with other systems (e.g. health and other social services) could also increase the likelihood of removal. These contributors were described by one person as 'having a record.' This interacts with racism, because Māori have higher rates of historic contact with, or surveillance by, both health and other government agencies.

> *"The concerning thing for me is it doesn't need to be a current thing but it's, you know a past thing that's been there… that family is then under some sort of radar within the systems, they're jumped up a level or two for people to react." (Focus group 1 participant)*

Focus group participants also reported relationships with Oranga Tamariki as a contributor to removals. Firstly, they spoke about relationships between Oranga Tamariki and other agencies – specifically regarding poor communication and a perception that the agency does not value NGO or Iwi/Māori services' knowledge and input. This reduced the effectiveness of the combined services because they may not operate in coordinated and integrated ways, confusing families and contributing to service disengagement. Secondly, participants reported issues concerning relationships between Oranga Tamariki and whānau. There was a perception that Oranga Tamariki social workers could be heavy-handed or unrealistic in their expectations, and that they would frequently change their expectations of whānau or expected timeframes.

> *"We always see this pattern of 'I'm not working fast enough'… I'm doing my best but it's not fast enough for Child Protection and all of a sudden, this baby, the final beautiful baby they're ever gonna have… they are saying 'sorry, timeframe, you haven't done it in the timeframe we've asked.' … Quite often it's caregivers and not whānau and so… whānau is powerless, the bonding has occurred, and you're not allowed to interrupt that process." (Focus group 3 participant)*

This quote also illustrates the perceived power that particular discourses may have in contributing to removal, in this instance, the Oranga Tamariki social worker's emphasis on the attachment that may have formed between a child and a caregiver.

Whānau factors

The third category of preventative or contributing factors related to whānau. The biggest reported finding of what helps whānau avoid having their children removed is strong support networks – between themselves and professionals, but particularly informal support from other members of their family or communities. However, participants spoke about how sometimes there were barriers to these supportive relationships being drawn upon. For example, whānau experiencing significant financial challenges could struggle to provide the support that they otherwise may have been able to.

> *"It's tricky… often they are families that are struggling financially, or struggling for housing reasons, or other social things happening in their family which mean*

> *that the wider whānau are not as available as they would once have been."*
> *(Focus group 1 participant)*

Oranga Tamariki policies and practices could also be a barrier to drawing on whānau supports. For example, some would have had whānau available to support them, but Oranga Tamariki discouraged or prevented those people from being involved due to gang connections. Again, given the widespread nature of gangs in some communities, particularly (though not exclusively) Māori communities, the exclusion of gang-connected whānau can be seen as reinforcing racialised and class-based social inequities that underpin gang involvement.

> *"If you've got gang connections Oranga Tamariki won't see that as good supports, but… gang members can be good parents, uncles, aunties and it's not acknowledged by Oranga Tamariki that they can parent well, which is unfortunate… an uncle is an uncle, you can't help who your whānau is and you know, the more people that love a child, the better." (Focus group 3 participant)*

Participants also spoke about a perception that parents could effectively be 'punished' for having a lack of support people available in their lives that may have otherwise helped prevent the removal of their children. For some parents this was seen as particularly cruel given that they had been taken in to care as children themselves, and Oranga Tamariki were therefore seen as the reason they lacked those natural supports in the first place.

> *"They've been CYFS kids themselves, so they've been removed from whānau and iwi and hapū and now they're having their own babies… Oranga Tamariki are saying things like 'where are your natural supports?' and we're saying, well you've taken them all away because you removed that child, that parent, when she was a child from her natural supports." (Focus group 3 participant)*

In terms of whānau factors which contributed to removal, participants spoke about three main factors. The first was the stress of poverty and lack of resources, including an inability to access services (exacerbated by a lack of accessible services and unrealistic expectations). As mentioned, this affected both the immediate family as well as the ability of the wider whanau to offer support. The second was the impacts on parenting of drug use and related mental health issues. Practitioners reported an increase in the availability and use of meth and the effects of this on parenting could be significant, especially if rehab options were limited. The third was isolation and service-avoidance on the part of whānau. Whanau could be extremely isolated and avoid service engagement, especially if they feared child protection involvement. All of these factors were added to the historic trauma of previous system contact, Oranga Tamariki social workers with unrealistic expectations and fragmented service provision.

Section five: Implications

This section discusses three key implications:

- Addressing 'direct' and 'decision-making ecology' (DME) reasons for baby removal.
- Policy recommendations to address direct and DME factors at the **structural** level.
- Practice recommendations to address direct and DME factors at the **interpersonal** level.

