The Prevention Project: Supporting Whānau and Reducing Baby Removals

Research Report

Executive Summary

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Emily Keddell
University of Otago
Luke Fitzmaurice
University of Otago
(Te Aupōuri)
Kerri Cleaver
University of Otago
(Kāi Tahu, Kāti Mamoe, Waitaha).

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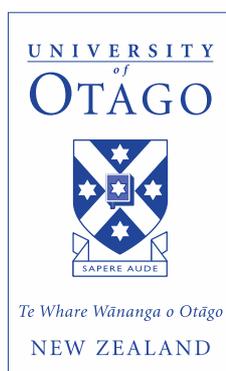
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Executive summary

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.