Addressing direct and decision-making ecology issues

A recurring theme across the study is that issues affecting removal can be categorised as affecting either parenting capacity directly, or the surrounding decision-making environment or 'ecology'. There are factors that can impact parenting capacity in some way (this is not to suggest that they *always* affect parenting capacity, just that they can). These factors could be considered 'direct' impacts, such as drug use, history of trauma, stress, poverty, disability, intimate partner violence and isolation/lack of community supports. Addressing these issues requires early, integrated, rights-based, intensive and holistic services, delivered at the right time, by the right people. Alongside family-level interventions, community development, addressing the impacts of colonisation, and improving social protections such as poverty reduction are required to effect sustainable change on these issues.

Alongside those 'direct' issues are a number of factors relating to the decision-making environment, conceptualised here through concepts based on the decision-making ecology (Baumann et al., 2013). These issues have little to do with parenting capacity but affect the system responses and decision-making processes within the institutions tasked with responding. Factors include poor co-ordination between NGO and statutory services, unclear pathways into services, inconsistent and judgemental/superficial practice (such as the reliance on 'recorded histories' and changing expectations of families), failure to include the perspectives of wider family members or NGO or Iwi workers, lack of resources for the intensive provision of services, as well as racism, classism, sexism and ableism. These are factors which are not related to parenting capacity, but which nevertheless may strongly impact the likelihood of baby removal and must be addressed to prevent it.

Differentiating between these two categories is important as each requires its own response. Addressing direct issues requires attention to the socio-contextual and direct issues affecting parents, such as poverty reduction, improving informal social support networks, access to drug rehabilitation, and intensive home-based services that are accessible, with a focus on stress reduction and engaged relationships. But addressing decision-making ecology issues requires different strategies. These include strategic collective advocacy, institutional restructuring, critical resistance, substantial, relational assessment practices, early pathways into support services and 'reclaiming the narrative' together with whānau. Resisting racism, classism, ableism and sexism are also required. Both categories of causative factors require addressing in order to effectively prevent the removal of babies in the future.

Policy recommendations to address direct and decision-making ecology factors at the structural level

The structural implications of our research primarily relate to changes required to develop connected, integrated systems and services which can effectively respond to the needs of whānau.

1. **Community-building** initiatives are required to build the social cohesion and networks that many families lack (McDonell et al., 2015). This requires a view of 'services' that extends beyond provision to individual families, and to consider the role of social policy in collective community development initiatives, shown to be one key to reducing child harm (Cameron et al., 2013; Bilson & Martin, 2016).

2. **Greater consensus and co-ordination** is needed between NGO, Iwi and Māori, health and statutory child protection services, particularly in relation to the conceptual basis of the assessment of pregnant women, and the nature of service type required. What is considered the purpose of intervention, and the philosophical and theoretical bases of such services, require greater clarity and commonality by all parties involved. It appears from our research that services are somewhat fragmented and have conflicting aims. **In order for greater consensus and coordination to occur,** Oranga Tamariki must be willing to share power and trust community expertise.

3. Recognition of the impact of **systemic discrimination, particularly racism and ableism.** Services centred on a te ao Māori approach, in order to address historic harms and the impacts on current realities are needed. For example, the historic extent of removing large numbers of Māori children into care reduces current informal supports. Punishing parents for not having supports is a near-sighted approach to redress of this issue – more creative and just solutions are needed. The social model of disability adapted to the child protection context emphasises needed supports rather than deficits. Recognising the needs of parents with disabilities changes the focus of practice to ensuring supports, rather than solely assessing for risk.

4. **Greater provision of intensive** services that are **accessible, long-term and holistic, recognising the interconnections between poverty and the range of issues that affect parenting capacity** are needed. Intensive services recognise the depth of time and support needed to address entrenched issues and social problems while parenting. Services based on stress reduction theories, using ecological concepts linking parenting behaviour with social context and supports appear to have the best success. Incorporating a poverty-aware paradigm helps resist the often blaming approach to women living in poverty, and is able to address both relational and material needs (Saar-Heiman & Gupta, 2020; Russell et al., 2008). Being poverty-aware means advocating for improved income and housing, addressing the consequences of poverty in order to reduce stress, and recognising the effects of poverty on the wider whānau network. Stigma can be internalised and both poverty stress and stress arising from discrimination can impact mental health, both reducing parenting capacity (Kovski et al., 2021). Services that are not offered locally or in the home may be too expensive to access.

5. **Improving pathways to service entry** requires significant change to referral and access pathways. Better linking between universal health services and more intensive

services would benefit from the development of ‘hooded’ services: those that are offered in addition to, and by, universal health service providers for those who need them. This structural mechanism would help reduce stigma and the difficulties of late service access, enabling pregnant women and their whānau to access more support earlier and seamlessly. How whānau then access more specialist, intensive services if needed also requires attention, with a more structured referral pathway into an intensive home-based prevention service required. Bridging relationships should be utilised as a key aspect of service transfer. This research clearly shows that it is relationships that retain engagement, so creating and sustaining relationships, and the resourcing they require, needs to be prioritised in service design.

6. All of these service developments will require **capacity and capability development**. Participants in this study show that practitioners with parenting experience, and who are Māori for Māori whānau, were valued. A higher degree of devolution of services needs to occur for Māori for this to be operationalised. The state upholding its Te Tiriti o Waitangi obligations will require more Māori organisations to be developed (or more support to further develop the capacity of existing Māori organisations). In addition to this, the workforce also requires more skilled practitioners with direct parenting experience who have realistic parenting expectations of people operating in often resource-poor environments. Understanding differences in parenting norms and cultures across class and ethnic differences is imperative in this context.

7. At the highest level of intensity, more services are required that can provide **residential support for both parents and babies**. These services need to be community-based and available in a wide range of locations, with some dedicated to drug rehabilitation.

Overall, these changes most prominently require better co-ordination of services between Oranga Tamariki and the NGO sector, some radical evaluation of the role of universal health services, and the widening of contractual arrangements so that NGO and Māori organisations can better meet the needs of whānau in a holistic manner. At present, these structural issues mean that services are limited in the level of support they can provide to whānau, and ad-hoc in their provision. This increases the likelihood that the problems that some whānau are facing will remain unaddressed and their babies eventually removed.

Practice recommendations to address direct and decision-making ecology factors

While long-term structural change is important, there are also changes to practice that could also make a difference.

1. Adopt a **holistic rights-based approach** to practice. Many rights must all be considered in practice around the time of birth, including:
    - The rights conferred on Māori through Treaty obligations, human rights instruments, the convention on the rights of Indigenous people, and s7AA of the Oranga Tamariki Act 1989 (amongst other provisions).
    - The rights of parents to family life and to care for children born to them.
    - The right of babies to remain in their families and whānau where possible, and to be protected and cared for.
    - The right to be free of poverty, racism, ableism and other forms of discrimination.

- The rights of people with disabilities to parent and the rights of their children to both protection and family life.
- The rights of whānau to understand the bases on which their parenting is being evaluated, and to have a reasonable opportunity to address issues affecting their capacity (through effective services and reasonable expectations).
- The rights of people to have a fair and accurate representation of themselves in legal processes, based on a rigorous, current assessment.
- The right to participate in decisions regarding children's care.
- The rights of women to maintain control of their reproductive capacities and to healthcare.

These rights are all relevant to the environment of child protection involvement around the time of birth. Taking a rights-based perspective moves the focus of practice away from establishing risk and demanding compliance, to a focus on what policies, systems, practices and resources are needed to protect all rights, as much as is possible. While the tension between rights is acknowledged, we contend that practice should operate in the first instance on a basic understanding of these rights, even if some rights must eventually take precedence over others over time.

2. **Adopt a whānau-centred practice orientation**. This includes practitioners acknowledging the links inherent in whānau connections to mokopuna, being whānau-led in their decision-making by enabling whanau to identify their own needs and showing confidence in family capacity. This helps bolster the confidence of parents and whānau members. Building parenting capability and capacity, utilising the values of trust, respect and transparency appear to be those experienced as most helpful. There are particular models of practice which may help with these shifts, including the Pā Harakeke Model of practice which seeks to work with the whole whānau.

3. **Build whānau informal social networks** as this is an important part of sustaining changes and providing stress-reducing supports over the long term. A focus on these networks is integral to effective prevention, yet is often absent in practice approaches. An intentional focus on social networks as an enabler and sustainer of personal change takes more seriously the role of social context in shaping outcomes.

4. Ensure practitioners **understand the everyday lifeworld of parenting** under challenging social conditions (of low income, poor housing, stressed relationships and low social support). Many judgments made about women and services aimed at them appear to be unhinged from an understanding of the nature of being pregnant and caring for a newborn baby. While not always the case, these attributes tend to be found in practitioners who have had life experience of parenting combined with a critically reflective approach to practice.

Community-based practitioners:

5. **Develop the ability to 'walk between worlds'**. The role of community-based practitioners is an important one, as they both work directly with the whānau on their specific personal, psychological, relational and social issues; as well as translate, mediate, advocate for and buffer them in their relationships with Oranga Tamariki. Recognising this, developing those practitioners to be critically reflective in their practice and enabling them to recognise when and under what circumstances they should exercise these

discretionary functions is needed. In these ways, whānau can be supported to ‘control their narrative’**.**

Oranga Tamariki social workers:

6. Utilise **rigorous and fair assessment processes** based on multiple contacts with the family, a range of family members, and all the professional practitioners working with the family. This can only be undertaken in the context of an engaged relationship, as relationship quality affects information quality. While previous system contact is one source of information about a whānau, where this is over-emphasised in assessment, unfair and biased decisions can result.

7. Be **transparent, consistent and realistic** in their dealings with both whānau and with other services. Creating realistic plans and expectations, cognisant of the realities of parenting in challenging social contexts is crucial to preventing removals and enabling support rather than a punitive approach to whānau.

Section six: Conclusion

While there are a number of structural and practice changes that could help prevent removals in the short to medium term, this research also raises larger issues relating to the institutional structures and policy settings that currently govern child welfare provision. There are a number of 'big picture' questions which our research has raised, calling attention to the problem of a 'notify-investigate' child welfare system (Keddell & Cleaver, 2020). This type of protectionist system relies on notification to a centralised statutory agency, then an investigatory approach to child protection that is often poorly coordinated with other services working with families, and experienced as judgemental and at times, superficial by those families (Gilbert, et al., 2011; Herrenkohl et al., 2020).

A notify-investigate system sets up all parties: families, statutory child protection workers, NGO and health workers by its structure to have this outcome. Cameron notes that "Whatever modifications have been made to this approach over recent decades, its core limitations remain evident – including parental fear and resistance, a limited range of services and supports available to families, escalating costs, and high service provider stress and turnover. Nonetheless, this child protection system's basic orientation and how it is organized remain broadly accepted. For most, it's simply how the work is done" (Cameron, 2013, p. 3).

For us in Aotearoa, we suggest that this should not simply be 'how the work is done' any longer. Instead we need to be considering radical alternatives. In light of the Waitangi Tribunal hearings and multiple reviews into early removals of babies, any new system might consider the following:

1. How do we shift the child protection system away from a 'notify-investigate' system towards institutional forms that deliver whānau-defined helpful and supportive services earlier?
2. How can policy, both state and iwi, assist with supporting communities to improve social cohesion and informal networks?
3. How can universal provision be used as the basis for assistance with the everyday demands of parenting? Who should provide this universal provision so as to reduce inequities in support, particularly for Māori and parents with disabilities?
4. Can we use universal services as a pathway to 'hooded services'? (those connected to universal provision but with more intensity)? How can parents access greater intensity of services in as easy, non-stigmatising and accessible ways as possible?
5. How can we provide the kinds of services and supports that our research shows whānau experience as helpful?

Daro, (2019) describing the US system of child welfare, in remarkable similarities with that of Aotearoa New Zealand, notes that two systems have developed – one the mandatory public intervention (or statutory) system, and the other, voluntary offers of assistance that rely on placing some level of responsibility on parents to accept services and change their behaviour. She argues that not only have these systems developed independently of one another over the last 50 years with "minimal shared agenda setting and planning" (p.17), but that these are both predicated on shifting public investment away from universal to targeted provisions towards those deemed to be 'at risk'. This is similar to here in Aotearoa, where both social investment and 'wellbeing' approaches to investment in families rely on greater and lesser versions of the same targeted approach to child and family welfare (Moore, 2019; Hyslop & Keddell, 2019). This state of affairs contrasts with the health system, which typically has a more universal approach to preventive provision, not waiting until harm occurs, but instead offering assistance early and with greater accessibility (though there are inequities in this access).

Here in Aotearoa New Zealand, universal provision, that is provision available to all certainly needs more attention, however in our context of colonisation and increasing calls for devolution to Māori, this is more complicated. A more universal approach that does not rely on targeted services of any kind as the first option for families, however, could still be offered, but with control and resourcing of those universal services offered by both Māori and state providers. As Daro states: “Seeking out and accepting formal public services to help meet parenting demands should be as acceptable as using preventive health care” (Daro, 2019, p. 17). We concur, particularly for women and their whānau who are pregnant, a key opportunity for support, change, and transition.

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